

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(This is the Summary Page)

USE PRE-MAILING LABEL
FOR PRE-PAID MAIL
TYPE OR PRINT

1. NAME OF COMMITTEE (Name and address of the committee, including the name of the authorized person to whom all contributions should be sent.)

James H. Connors Congress Committee, Inc.

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

General Delmar

CITY, STATE AND ZIP CODE **Amherst, NY 12503** STATE/DISTRICT **NY 22**

2. FEDERAL IDENTIFICATION NUMBER (EIN or SSN)

00-319806

3. IS THIS REPORT AN AMENDMENT?

☒ YES ☐ NO

4. TYPE OF REPORT

☒ 12-Day Pre-Election Report for the **General** election on **Nov 5** in the State of **NY**

☐ 30-Day Post-Election Report for the election on in the State of

☐ Termination Report

5. This report contains information about activity for:

☐ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

6. RECEIVED
FEDERAL ELECTION COMMISSION
WASHINGTON, DC 20463
NOV 11 1996

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
Covering Period 10/1/96 through 10/16/96			
6. Net Contributions (other than loans)			
(a) Total Contributions (other than loans) (from Line 11(a))		44276	214393.86
(b) Total Contribution Refunds (from Line 20(d))		0	500
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))		44276	213893.86
7. Net Operating Expenditures			
(a) Total Operating Expenditures (from Line 17)		73119.46	577862.86
(b) Total Offsets to Operating Expenditures (from Line 14)		0	0
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))		73119.46	577862.86
8. Cash on Hand at Close of Reporting Period (from Line 27)		35031.02	
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)		35875	

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 **John W. Ness Philip**

Signature of Treasurer **John W. Ness**

Date **10/21/96**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing the Report to the penalties of 2 U.S.C. 6457g.

NRO-134 DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 8)

Name of Committee (In full)		Report Covering the Period		Report of	
		RECEIPTS		DISBURSEMENTS	
		Column A		Column B	
		Total This Period		Total Year To Date	
1. CONTRIBUTIONS (other than loans) FROM:					
(a) Individuals/Persons Other Than Political Committees					
(i) Itemized (Use Schedule A)		27951			
(ii) Unitemized		11845			
(b) Total of contributions from individuals		39796		194002	
(c) Political Party Committees		13480		4910	
(d) Other Political Committees (such as PACs)		1500		7600	
(e) The Candidate		0		88138	
(f) TOTAL CONTRIBUTIONS (other than loans) (add 11(i)(ii), (b)(i), (c) and (d))		44276		124438	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0		0	
13. LOANS:					
(a) Made or Guaranteed by the Candidate		0		0	
(b) All Other Loans		0		0	
(c) TOTAL LOANS (add 13(a) and (b))		0		0	
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		0		0	
15. OTHER RECEIPTS (Dividends, Interest, etc.)		0		0	
16. TOTAL RECEIPTS (add 11(f), 12, 13(c), 14 and 15)		44276		124438	
		DISBURSEMENTS			
17. OPERATING EXPENDITURES:		311945		17786286	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0		0	
19. LOAN REPAYMENTS:					
(a) Of Loans Made or Guaranteed by the Candidate		0		0	
(b) Of All Other Loans		0		0	
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		0		0	
20. REFUNDS OF CONTRIBUTIONS TO:					
(a) Individuals/Persons Other Than Political Committees		0		0	
(b) Political Party Committees		0		0	
(c) Other Political Committees (such as PACs)		0		0	
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		0		0	
21. OTHER DISBURSEMENTS		0		0	
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		311945		17786286	
		CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD				64874	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)				44276	
25. SUBTOTAL (add Line 23 and Line 24)				109150	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)				311945	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)				36031	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule (a) for each category in the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 11 (a)

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)

James For Congress Committee Inc

A. Full Name, Mailing Address and ZIP Code

Margaret Benedict
6542 Box 398, 1A
Nassau NY 12123

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Goodwin Butler Assoc

Date (month, day, year)

10/1/96

Amount of Each Receipt This Period

\$300

Occupation

Investment Banker

Aggregate Year-to-Date > \$300

B. Full Name, Mailing Address and ZIP Code

Reverend Frank S. Nasberger
53 University Place
Princeton NJ 08540

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Princeton University

Date (month, day, year)

10/1/96

Amount of Each Receipt This Period

\$51

Occupation

Episcopal Chaplain

Aggregate Year-to-Date > \$201

C. Full Name, Mailing Address and ZIP Code

Gary Dunning
422 E 72nd St Apt 16E
New York NY 10021

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Big Apple Circus

Date (month, day, year)

