

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

(revised 1/1/81)

| NAME OF COMMITTEE <i>Fund for a Responsible Future</i> | | REPORT COVERING PERIOD | | |
|---|--|-------------------------------|---------------------------|------------|
| | | FROM <i>1/1/96</i> | TO: <i>3/31/96</i> | |
| | | COLUMN A Total This Period | COLUMN B Calendar Year | |
| I. Receipts | | | | |
| 11. | Contributions (other than loans) From: | | | |
| a. | Individual/Persons Other Than Political Committees | | | |
| i. | Harmonized (use Schedule A) | 5,000.00 | 5,000.00 | 11(a)(i) |
| ii. | Uniformized | | | 11(a)(ii) |
| iii. | Total | 5,000.00 | 5,000.00 | 11(a)(iii) |
| b. | Political Party Committees | | | 11(b) |
| c. | Other Political Committees (such as PACs) | 3,000.00 | 3,000.00 | 11(c) |
| d. | Total Contributions | 8,000.00 | 8,000.00 | 11(d) |
| 12. | Transfers From Affiliated/Other Party Committees | | | 12 |
| 13. | All Loans Received | | | 13 |
| 14. | Loan Repayments Received | | | 14 |
| 15. | Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | 15 |
| 16. | Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | 16 |
| 17. | Other Federal Receipts (Dividends, Interest, etc.) | | | 17 |
| 18. | Transfers from Nonfederal Account for Joint Activity | | | 18 |
| 19. | Total Receipts | 8,000.00 | 8,000.00 | 19 |
| 20. | Total Federal Receipts | 8,000.00 | 8,000.00 | 20 |
| II. Disbursements | | | | |
| 21. | Operating Expenditures: | | | |
| a. | Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. | Federal Share | | | 21(a)(i) |
| ii. | Non-Federal Share | | | 21(a)(ii) |
| b. | Other Federal Operating Expenditures | 20.00 | 20.00 | 21(b) |
| c. | Total Operating Expenditures | 20.00 | 20.00 | 21(c) |
| 22. | Transfers to Affiliated/Other Party Committees | | | 22 |
| 23. | Contributions to Federal Candidates/Committees and Other Political Committees | 2,000.00 | 2,000.00 | 23 |
| 24. | Independent Expenditures (use Schedule E) | | | 24 |
| 25. | Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .. | | | 25 |
| 26. | Loan Repayments Made | | | 26 |
| 27. | Loans Made | | | 27 |
| 28. | Refunds of Contributions To: | | | |
| a. | Individuals/Persons Other Than Political Committees | | | 28(a) |
| b. | Political Party Committees | | | 28(b) |
| c. | Other Political Committees (such as PACs) | | | 28(c) |
| d. | Total Contribution Refunds | 0.00 | 0.00 | 28(d) |
| 29. | Other Disbursements | | | 29 |
| 30. | Total Disbursements | 2,020.00 | 2,020.00 | 30 |
| 31. | Total Federal Disbursements | 2,020.00 | 2,020.00 | 31 |
| III. Net Contributions/Operating Expenditures | | | | |
| 32. | Total Contributions (other than loans)(from line 11d) | 8,000.00 | 8,000.00 | 32 |
| 33. | Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33 |
| 34. | Net Contributions (other than loans)(subtract line 33 from 32) | 8,000.00 | 8,000.00 | 34 |
| 35. | Total Federal Operating Expenditures | 20.00 | 20.00 | 35 |
| 36. | Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. | Net Operating Expenditures | 20.00 | 20.00 | 37 |

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NAME OF COMMITTEE (In Full)

Fund for a Responsible Future

95030394918

| A. Full Name, Mailing Address and ZIP Code Sanifill Management LP 2777 Allen Parkway Suite 700 Houston, TX 77019-2155 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer TO BE REIMBURSED Occupation Aggregate Year-to-Date > \$ 5,000.00 | Date (month, day, year) 3/15/96 | Amount of Each Receipt this Period 5,000.00 |
|---|--|------------------------------------|--|
| B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) 5,000.00

TOTAL This Period (last page this line number only) 5,000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER

11(a)

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NAME OF COMMITTEE (In Full)

Fund for a Responsible Future

9
5
0
3
0
9
4
9
1
9

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|------------------|-------------------------------------|------------------------------------|
| American Portland Cement Alliance PAC 1212 New York Ave., NW Suite 520 Washington, DC 20005 | | 3/29/96 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$1,000.00 | |
| B. Full Name, Mailing Address and ZIP Code NYNEX Federal PAC I 1300 I Street., NW Suite 400 West Washington, DC 20005 | | 1/8/96 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$1,000.00 | |
| C. Full Name, Mailing Address and ZIP Code Turner Broadcasting System PAC One CNN Center Box 105366 Atlanta, GA 30348-5366 | | 1/8/96 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$1,000.00 | |
| D. Full Name, Mailing Address and ZIP Code | | | |
| 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 | | | |
| 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 | | | |
| 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 | | | |
| 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) | 3,000.00 |
| TOTAL This Period (last page this line number only) | 3,000.00 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
Fund for a Responsible Future

9503039420

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Postmaster Alexandria, VA 22302 | Box rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3/31/96 | 20.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 20.00 |
| TOTAL This Period (last page this line number only) | 20.00 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Fund for a Responsible Future

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Greg Laughlin for Congress Post Office Box 504 West Columbia, TX 77486 | Greg Laughlin (TX-14) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3/22/96 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Bob Shuster for Congress Committee 228 West College Avenue State College, PA 16801 | Bob Shuster (PA-03) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3/21/96 | 1,000.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) | 2,000.00 |
| TOTAL This Period (last page this line number only) | 2,000.00 |

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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

Registered/Certified Mail

POSTMARKED

4/10/96

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
PREPARED

4-12-96
DATE PREPARED

9 5 0 3 0 3 9 4 9 3 2