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): LUHAY PAC

ADDRESS (number and street) ☐ Check if different than previously reported: 186 WINDCREST RD

CITY, STATE and ZIP CODE: MONACA PA 15061

2. FEC IDENTIFICATION NUMBER: C00 163497

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 4-01-94 through 6-30-94		
6. (a) Cash on Hand January 1, 19 94		$35405.60
(b) Cash on Hand at Beginning of Reporting Period	$35616.60	
(c) Total Receipts (from Line 19)	$2697.53	$5708.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$38314.13	$41114.13
7. Total Disbursements (from Line 30)	$8750.00	$11550.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$29564.13	$29564.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ N/A	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ N/A	

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: DONALD A BONAMO

Signature of Treasurer: Donald A Bonamo

Date: 7-12-94

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)

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

(revised 1/1/91)

NAME OF COMMITTEE: Co Hwy PAC

REPORT COVERING PERIOD FROM 4-01-94 TO: 6-30-94

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)		
ii. Unitemized	2533.66	5454.96
iii. Total (add i and ii) ➤	2533.66	5454.96
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	2533.66	5454.96
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.)	163.87	253.00
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2697.53	5708.96
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2697.53	5708.96
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		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	6700.00	6700.00
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	2050.00	4850.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	8750.00	11550.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	8750.00	11550.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	2533.66	5454.96
33. Total Contribution Refunds (from line 28d)	—	
34. Net Contributions (other than loans)(subtract line 33 from 32)	2533.66	5454.96
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

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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

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)
LO #47 PAC

A. Full Name, Mailing Address and ZIP Code INTEGRA BANK 116 ALEG CTR MALL PITS PA 15212-5356 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 4-01-94 TO 6-30-94	Amount of Each Receipt this Period CHK ACC INT. 163.87
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)	163.87

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 2
	FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)
LU #47 PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code COMM TO REELECT J. ENSLEN 116 JOHNATHAN DR DARLINTON, PA 16115	Campaign Fund Disbursement for: [ ] Primary [x] General [ ] Other (specify)	4-1-94	100.00
B. Full Name, Mailing Address and ZIP Code B.C. DEMO COMM. P.O BOX 71 BEAVER, PA 15009	Purpose of Disbursement Fund Raisers Disbursement for: [ ] Primary [x] General [ ] Other (specify)	4-1-94	300.00
C. Full Name, Mailing Address and ZIP Code B.C DEMO COMM P.O BOX 71 BEAVER PA 15009	Purpose of Disbursement Fund Raiser Disbursement for: [ ] Primary [x] General [ ] Other (specify)	4-11-94	100.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF T. SCRIMENTI 2204 BERNWOOD DR ERIE PA 16510	Purpose of Disbursement Fund Raiser Disbursement for: [ ] Primary [x] General [ ] Other (specify)	4-22-94	200.00
E. Full Name, Mailing Address and ZIP Code COMM TO ELECT J. SPANIK 663 CALIFF AVE ROCH PA 15079	Purpose of Disbursement Fund Raiser Disbursement for: [ ] Primary [x] General [ ] Other (specify)	5-4-94	250.00
F. Full Name, Mailing Address and ZIP Code COMM TO ELECT N. COLAFELLA 111 SHADY SIDE DR ALIQ PA	Purpose of Disbursement Fund Raiser Disbursement for: [ ] Primary [x] General [ ] Other (specify)	5-5-94	200.00
G. Full Name, Mailing Address and ZIP Code FRIENDS of B. LAUGHLIN 1305 SAMPSON ST. CONWAY PA 15027	Purpose of Disbursement Campaign Fund Disbursement for: [ ] Primary [x] General [ ] Other (specify)	6-13-94	200.00
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)	1350.00
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 2 OF 2
	FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

LU #47 PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code PEOPLE TO ELECT F. LAGROTTA P.O. BOX 842 ELLWOOD PA 16117	FUND RAISER Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-30-94	250.00
B. Full Name, Mailing Address and ZIP Code ERIE CO DEMO COMM. 242 NORMAN WAY ERIE, PA 16508	FUND RAISER Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-30-94	100.00
C. Full Name, Mailing Address and ZIP Code COMM FOR GATH KNOLL BOX 480 HARRISBURG PA 17105	CAMPAIGN FUND Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6-30-94	100.00
D. Full Name, Mailing Address and ZIP Code COMM TO ELECT M. VETOX PO BOX 327 BEAVER FALLS, PA 15010	CAMPAIGN FUND Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-30-94	250.00
E. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	700.00
TOTAL This Period (last page this line number only)	2050.00

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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)

LUHAI PAC

A. Full Name, Mailing Address and ZIP Code CITIZENS FOR R. KLINK 141 CENTER ST. PITTSBURGH PA 15237	Purpose of Disbursement CAMPAIGN FUND Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 4-11-94	Amount of Each Disbursement This Period 200.00
B. Full Name, Mailing Address and ZIP Code CITIZEN FOR R. KLINK PO BOX 474 JEANNETTE PA 15644-4925	Purpose of Disbursement CAMPAIGN FUND Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 6-30-94	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code CAPEC PO BOX 37505 WASHINGTON PA 20077-4701	Purpose of Disbursement CAMPAIGN FUNDS Disbursement for: [X] Primary [X] General [ ] Other (specify)	Date (month, day, year) 5-4-94	Amount of Each Disbursement This Period 4000.00
D. Full Name, Mailing Address and ZIP Code COMM TO ELECT BUSS TO CONGRESS, 711 ST 200 WEST ERIE, PA 16501	Purpose of Disbursement CAMPAIGN FUND Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 5-4-94	Amount of Each Disbursement This Period 2000.00
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)	6700.00

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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 7-14-94
☐	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

PREPARER: [illegible]

DATE PREPARED: 7-18-94

FEC FORM 70-2 (12/92)

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