

REPORT OF RECEIPTS AND DISBURSEMENTS

GENERAL ELECTIONS COMMISSION
HALL ROOM

FEB 23 8 47 AM '95

1. NAME OF COMMITTEE (in full) _____

ADDRESS (number and street) Check if different than previously reported
727 North Washington Street
CITY, STATE AND ZIP CODE
Alexandria, VA 22314

2. FEC IDENTIFICATION NUMBER
C00040725

3. This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

(Summary Page)

For Other Than An Authorized Committee

A. 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
- (b) Monthly Report Due On:
 February 20 March 20 April 20 May 20
 June 20 July 20 August 20 September 20 October 20
 November 20 December 20 January 31
- Twelfth day report preceding election on _____ in the State of _____
 Thirtieth day report following the general election on Nov. 3 in the State of Virginia

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Governing Period	Oct. 1, 1994 through Nov. 28, 1994	
6.	(a) Cash on Hand January 1, 1994		\$ 321.20
	(b) Cash on Hand at Beginning of Reporting Period	\$ 69.95	
	(c) Total Receipts (from Line 19)	\$ 3000.00	\$ 3000.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3069.95	\$ 3321.20
7.	Total Disbursements (from Line 8D)	\$ 384.95	\$ 384.95
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2685.00	\$ 2936.25
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	\$
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	\$

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

John Aquilino

Signature of Treasurer

Date

Dec 8 '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.

2
3
4
5
6
7
8
9
10
11
12

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERS PERIOD	
Fresh Political Action Committee		FROM 10/1/94	TO 11/28/94
I. Receipts		COLUMN A	COLUMN B
Total This Period		Total This Period	Calendar Year
11.	Contributions (other than loans) From: a. Individual/Persons Other Than Political Committees i. Itemized (use Schedule A) ii. Unitemized	1000.00	1000.00
11(a)	Itemized (use Schedule A)	1000.00	1000.00
11(b)	Unitemized	-	-
11(c)	Total	1000.00	1000.00
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	3000.00	3000.00
20.	Total Federal Receipts	3000.00	3000.00
II. Disbursements			
21.	Operating Expenses: a. Shared Federal/Non-Federal Activity (from Schedule H4) i. Federal Shares ii. Non-Federal Share	34.95	34.95
21(a)	Federal Shares	-	-
21(b)	Non-Federal Share	34.95	34.95
21(c)	Total Operating Expenditures	34.95	34.95
22.	Transfers to Affiliated/Other Party Committees	-	-
23.	Contributions to Federal Candidates/Committees and Other Political Committees	350.00	350.00
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. Individual/Persons Other Than Political Committees b. Political Party Committees c. Other Political Committees (such as PACs) d. Total Contribution Refunds	-	-
28(a)	Individual/Persons Other Than Political Committees	-	-
28(b)	Political Party Committees	-	-
28(c)	Other Political Committees (such as PACs)	-	-
28(d)	Total Contribution Refunds	-	-
29.	Other Disbursements	-	-
30.	Total Disbursements	384.95	384.95
31.	Total Federal Disbursements	384.95	384.95
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d)	2000.00	2000.00
33.	Total Contribution Refunds (from line 28d)	-	-
34.	Net Contributions (other than loans) (subtract line 33 from 32)	2000.00	2000.00
35.	Total Federal Operating Expenditures	34.95	34.95
36.	Offsets to Operating Expenditures (from line 15)	-	-
37.	Net Operating Expenditures	34.95	34.95

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

Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	I. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	II. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	III. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IV. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	V. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	VI. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	VII. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	VIII. Full Name, Mailing Address and ZIP Code
350.00	11/29/94	Contribution	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	A. Full Name, Mailing Address and ZIP Code Rudanovich for Congress

United Fresh Fruit & Vegetable Association
Political Action Committee

NAME OF COMMITTEE (in full)

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.

PAGE	OF
FOR LINE NUMBER	
Use separate schedules for each category of the Detailed Summary Page	

ITEMIZED DISBURSEMENTS

SCHEDULE B

20037134

2
1
0
3
7
1
3
5

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) **Fresh Political Action Committee**

Amount of Each Receipt this Period 1000.00	Date (month, day, year) 11/09/94	Name of Employer Sunkist Growers	Occupation Sunkist Growers	Aggregate Year-to-Date \$ 1000.00	Receipt For: <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
					A. Full Name, Mailing Address and ZIP Code Sunkist Growers PAC PO Box 78888 Van Nuys, CA 91409		

Amount of Each Receipt this Period 1000.00	Date (month, day, year) 11/09/94	Name of Employer United Fresh Fruit & Vegetable Association	Occupation United Fresh Fruit & Vegetable Association	Aggregate Year-to-Date \$ 1000.00	Receipt For: <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
					B. Full Name, Mailing Address and ZIP Code Thomas B. Stenzel 727 N. Washington Street Alexandria, VA 22314		

Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	Aggregate Year-to-Date \$	Receipt For: <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Primary	<input type="checkbox"/> General
					C. Full Name, Mailing Address and ZIP Code		

Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	Aggregate Year-to-Date \$	Receipt For: <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Primary	<input type="checkbox"/> General
					D. Full Name, Mailing Address and ZIP Code		

Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	Aggregate Year-to-Date \$	Receipt For: <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Primary	<input type="checkbox"/> General
					E. Full Name, Mailing Address and ZIP Code		

Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	Aggregate Year-to-Date \$	Receipt For: <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Primary	<input type="checkbox"/> General
					F. Full Name, Mailing Address and ZIP Code		

Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	Aggregate Year-to-Date \$	Receipt For: <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Primary	<input type="checkbox"/> General
					G. Full Name, Mailing Address and ZIP Code		

SUBTOTAL of Receipts This Page (optional) **2000.00**

TOTAL This Period (last page this line number only) **2000.00**

9 5 0 3 2 7 1 3 1 8

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

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

PREPARED

DATE PREPARED