10/5/96

Amount of Each Receipt This Period

\$500

Occupation

Administrator

Aggregate Year-to-Date > \$500

D. Full Name, Mailing Address and ZIP Code

John Forrester
1111 Hoban Road
Washington DC 20007

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Magna Properties Inc

Date (month, day, year)

10/4/96

Amount of Each Receipt This Period

\$500

Occupation

Chairman

Aggregate Year-to-Date > \$1500

E. Full Name, Mailing Address and ZIP Code

Steven Arndt
965 Auburn Avenue
Highland Park IL 60035

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Steven Arndt Realty

Date (month, day, year)

10/4/96

Amount of Each Receipt This Period

\$200

Occupation

Owner

Aggregate Year-to-Date > \$500

F. Full Name, Mailing Address and ZIP Code

Eliot Spitzer
985 5th Avenue Apt 8B
New York NY 10021

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Constantine P. Pines

Date (month, day, year)

10/4/96

Amount of Each Receipt This Period

\$500

Occupation

Attorney

Aggregate Year-to-Date > \$1500

G. Full Name, Mailing Address and ZIP Code

Madelon Wills
162 Duane Street
NY, NY 10013

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Self

Date (month, day, year)

10/4/96

Amount of Each Receipt This Period

\$100

Occupation

Producer

Aggregate Year-to-Date > \$300

SUBTOTAL of Receipts This Page (optional)

\$2151

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule (a) for each category on the Covered Statement page

PAGE 2 OF 9

FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

Jameson Congress Comm. Meet. Inc.

A. Full Name, Mailing Address and ZIP Code

 Friends of Eliot Spitzer
 985 5th Avenue, Apt 8B
 New York, NY 10022

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Campaign Committee

Date (month, day, year)

10/4/96

Amount of Each Receipt this Period

\$500

Occupation

Aggregate Year-to-Date > \$500

B. Full Name, Mailing Address and ZIP Code

 Josef Sommer
 168 Meadowbrook Lane
 Stratford, NY 12580

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Actor

Date (month, day, year)

10/4/96

Amount of Each Receipt this Period

\$50

Occupation

Self

Aggregate Year-to-Date > \$250

C. Full Name, Mailing Address and ZIP Code

 G. Randolph Bevis
 3311 Blackburn
 Dallas, TX 75247

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Baker + Company

Date (month, day, year)

10/5/96

Amount of Each Receipt this Period

\$250

Occupation

Dir. of Telecommunications

Aggregate Year-to-Date > \$250

D. Full Name, Mailing Address and ZIP Code

 Keith Charles
 718 West End Ave
 NY, NY 10025

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Self

Date (month, day, year)

10/5/96

Amount of Each Receipt this Period

\$100

Occupation

Actor

Aggregate Year-to-Date > \$350

E. Full Name, Mailing Address and ZIP Code

 Joan Davidson
 14 Woodlands Rd
 Germantown, NY 12526

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Retired

Date (month, day, year)

10/5/96

Amount of Each Receipt this Period

\$100

Occupation

Aggregate Year-to-Date > \$600

F. Full Name, Mailing Address and ZIP Code

 Anne Goylan
 211 Central Park West
 NY, NY 10024

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Self

Date (month, day, year)

10/5/96

Amount of Each Receipt this Period

\$250

Occupation

Aggregate Year-to-Date > \$250

G. Full Name, Mailing Address and ZIP Code

 Jeffrey A. Moss
 211 Central Park West
 NY, NY 10024

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Self

Date (month, day, year)

10/5/96

Amount of Each Receipt this Period

\$250

Occupation

Writer

Aggregate Year-to-Date > \$5750

SUBTOTAL of Receipts This Page (optional)

\$1350

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in full)

James for Congress Committee Inc.

