

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

JAN 31 3 25 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Americans for a Republican Majority PAC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1155 21st Street, Suite 300	
CITY, STATE and ZIP CODE Washington, DC 20036	
2. FEC IDENTIFICATION NUMBER C00292946	
3. <input type="checkbox"/> 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
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input checked="" type="checkbox"/> 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 NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>12/01/95</u> through <u>12/31/95</u>		
6.	(a) Cash on Hand January 1, 19 <u>95</u>		\$ 19,470.17
	(b) Cash on Hand at Beginning of Reporting Period	\$ 14,980.09	
	(c) Total Receipts (from Line 19)	\$ 14,850.00	\$ 103,328.29
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 29,830.09	\$ 122,798.46
7.	Total Disbursements (from Line 30)	\$ 25,578.00	\$ 118,546.37
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4,252.09	\$ 4,252.09
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 998 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 43,975.00	

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

Barbara E. Wixon, Ass't Treasurer

Signature of Treasurer

Barbara E. Wixon

Date

1/31/96

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 9/83)

20020302

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

(revised 1/1/91)

NAME OF COMMITTEE ARM PAC		REPORT COVERING PERIOD FROM 12/01/95 TO: 12/31/95	
		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)	5,125.00	31,475.00	11(a)(iii)
ii. Unitemized	2,975.00	3,475.00	11(a)(iv)
iii. Total (add i and ii) >	8,100.00	34,950.00	11(a)(v)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	6,750.00	54,380.05	11(c)
d. Total Contributions (add a iii, b and c) >	14,850.00	89,330.05	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.)		71.77	17
18. Transfers from Nonfederal Account for Joint Activity		13,926.47	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	14,850.00	103,328.29	19
20. Total Federal Receipts (subtract line 18 from line 19) >	14,850.00	103,328.29	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		9,424.83	21(a)(i)
ii. Non-Federal Share		7,926.47	21(a)(ii)
b. Other Federal Operating Expenditures	11,578.00	65,280.42	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	11,578.00	82,631.72	21(c)
22. Transfers to Affiliated/Other Party Committees	6,000.00	6,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,000.00	11,914.65	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		18,000.00	26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/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) >	25,578.00	118,546.37	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	25,578.00	118,546.37	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	14,850.00	89,330.05	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	14,850.00	89,330.05	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	11,578.00	74,705.25	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	11,578.00	74,705.25	37

0303021202

LOANS

Name of Committee (in Full)
Americans for a Republican Majority PAC

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
David Glover 1160 Derry Ashford, #601 Houston, TX 77079 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5,000.00	3,000.00	2,000.00

Terms: Date Incurred 10/28/94 Date Due _____ Interest Rate _____ % (per) Secured

List All Endorsers or Guarantors (if any) in Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding \$
2. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding \$
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding \$

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Anne Glover 1160 Derry Ashford, #601 Houston, TX 77079 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5,000.00	3,000.00	2,000.00

Terms: Date Incurred 10/28/94 Date Due _____ Interest Rate _____ % (per) Secured

List All Endorsers or Guarantors (if any) in Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding \$
2. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding \$
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding \$

SUBTOTALS This Period This Page (optional) _____
TOTALS This Period (last page in this line only) _____

Carry outstanding balance only to LINE 5, Schedule D for this line. If no Schedule D came forward to appropriate line of Summary.

9603021203

LOANS

Name of Committee (if Full)
Americans for a Republican Majority PAC

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
Daniel Bellow 1900 West Loop South Houston, TX 77027 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5,000.00	3,000.00	2,000.00

Terms: Date Incurred 10/28/94 Date Due _____ Interest Rate _____ % (app) General

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding \$

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
Randolph DeLay 2925 Briarpark, Ste. 1150 Houston, TX 77042 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4,975.00	3,000.00	1,975.00

Terms: Date Incurred 10/28/94 Date Due _____ Interest Rate _____ % (app) General

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding \$

SUBTOTALS This Period This Page (optional) _____
TOTALS This Period (last page in this file only) _____

Carry outstanding balance only to LINE 3 Schedule D for this line. If no Schedule D, carry forward to appropriate line of Summary.

