REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

(AHMPAC)

AMERICAN HOTEL MOTEL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported

1201 New York Avenue, N.W., Sixth Floor

CITY, STATE and ZIP CODE

Washington, DC 20005-3931

2. FEC IDENTIFICATION NUMBER

FEB 1 1 08 PM '94

C00001198

3. X This committee qualified as a multicandidate committee DURING THIS Reporting Period (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 XX January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election _____ in the State of _____

(b) Is this Report an Amendment? XX YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 12/1/93 through 12/31/93		
6. (a) Cash on Hand January 1, 1993		$ 11,869.74
(b) Cash on Hand at Beginning of Reporting Period	$ 11,781.48	
(c) Total Receipts (from Line 19)	$ 13,447.92	$ 71,778.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 25,229.40	$ 83,648.40
7. Total Disbursements (from Line 30)	$ 1,277.50	$ 59,696.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 23,951.90	$ 23,951.90
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)	$	

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

Michael D. Gehrisch, Ass't. Secy. Treasurer

Signature of Treasurer: Michael D. Gehrisch MDG

Date: 2/1/94

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

FEC FORM

(revised ...)

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

(revised 7/1/9

NAME OF COMMITTEE (AHMPAC)
American Hotel Motel Political Action Committee

REPORT COVERING PERIOD FROM 12/1/93 TO 12/31/93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	7,038.00	24,051.00
ii. Unitemized	6,376.25	47,373.44
iii. Total ...(add i and ii) ➤	13,414.25	71,424.44
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions ...(add a iii, b and c) ➤	13,414.25	71,424.44
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		74.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0
17. Other Federal Receipts (Dividends, Interest, etc.)	33.67	280.22
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts ...(add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	13,447.92	71,778.66
20. Total Federal Receipts ...(subtract line 15 from line 19) ➤	13,447.92	71,778.66

II. Disbursements		
21. Operating Expenditures:		
a. Shares Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	27.50	73.50
c. Total Operating Expenditures ...(Add a iii, b i and b ii) ➤	27.50	73.50
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,250.00	59,150.00
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. Individuals/Persons Other Than Political Committees		125.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds ...(Add a, b and c) ➤	0	125.00
29. Other Disbursements	0	348.00
30. Total Disbursements ...(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1,277.50	59,696.50
31. Total Federal Disbursements ...(subtract line 21a ii from line 30) ➤	1,277.50	59,696.50

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	13,414.25	71,424.44
33. Total Contribution Refunds (from line 28d)	0	125
34. Net Contributions (other than loans) (subtract line 33 from 32)	13,414.25	71,299.44
35. Total Federal Operating Expenditures ...(add 21a i and 21b i) ➤	27.50	73.50
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures ...(subtract line 36 from 35) ➤	27.50	73.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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)

AMERICAN HOTEL MOTEL POLITICAL ACTION COMMITTEE (AHMPAC)

	Name of Employer / Occupation	Date (month, day, year)	Amount of Receipt this Period
A. Full Name, Mailing Address and ZIP Code Crestar Bank 1445 New York Avenue, NW. Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation Aggregate Year-to-Date > $	12/31/93	$33.67
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Receipt this Period

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

TOTAL This Period (last page this line number only) . . . . . > 533.67

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1 Of 2
	For Line Number 11a(i)

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NAME OF COMMITTEE (In Full)
AHMPAC

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date(month, day, year)	Amount of Each Receipt This Period
Jerry Morrison 7910 Ivanhoe Avenue Suite 234 La Jolla, CA 92037 Fundraising Period: 1	Morrison and Company Occupation: Hotelier Aggregate Year To Date> $ 1000.00	12/15/93	1000.00
Don M Rose 644 North Lake Shores Drive Suite 706 Chicago, IL 60611 Fundraising Period: 1	Days Inn Lake Shore Drive Occupation: Hotelier Aggregate Year To Date> $ 300.00	12/20/93	300.00
Joe B Rothman 27 Carmel Bay Drive Corona Del Mar, CA 92625 Fundraising Period: 1	Rothman Consulting Occupation: Consultant Aggregate Year To Date> $ 250.00	12/21/93	250.00
Emily D Vetter 5126 Fulton Street, N.W. Washington, DC 20016 Fundraising Period: 1	Hotel Association of DC Occupation: Assn. Executive Aggregate Year To Date> $ 538.00	12/16/93	488.00

SUBTOTAL of Receipts This Page (optional) ..... > 2038.00

TOTAL This Period(last page this line number only)..... >

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

AMERICAN HOTEL MOTEL POLITICAL ACTION COMMITTEE (AHMPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marriott Political Action Committee One Marriott Drive Governmental Affairs Dept. 904 Washington, DC. 20058 Receipt For: Primary / General / Other (specify)	Marriott Political Action Committee Occupation: PAC Aggregate Year-to-Date > $ 5,000.00	12/28/93	$5,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / 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: Primary / General / 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: Primary / General / 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: Primary / General / 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: Primary / General / 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: Primary / General / Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

A-G TOTAL of Receipts This Page (optional)	$5,000.00
2-D TOTAL this Period (last page this line number only)	$7,038.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
American Hotel Motel Political Action Committee (AHMPAC)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This
A. A Lot of People Support Jeff Bingaman PO Box 2048 Albuquerque, NM 87103	Senator Jeff D-NM-Senate Disbursement for: Primary General Other (specify)	12/6/93	$250.00 * (Reissued check to rep 7/21/93 lost check).
B. A Lot of People Support Jeff Bingaman PO Box 2048 Albuquerque, NM 87103	Senator Jeff Bingaman D-NM-Senate Disbursement for: Primary General Other (specify)	7/21/93	($250.00)* (*Check lost in mails) (Stop payment issued)
C. Friends for Franks PO Box 2745 Waterbury, CT 06723	Congressman Gary Franks R-CT-5th District Disbursement for: Primary General Other (specify)	12/6/93	$250.00
D. LaRocco for Congress PO Box 1553 Boise, ID 83701	Congressman Larry LaRocco D-ID-1st District Disbursement for: Primary General Other (specify)	12/6/93	$350.00
E. Van Hipp for Congress PO Box 702 Mt. Pleasant, SC 29465	Van Hipp, Jr. for Congress R-SC-1st District-Candidate Disbursement for: Primary General Other (specify)	12/8/93	$350.00
F. Bob Clement Committee PO Box 2884 Washington, DC 20013	Congressman Bob Clement D-TN-5th District Disbursement for: Primary General Other (specify)	12/27/93	$300.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This

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

TOTAL This Period (last page this line number only) $1,350.00

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
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☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

HH. — PREPARER

5-1-94 — DATE PREPARED

FEC FORM 70-2 (12/92)