REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page) XXX

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM
MAY 8 11 06 AM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
PEPSICO CONCERNED CITIZENS FUND

ADDRESS (number and street) ☐ Check if different than previously reported
ANDERSON HILL ROAD
PURCHASE, NY 10577

CITY, STATE and ZIP CODE

2. FEC IDENTIFICATION NUMBER
C00039321

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 04/01/95 through 04/30/95		
6. (a) Cash on Hand January 1, 19 95		$ 61,469.79
(b) Cash on Hand at Beginning of Reporting Period	$ 80,545.00	
(c) Total Receipts (from Line 19)	$ 13,102.11	$ 50,422.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 93,647.11	$ 111,892.26
7. Total Disbursements (from Line 30)	$ 15,231.35	$ 33,476.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 78,415.76	$ 78,415.76
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
ROBERT BOSSONE

Signature of Treasurer [signature]

Date 5/2/95

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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