96030212034

LOANS

Name of Committee (in Full)
Americans for a Republican Majority PAC

A. Full Name, Mailing Address and ZIP Code of Loan Source James Gustafson 8955 Katy FWY., Ste. 105 Houston, TX 77024		Original Amount of Loan 5,000.00	Cumulative Payment To Date 3,000.00	Balance Outstanding at Close of This Period 2,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				

Terms: Date Incurred 10/28/94 Date Due _____ Interest Rate _____ % (app) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding \$	

B. Full Name, Mailing Address and ZIP Code of Loan Source Patricia Wakefield 614 Hunters Grove Lane Houston, TX 77024		Original Amount of Loan 5,000.00	Cumulative Payment To Date 3,000.00	Balance Outstanding at Close of This Period 2,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				

Terms: Date Incurred 10/28/94 Date Due _____ Interest Rate _____ % (app) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding \$	

SUBTOTALS This Period This Page (optional) _____

TOTALS This Period (last page in this line only) _____

11,975.00

Carry outstanding balance only to LINE 3 Schedule D for this line. If no Schedule D, carry forward to appropriate line of Summary.

96030212035

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

LINE NUMBER _____
(Use separate schedule for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Received This Period	Payment This Period	Outstanding Balance at Close of This Period
Americans for A Republican Maj. PAC				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
The Ramhurst Corporation 102 West 3rd St., Suite 650 Winston-Salem, NC 27101	16,000.00	4,000.00	0.00	20,000.00
Nature of Debt (Purpose): Fundraising Expense-Consultants				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
The Mahoney Group 2025 Eye Street, N.W., Ste. 724 Washington, DC 20006	8,000.00	4,000.00	0.00	12,000.00
Nature of Debt (Purpose): Fundraising Exp. - Consultants				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				32,000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				11,975.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				43,975.00

95030212036

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 2

FOR LINE NUMBER 11 & 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)

A. Full Name, Mailing Address and ZIP Code Charles Maffetta 3125 Main Ave Rosenberg, TX 77471		Name of Employer	Date (month, day, year) 12/22/95	Amount of Each Receipt this Period 1250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$ 1250.00	
B. Full Name, Mailing Address and ZIP Code Walter Sagg 6907 Pembrough Lane Katy, TX 77494		Name of Employer	Date (month, day, year) 12/22/95	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Terese Kala 1721 Country Club Blvd. Sugar Land, TX 77478		Name of Employer	Date (month, day, year) 12/22/95	Amount of Each Receipt this Period 1125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$ 1125.00	
D. Full Name, Mailing Address and ZIP Code R.K. Thornton 10410 Huntington Wood Dr. Houston, TX 77099		Name of Employer	Date (month, day, year) 12/22/95	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Nancy Porter 506 Hillary Circle Sugar Land, TX 77478		Name of Employer	Date (month, day, year) 12/22/95	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Linda Dewhurst 11614 Brookspring Houston, TX 77077		Name of Employer	Date (month, day, year) 12/22/95	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Vickie Patterson 107 Beavertail Pt. Houston, TX 77024		Name of Employer	Date (month, day, year) 12/22/95	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
ARM PAC

9 6 0 3 0 2 1 2 0 0 3

<p>A. Full Name, Mailing Address and ZIP Code Debra Hannehan P.O. Box 346 Rosenberg, TX 77471</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p> <hr/> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/22/95</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Isaac Moine 3322 Alcorn Crossing Sugar Land, TX 77479</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p> <hr/> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/22/95</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Katherine Luckenbach 28 Charleston North Sugar Land, TX 77478</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p> <hr/> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/22/95</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code David Master 5151 Holly Terrace Houston, TX 77056</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p> <hr/> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/22/95</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Karen Pearson 2731 Country Club Blvd. Sugarland, TX 77478</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Republican Women on the Go</p> <hr/> <p>Occupation</p> <hr/> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/29/95</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p> <hr/> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p> <hr/> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only) **5,125.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