A. Full Name, Mailing Address and ZIP Code

Kathleen McNamara
236 W 105th St #3
New York, NY 10025

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Self

Date (month/day/year)

10/5/96

Amount of Each Receipt this Period

\$100

Occupation

Actor

Aggregate Year-to-Date > \$300

B. Full Name, Mailing Address and ZIP Code

Andrew Tobias
787 NE 71st St
Miami FL 33138

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Self

Date (month/day/year)

10/1/96

Amount of Each Receipt this Period

\$1,000

Occupation

Writer

Aggregate Year-to-Date > \$1,000

C. Full Name, Mailing Address and ZIP Code

William D. Cohen
78 Pats Rd
Aurandale NY 12503

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Investment Banker

Date (month/day/year)

10/6/96

Amount of Each Receipt this Period

\$250

Occupation

Aggregate Year-to-Date > \$250

D. Full Name, Mailing Address and ZIP Code

Sandra B. McCordell
10 Fencerow Dr
Fairfield CT 06430

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

ARM Group

Date (month/day/year)

10/7/96

Amount of Each Receipt this Period

\$1,000

Occupation

Aggregate Year-to-Date > \$1,000

E. Full Name, Mailing Address and ZIP Code

Anne Freiwiler
11 Yorkshire Terrace
Clifton Park NY 12065

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Counselor

Date (month/day/year)

10/7/96

Amount of Each Receipt this Period

\$1,000

Occupation

Aggregate Year-to-Date > \$1,000

F. Full Name, Mailing Address and ZIP Code

Margaret J. Toff
1050 Park Avenue #113
New York NY 10028

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

CS First Boston

Date (month/day/year)

10/7/96

Amount of Each Receipt this Period

\$500

Occupation

Managing Director

Aggregate Year-to-Date > \$500

G. Full Name, Mailing Address and ZIP Code

Margaret Simpson
225 Waverly Pl #2E
New York NY 10014

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Self

Date (month/day/year)

10/1/96

Amount of Each Receipt this Period

\$250

Occupation

Casting Director

Aggregate Year-to-Date > \$250

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

Page

SCHEDULE VA

ITEMIZED RECEIPTS

 Use separate schedule for each category of receipts.
 Detailed Summary page

 PAGE 4 OF 9
 FOR LINE NUMBER 16

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NAME OF COMMITTEE (In Full)

Interest for Congress Committee, Inc.

A. Full Name, Mailing Address and ZIP Code

 Edward J. Kelly
 9 East 92nd St.
 New York NY 10128

Receipt For:

☐ Primary☒ General☐ Other (specify):

Name of Employer

Morgan Stanley

Occupation

Aggregate Year-to-Date

\$

Date (month, day, year)

10/7/96

Amount of Each Receipt this Period

\$1,000

B. Full Name, Mailing Address and ZIP Code

 Marvin J. Pollack
 1214 W. Montrose St.
 Chicago IL 60614

Receipt For:

☐ Primary☒ General☐ Other (specify):

Name of Employer

PPA

Occupation

Advertising Exec

Aggregate Year-to-Date

\$5,000

Date (month, day, year)

10/7/96

Amount of Each Receipt this Period

\$400

C. Full Name, Mailing Address and ZIP Code

 Audrey Meyer
 8 East 12th St., Apt. 9
 New York NY 10003

Receipt For:

☐ Primary☒ General☐ Other (specify):

Name of Employer

Homemaker

Occupation

Aggregate Year-to-Date

\$1,000

Date (month, day, year)

10/8/96

Amount of Each Receipt this Period

\$1,000

D. Full Name, Mailing Address and ZIP Code

 Larry Briggman
 Huns Lake Rd. Box 17
 Stanfordsville KY 40381

Receipt For:

☐ Primary☒ General☐ Other (specify):

Name of Employer

Self

Occupation

Artist

Aggregate Year-to-Date

\$500

Date (month, day, year)

10/8/96

Amount of Each Receipt this Period

\$500

E. Full Name, Mailing Address and ZIP Code

 Robert K. Kufelt
 2501 Gleason St.
 NY NY 10014

Receipt For:

☐ Primary☒ General☐ Other (specify):

Name of Employer

Murray's Cheese

Occupation

Owner

Aggregate Year-to-Date

\$250

Date (month, day, year)

10/9/96

Amount of Each Receipt this Period

\$250

F. Full Name, Mailing Address and ZIP Code

 Barbara Hohl
 47 Willow Place
 Brooklyn NY 11201

Receipt For:

☐ Primary☒ General☐ Other (specify):

Name of Employer

Self

Occupation

Computer Programmer

Aggregate Year-to-Date

\$500

Date (month, day, year)

10/9/96

Amount of Each Receipt this Period

\$500

G. Full Name, Mailing Address and ZIP Code

 Kendall Grohms
 53 Spruce St.
 Southampton CT 06450

Receipt For:

☐ Primary☒ General☐ Other (specify):

Name of Employer

J. Walter Thompson

Occupation

Vice President

Aggregate Year-to-Date

\$550

Date (month, day, year)

10/9/96

Amount of Each Receipt this Period

\$250

SUBTOTAL of Receipts This Page (optional)

\$3,900

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 5 OF 9
 FOR LINE NUMBER 1160

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NAME OF COMMITTEE (In Full)

James for Congress Committee, Inc.

