REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILNG LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION COMMISSION
ADMINISTRATIVE DIVISION
SEP 22 11 16 AM '94

1. NAME OF COMMITTEE (in full)
ULLICO Inc. Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
111 Massachusetts Avenue, N.W.

CITY, STATE and ZIP CODE
Washington, D.C. 20001

2. FEC IDENTIFICATION NUMBER
C00236760

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 8/1/94 through 8/31/94		
6. (a) Cash on Hand January 1, 19 94		$ 27,389.62
(b) Cash on Hand at Beginning of Reporting Period	$ 32,442.83	
(c) Total Receipts (from Line 19)	$ 635.58	$ 5,906.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 33,078.41	$ 33,295.81
7. Total Disbursements (from Line 30)	$ 500.00	$ 717.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 32,578.41	$ 32,578.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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
William L. Cross

Signature of Treasurer
WLCross

Date
9/20/94

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)

9 4 0 3 9 1 3 3 7 5 2

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

(revised 1/1/91)

NAME OF COMMITTEE: ULLICO Inc. Political Action Committee

REPORT COVERING PERIOD FROM 8/1/94 TO: 8/31/94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	522.57	2,751.77
ii. Unitemized	72.14	2,660.63
iii. Total (add i and ii) ➤	594.71	5,412.40
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c) ➤	594.71	5,412.40
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	40.87	493.79
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	635.58	5,906.19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	635.58	5,906.19
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
i. Federal Share		
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	0.00	0.00
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	2,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00
29. Other Disbursements	0.00	(1,782.60)
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	500.00	717.40
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	500.00	717.40
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	594.71	5,412.40
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	594.71	5,412.40
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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)

ULLICO Inc. Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Arthur Nolan 4701 Williard Avenue #734 Chevy Chase, MD 20815 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date $ 800.00	Monthly	$100.00 (100.00 per month)
B. James Luce 10747 Wyndoop Drive Great Falls, VA 22066 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ULLICO Inc. Occupation: Senior V.P. Aggregate Year-to-Date $ 392.36	twice - monthly payroll deduct.	$ 46.16 (23.08 per pay period)
C. William Cross 11516 Pleasant Meadows Drive Gaithersburg, MD 20878 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ULLICO Inc. Occupation: Senior V.P. Aggregate Year-to-Date $ 516.96	twice - monthly payroll deduct.	$32.31 (16.16 per pay period)
D. Charles Sormani 5 Montvale Court Silver Spring, MD 20904 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ULLICO Inc. Occupation: Senior V.P. Aggregate Year-to-Date $ 751.91	twice - monthly payroll deduct.	$88.46 (44.23 per pay period)
E. Joseph Carabillo 14 Eighth Street Washington, D.C. 20002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ULLICO Inc. Occupation: V.P. Legal Aggregate Year-to-Date $ 465.80	twice - monthly payroll deduct.	$54.80 (27.40 per pay period)
F. Mark Maloney 13700 Hobart Drive Silver Spring, MD 20904 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ULLICO Inc. Occupation: V.P. Sales Aggregate Year-to-Date $ 257.38	twice - monthly payroll deduct.	$30.28 (15.14 per per period)
G. Thomas Perkins 4912 Balton Road Bethesda, MD 20816 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ULLICO Inc. Occupation: V.P. Mortgages Aggregate Year-to-Date $ 398.82	twice - monthly payroll deduct.	$46.92 (23.46 per pay period)

SUBTOTAL of Receipts This Page (optional) 398.93

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

9 4 0 3 9 2 3 3 7 5 4

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
ULLICO Inc. Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Charles Armstrong 6408 Woodland Run CT. Clifton, VA 22024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ULLICO Inc. Occupation: V.P. Ind. L & H Aggregate Year-to-Date $ 255.00	twice - monthly payroll deduct.	$30.00 (15.00 per per period)
B. Richard Bianchi 9212 Wooden Bridge Potomac, MD 20854 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ULLICO Inc. Occupation: AVP Grp. Underwtg. Aggregate Year-to-Date $ 276.25	twice - monthly payroll deduct.	$32.50 (16.25 per per period)
C. Michael Gastineau 2801 Park Center Drive #A1208 Alexandria, VA 22303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ULLICO Inc. Occupation: AVP Actuarial Aggregate Year-to-Date $ 261.46	twice - monthly payroll deduct.	$30.76 (15.38 per per period)
D. Patrick Montgomery 16208 Giles Street Laurel, MD 20707 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ULLICO Inc. Occupation: AVP FInance Aggregate Year-to-Date $ 258.23	twice - monthly payroll deduct.	$30.38 (15.19 per per 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)	123.64
TOTAL This Period (last page this line number only)	522.57

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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)
ULLICO Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code Sequoia National Bank 555 New Jersey Ave. Washington, DC 20001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Monthly interest on checking account Occupation Aggregate Year-to-Date $ 493.79	Date (month, day, year) 8/31/94	Amount of Each Receipt this Period 40.87
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)	40.87

9 4 0 3 9 1 3 1 7 5 6

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)

ULLICO Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Alan Wheat 8612 East 63rd Street Kansas City, MO 64133	Contri. to Alan Wheat U.S. Senate, MO Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/30/94	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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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 9-20-94
☐	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

JMN
PREPARER

9-22-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 2 3 3 7 5 3