Americans for a Republic Majority (ARMPAC)

9 6 0 3 0 2 1 2 0 9

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
US Team PAC 100 West Putnam Ave. Greenwich, CT 06830		12/29/95	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
North Star Ft. Bend Rep. Mens Club 2010 Shadow Park Drive Katy, Texas 77494		12/29/95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donna Ballard Campaign SBOE P.O. Box 7174 The Woodlands, Texas 77387		12/22/95 12/29/95	250.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Rep. Mens Club of Ft. Bend 2807 Foxfire Cir. Missouri City, TX 77459		12/29/95	250.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Life Ins. PAC Am. Council of Life Ins. PAC 1001 Pennsylvania Ave., NW Washington, D.C. 20004		12/14/95	1,000.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SPTC PAC 816 Connecticut Ave., NW, 4th Floor Washington, D.C. 20006		12/01/95	1,000.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Kyle Janek 3323 Richmond Ave., Suite C Houston, TX		12/29/95	250.00
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)

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 11c

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NAME OF COMMITTEE (In Full)
Americans for a Republic Majority (ARMPAC)

06030212000

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jerry Dumas SR Campaign Fund 13626 Comely LA Houston, Texas 77079 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	12/26/95	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Andy Myers Camp. Fund 423 Longview Dr. Sugarland, Texas 77478 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	12/29/95	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Howard for State Rep. 9300 U.S. 90-A Sugarland, Texas 77478 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	12/29/95	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
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)	
TOTAL This Period (last page this line number only)	6,750.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

ARM PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Ramhurst Corporation 2300 M Street, NW Washington, DC	Rent expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/06/95	1,000.00
U.S. Postmaster Washington, DC	fundraiser-1/15/96 Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/19/95 12/27/95	640.00 2,938.00
Brandon Moore Special Events, Inc 5120 Woodway, Suite 7022 Houston, TX 77056	Fundraising exp- room decorations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/95	7,000.00
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

0 3 0 3 0 2 1 2 0 9 1

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

11,578.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

ARM PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ARM PAC- State Account 1155 21st Street, NW, Ste. 300 Washington, DC 20036	Refund of amount over transferred Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/29/95	6,000.00
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)

TOTAL This Period (last page this line number only)

6,000.00

96030212002

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)

Americans for a Republic Majority (ARMPAC)

0 5 0 0 2 1 2 0 0 3

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Andrea Seastrand for Congress P.O. Box 14002 San Luis Obispo, CA 93406	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/20/95	1,000.00
B. Full Name, Mailing Address and ZIP Code Funderburk For Congress P.O. Box 1124 Dunn, N.C. 28335	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/20/95	2,000.00
C. Full Name, Mailing Address and ZIP Code Jean Leising for Congress P.O. Box 53 Batesville, NC 40257	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/20/95	1,000.00
D. Full Name, Mailing Address and ZIP Code Sumer for Congress 2555 West Lincoln Highway #202 Olympia Falls, IL 60461	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/20/95	1,000.00
E. Full Name, Mailing Address and ZIP Code Anne Northrop for Congress P.O. Box 7313 Louisville, KY 40257	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/20/95	1,000.00
F. Full Name, Mailing Address and ZIP Code Tim Lefever for Congress P.O. Box 1348 Dixon, CA 95620	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/20/95	1,000.00
G. Full Name, Mailing Address and ZIP Code People for English Committee P.O. Box 1940 Erie, PA 16512	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/21/95	1,000.00
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)

TOTAL This Period (last page this line number only) **8,000.00**

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.

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Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

JLS
PREPARER

1-31-96
DATE PREPARED

96030212034