A. Full Name, Mailing Address and ZIP Code

 Hugh Hardy
 902 Broadway
 NY, NY 10010

Name of Employer

Hardy, Holtem
Pfeiffer

Date (month, day, year)

10/9/96

Amount of Each Receipt This Period

\$1,000

Receipt For

☐ Primary☒ General☐ Other (specify):

Occupation

Architect

Aggregate Year-to-Date

> \$1,000

B. Full Name, Mailing Address and ZIP Code

 Jon Winder
 60 Harvard Way
 Boston MA 02163

Name of Employer

Harvard Business School
Publishing

Date (month, day, year)

10/5/96

Amount of Each Receipt This Period

\$250

Receipt For

☐ Primary☒ General☐ Other (specify):

Occupation

Vice President

Aggregate Year-to-Date

> \$250

C. Full Name, Mailing Address and ZIP Code

 Linda Faber
 100 Mountain View Rd.
 Rhinebeck NY 12572

Name of Employer

Date (month, day, year)

10/8/96

Amount of Each Receipt This Period

\$150

Receipt For

☐ Primary☒ General☐ Other (specify):

Occupation

Date (month, day, year)

10/5/96

Amount of Each Receipt This Period

\$150

Aggregate Year-to-Date

> \$300

D. Full Name, Mailing Address and ZIP Code

 Ellen Porter Horner
 15 Harrison St
 Newton Highlands MA 02161

Name of Employer

Homemaker

Date (month, day, year)

10/10/96

Amount of Each Receipt This Period

\$500

Receipt For

☐ Primary☒ General☒ Other (specify):

Occupation

Aggregate Year-to-Date

> \$500

E. Full Name, Mailing Address and ZIP Code

 Mark Bailey
 1-328 San Sebastian Ct
 Camarillo CA 93012

Name of Employer

Self

Date (month, day, year)

10/10/96

Amount of Each Receipt This Period

\$500

Receipt For

☐ Primary☒ General☐ Other (specify):

Occupation

Producer

Aggregate Year-to-Date

> \$1,500

F. Full Name, Mailing Address and ZIP Code

 Amy White
 P4 Hill Rd.
 Old Chatham NY 12136

Name of Employer

Self

Date (month, day, year)

10/10/96

Amount of Each Receipt This Period

\$250

Receipt For

☐ Primary☒ General☐ Other (specify):

Occupation

Farmer

Aggregate Year-to-Date

> \$250

G. Full Name, Mailing Address and ZIP Code

 Alexander White
 P4 Hill Rd.
 Old Chatham NY 12136

Name of Employer

Self

Date (month, day, year)

10/10/96

Amount of Each Receipt This Period

\$250

Receipt For

☐ Primary☒ General☐ Other (specify):

Occupation

Farmer

Aggregate Year-to-Date

> \$250

SUBTOTAL of Receipts This Page (optional)

\$2,650

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule for each category of contribution.
 Detailed Summary Page

 PAGE 6 OF 9
 FOR LINE NUMBER 116

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NAME OF COMMITTEE (in Full)

James for Congress Committee Inc.

A. Full Name, Mailing Address and ZIP Code

 Douglas Keston
 720 Greenwich St, Apt. IV
 New York NY 10014

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Paradigm

Date (month, day, year)

10/16/96

Amount of Each Receipt This Period

\$250

Occupation

Agent

Aggregate Year-to-Date > \$250

B. Full Name, Mailing Address and ZIP Code

 Moisha Glechman
 41 Central Park West
 NY NY 10023

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Homemaker

Date (month, day, year)

10/10/96

Amount of Each Receipt This Period

\$500

Occupation

Aggregate Year-to-Date > \$1,000

C. Full Name, Mailing Address and ZIP Code

 Jeremy Koch
 295 Greenwich St., Apt 7B
 NY NY 10007

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Time Warner

Date (month, day, year)

10/11/96

Amount of Each Receipt This Period

\$250

Occupation

Publishing

Aggregate Year-to-Date > \$500

D. Full Name, Mailing Address and ZIP Code

 Lee Wasserman
 260 S Main Ave
 Albany NY 12208

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Self

Date (month, day, year)

