REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

XXX XXX

FEB 25 11 32 AM '94

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. [X] 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:
[X] 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

5. Covering Period 01/01/94 through 01/31/94

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 94		$ 151,078.58
	(b) Cash on Hand at Beginning of Reporting Period	$ 151,078.58	
	(c) Total Receipts (from Line 19)	$ 18,616.64	$ 18,616.64
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 169,695.22	$ 169,695.22
7.	Total Disbursements (from Line 30)	$ 7,511.00	$ 7,511.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 162,184.22	$ 162,184.22
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 202-376-3120

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
Robert Bossone

Signature of Treasurer
Robert Bossone

Date
2/18/94

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

FEC FORM 3X
(revised 1/1/91)

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