REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEB 6 11 55 AM '96

1. NAME OF COMMITTEE (in full)
BURSON-MARSTELLER POLITICAL Action Cmte

ADDRESS (number and street) ☐ Check if different than previously reported
1455 Pennsylvania Ave, NW #950

CITY, STATE and ZIP CODE
Washington, DC 20004

2. FEC IDENTIFICATION NUMBER
C00201863

3. ☒ 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:

☐ 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 ☒ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 7/1/95 through 12/31/95		
6. (a)	Cash on Hand January 1, 1995		$ 9485.43
(b)	Cash on Hand at Beginning of Reporting Period	$ 246.45	
(c)	Total Receipts (from Line 19)	$ 17,020.71	$ 18,388.76
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 17,267.16	$ 27,874.19
7.	Total Disbursements (from Line 30)	$ 14068.76	$ 24,675.99
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3198.20	$ 3198.20
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

Signature of Treasurer: [signature]

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 9/93)

4-00173

9603059000