10/11/96

Amount of Each Receipt This Period

\$500

Occupation

Attorney

Aggregate Year-to-Date > \$500

E. Full Name, Mailing Address and ZIP Code

 Karen A. Silzberger
 609 Arden Dr
 Beverly Hills CA 90210

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Homemaker

Date (month, day, year)

10/11/96

Amount of Each Receipt This Period

\$500

Occupation

Aggregate Year-to-Date > \$500

F. Full Name, Mailing Address and ZIP Code

 Ted Wass
 12700 Ventura Blvd, Suite 140
 Studio City CA 91604

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Self

Date (month, day, year)

10/14/96

Amount of Each Receipt This Period

\$1,000

Occupation

Actor/Director

Aggregate Year-to-Date > \$1,000

G. Full Name, Mailing Address and ZIP Code

 Christopher McMurtry
 4124 Tyler Pl
 Alexandria VA 22302

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Kirkpatrick + Lockhart

Date (month, day, year)

09/24/96

Amount of Each Receipt This Period

\$200

Occupation

Attorney

Aggregate Year-to-Date > \$500

SUBTOTAL of Receipts This Page (optional)

\$3,200

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each calendar year. Do not summarize.

PAGE 7 OF 9

FOR LINE NUMBER 1120

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NAME OF COMMITTEE (in full)

James F. Congress Committee, Inc.

A. Full Name, Mailing Address and ZIP Code

George Shearshans
4 E 89th St., # 6A
NY NY 10128

Receipt For:

☐ Primary☒ General☐ Other (specify):

Name of Employer

Date (month, day, year)

10/13/96

Amount of Each Receipt this Period

\$ 250

Occupation

Aggregate Year-to-Date > \$ 250

B. Full Name, Mailing Address and ZIP Code

Michael Plemis
1107 5th Ave
NY NY 10128

Receipt For:

☐ Primary☒ General☐ Other (specify):

Name of Employer

Date (month, day, year)

10/13/96

Amount of Each Receipt this Period

\$ 500

Occupation

Aggregate Year-to-Date > \$ 500

C. Full Name, Mailing Address and ZIP Code

Judy Willows
55 5th Ave
NY NY 10003

Receipt For:

☐ Primary☒ General☐ Other (specify):

Name of Employer

Date (month, day, year)

10/13/96

Amount of Each Receipt this Period

\$ 800

Occupation

Aggregate Year-to-Date > \$ 800

D. Full Name, Mailing Address and ZIP Code

Steven Amador
965 Auburn Ave
Highland Park IL 60035

Receipt For:

☐ Primary☒ General☐ Other (specify):

Name of Employer

Date (month, day, year)

10/13/96

Amount of Each Receipt this Period

\$ 500

Occupation

Owner

Aggregate Year-to-Date > \$ 1,200

E. Full Name, Mailing Address and ZIP Code

Frances DeNeke Elston
11685 Dodge Ave
Riverside NY 10471

Receipt For:

☐ Primary☒ General☐ Other (specify):

Name of Employer

Date (month, day, year)

10/13/96

Amount of Each Receipt this Period

\$ 350

Occupation

Aggregate Year-to-Date > \$ 350

F. Full Name, Mailing Address and ZIP Code

Richard Fizzdale
18622 N. Burlingame
Chicago IL 60614

Receipt For:

☐ Primary☒ General☐ Other (specify):

Name of Employer

Date (month, day, year)

10/13/96

Amount of Each Receipt this Period

\$ 500

Occupation

Chairman

Aggregate Year-to-Date > \$ 500

G. Full Name, Mailing Address and ZIP Code

Barbara Cline
366 Broadway
NY NY 10013

Receipt For:

☐ Primary☒ General☐ Other (specify):

Name of Employer

Date (month, day, year)

10/13/96

Amount of Each Receipt this Period

\$ 500

Occupation

Owner

Aggregate Year-to-Date > \$ 500

SUBTOTAL of Receipts This Page (optional)

\$ 3,450

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in full)

James for Congress Committee, Inc.

