

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
July 7 11 02 AM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Personal Communications Industry Association PAC
 ADDRESS (number and street) Check if different than previously reported
1019 19th Street, N.W. Suite 1100
 CITY, STATE and ZIP CODE
Washington, D.C. 20036

2. FEC IDENTIFICATION NUMBER
C 00156216
 3. This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

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 21

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 <u>4/1/94</u> through <u>6/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 35.06
(b) Cash on Hand at Beginning of Reporting Period	\$ 8.06	
(c) Total Receipts (from Line 19)	\$ 50.00	\$ 50.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 58.06	\$ 85.06
7. Total Disbursements (from Line 20)	\$ 27.00	\$ 54.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 31.06	\$ 31.06
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 202-376-3120

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
Mark J. Golden, CAE

Signature of Treasurer



Date
July 5, 1994

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

2
3
4
5
6
7
8
9

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	FROM	TO:
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).....	50.00	50.00
ii. Unitemized.....		
iii. Total..... (add i and ii) >	50.00	50.00
b. Political Party Committees.....		
c. Other Political Committees (such as PACs).....		
d. Total Contributions..... (add a iii, b and c) >	50.00	50.00
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.).....		
18. Transfers from Nonfederal Account for Joint Activity.....		
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	50.00	50.00
20. Total Federal Receipts..... (subtract line 18 from line 19) >		
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) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
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. Individual 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.....	27.00	54.00
30. Total Disbursements..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	27.00	54.00
31. Total Federal Disbursements..... (subtract line 21 a ii from line 30) >	27.00	54.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d).....	50.00	50.00
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32).....	50.00	50.00
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

2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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)

Personal Communications Industry Association PAC

94000034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven S. Seltzer 1215 16th Street Altoona, Pa. 16601	Modern Communications	5-19-94	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive/Paging Company	Aggregate Year-to-Date > \$ 50.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	\$50.00
TOTAL This Period (last page this line number only)	\$50.00

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

7-6-94

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

SMH
PREPARER

7-7-94
DATE PREPARED

24067051035