REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 15 3 29 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

NAME OF COMMITTEE (Name of Reporting Entity)
C00271338 091696 F 263
JIM COPELAND
AMERIPAC: THE FUND FOR A GREAT
ER AMERICA
601 13TH STREET NW SUITE 710N
WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER
C00271338

3. [X] 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
[X] October 15 Quarterly Report
[ ] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Original to be left with FEC

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 [X] NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 7/1/96 through 9/30/96		
6. (a)	Cash on Hand January 1, 1996		$ 23,161.93
(b)	Cash on Hand at Beginning of Reporting Period	$ 37,360.23	
(c)	Total Receipts (from Line 18)	$ 10,500.00	$ 50,000.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 47,860.23	$ 73,161.93
7.	Total Disbursements (from Line 30)	$ 6,253.98	$ 31,555.68
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 41,606.25	$ 41,606.25
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 202-219-3420

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
James M. Copeland, Jr.

Signature of Treasurer
James M Copeland Jr

Date 10/15/96

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)

FEMA060

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

(revised 1/1/91)

NAME OF COMMITTEE: AMERIPAC: The Fund for a Greater America

REPORT COVERING PERIOD FROM 7/1/96 TO: 9/30/96

	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. Itemized (use Schedule A)	$ 1,500.00	$ 8,500.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤	$ 1,500.00	$ 8,500.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	$ 9,000.00	$41,500.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	$10,500.00	$50,000.00	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 (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$10,500.00	$50,000.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$10,500.00	$50,000.00	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	$ 2,253.98	$ 4,555.68	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	$ 2,253.98	$ 4,555.68	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$ 4,000.00	$27,000.00	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 (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$ 6,253.98	$31,555.68	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$ 6,253.98	$31,555.68	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$10,500.00	$50,000.00	32
33. Total Contribution Refunds (from line 28d)	–	–	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$10,500.00	$50,000.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	$ 2,253.98	$ 4,555.68	35
36. Offsets to Operating Expenditures (from line 15)	–	–	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	$ 2,253.98	$ 4,555.68	37

FE8AN069

SCHEDULE A **ITEMIZED RECEIPTS**

(Contributions from Political Action Committees)

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

PAGE 1 OF 1

FOR LINE NUMBER 11(c)

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)
AMERIPAC: The Fund for a Greater America

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Healthcare Compare PAC 3200 S. Highland Ave. Downers Grove, IL 60515 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,000	9-16-96	$2,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AFL-CIO COPE 815 16th St. NW Washington, DC 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ $5,000	9-11-96	$5,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
HealthPlan PAC 1129 20th St., NW #600 Washington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,000	8-23-96	$2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) $9,000.00

FEBANR9

SCHEDULE A **ITEMIZED RECEIPTS**

(Contributions from Individuals)

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

PAGE 1 OF 1

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

AMERIPAC: The Fund for a Greater America

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Deborah E. McFarland 4105 49th Street, NW Wasington, DC 20016 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation Aggregate Year-to-Date > $ 500.00	9-17-96	$ 500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles J. Mellody 6505 Fallwind Ln. Bethesda, MD 20817 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Calio & O'Brien Occupation Principal Aggregate Year-to-Date > $ 1,000.00	9-17-96	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) $1,500.00

FERA1069

SCHEDULE B **ITEMIZED DISBURSEMENTS**

(For Operating Expenses)

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

PAGE 1 OF 1

FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

AMERIPAC: The Fund for a Greater America

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express Suite 0001 Chicago, IL 60679	*see below Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-18-96	$2,127.48
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
*Magnum's Steak & Lobster Chicago, IL 60610	Event Cost - Dinner Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) $2,127.48

FEC4/B/B

SCHEDULE B **ITEMIZED DISBURSEMENTS**

(To Federal Candidates)

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)
AMERIPAC: The Fund for a Greater America

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Stabenow for Congress P.O. Box 4945 East Lansing, MI 48826	Debbie Stabenow D-MI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	8-2-96	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Adam Smith for Congress 27030 47th Ave. S. #104 Kent, WA 98032	Adam Smith Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1996	8-22-96	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Rick Locke for Congress Cmte. P.O. Box 900 Richland, WA 99352	Rick Locke D-WA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1996	8-22-96	$ 500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Darlene Hooley for Congress 1974 S. Willamette Falls Dr. West Linn, OR 97068	Darlene Hooley D-OR Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1996	9-27-96	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Kansans for Rathburn 254 N. Crestway Wichita, KS 67208	Randy Rathburn D-KS Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1996	9-30-96	$ 500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$4,000.00

FEC-4000B

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 10-15-96
☐	First Class Mail	POSTMARKED
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☐	No Postmark	
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☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

TR — PREPARER

10-16-96 — DATE PREPARED

FEC FORM 70-2 (12/92)