A. Full Name, Mailing Address and ZIP Code

 Christopher Clarys, The
 6045 Forest Glen
 Chicago IL 60646

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$ 500

Date (month, day, year)

10/15/96

Amount of Each Receipt this Period

\$ 500

B. Full Name, Mailing Address and ZIP Code

 Joe Stamler
 50 Broadway
 NY NY 10004

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$ 1,000

Date (month, day, year)

10/15/96

Amount of Each Receipt this Period

\$ 1,000

C. Full Name, Mailing Address and ZIP Code

 Sheldon Evans
 340 Lessest Rd.
 Ghent NY 12075

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$ 350

Date (month, day, year)

10/15/96

Amount of Each Receipt this Period

\$ 100

D. Full Name, Mailing Address and ZIP Code

Margorie Gibson Blaxill

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$ 300

Date (month, day, year)

10/15/96

Amount of Each Receipt this Period

\$ 300

E. Full Name, Mailing Address and ZIP Code

 R. O. Cleeman
 100 64th St.
 NY NY 10023

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$ 450

Date (month, day, year)

10/15/96

Amount of Each Receipt this Period

\$ 100

F. Full Name, Mailing Address and ZIP Code

 Karl C. Light
 245 NASSAU ST
 Princeton NJ 08540

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$ 500

Date (month, day, year)

10/15/96

Amount of Each Receipt this Period

\$ 500

G. Full Name, Mailing Address and ZIP Code

 Frederick Benke
 420 Lexington Ave
 New York NY 10017

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$ 1,000

Date (month, day, year)

10/15/96

Amount of Each Receipt this Period

\$ 1,000

SUBTOTAL of Receipts This Page (optional)

\$ 3,500

TOTAL This Period (last page this line number only)

\$ 3,500

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for each category of the Detailed Schedule - page

PAGE 9 OF 9
FOR LINE NUMBER 160

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NAME OF COMMITTEE (In Full)

James for Congress Committee, Inc.

A. Full Name, Mailing Address and ZIP Code

William L. Beadleston

Name of Employer

Beadleston Gallery

Date (month, day, year)

10/14/96

Amount of Each Receipt this Period

\$500

Receipt For

☐ Primary

☒ General

☐ Other (specify):

Occupation

Owner

Aggregate Year-to-Date > \$500

B. Full Name, Mailing Address and ZIP Code

Dana Delaney
3435 Ocean Park Blvd, Ste 200
Santa Monica CA 90405

Name of Employer

Self

Date (month, day, year)

10/14/96

Amount of Each Receipt this Period

\$1,000

Receipt For

☐ Primary

☒ General

☐ Other (specify):

Occupation

Actor

Aggregate Year-to-Date > \$1,000

C. Full Name, Mailing Address and ZIP Code

Arthur Schoen
1100 Park Avenue, Apt. 5A
NY NY 10128

Name of Employer

Banker

Date (month, day, year)

10/16/96

Amount of Each Receipt this Period

\$300

Receipt For

☐ Primary

☒ General

☐ Other (specify):

Aggregate Year-to-Date > \$300

D. Full Name, Mailing Address and ZIP Code

Dr. Annie M. Strupp
99 Kensington Rd
Bronxville NY 10708

Name of Employer

Montefiore Hospital

Date (month, day, year)

10/16/96

Amount of Each Receipt this Period

\$500

Receipt For

☐ Primary

☒ General

☐ Other (specify):

Occupation

Doctor

Aggregate Year-to-Date > \$500

E. Full Name, Mailing Address and ZIP Code

Allen Jackson
46 Keo Parnass Rd
Old Greenwich CT 06870

Name of Employer

Towers Perrin

Date (month, day, year)

10/16/96

Amount of Each Receipt this Period

\$500

Receipt For

☐ Primary

☒ General

☐ Other (specify):

Occupation

Consultant

Aggregate Year-to-Date > \$500

F. Full Name, Mailing Address and ZIP Code

Christine Ebersole
760 N La Cienega Blvd
LA CA 90069

Name of Employer

Self

Date (month, day, year)

10/14/96

Amount of Each Receipt this Period

\$500

Receipt For

☐ Primary

☒ General

☐ Other (specify):

Occupation

Actor

Aggregate Year-to-Date > \$1,000

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Aggregate Year-to-Date > \$1,000

Receipt For

☐ Primary

☒ General

☐ Other (specify):

SUBTOTAL of Receipts This Page (optional)

\$3,300

TOTAL This Period (last page this line number only)

\$27,951

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 115

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NAME OF COMMITTEE (in Full)

James for Congress Comm. - West, Inc.

A. Full Name, Mailing Address and ZIP Code

 Poughkeepsie City Democratic Comm
 PO Box 988
 Troy, NY 12181

Name of Employer

Committee

Date (month, day, year)

10/9/96

Amount of Each Receipt This Period

\$250

Occupation

Aggregate Year-to-Date

\$450

Receipt For:

☐ Primary☒ General☐ Other (specify):

B. Full Name, Mailing Address and ZIP Code

Greene County Democratic Comm

Name of Employer

Committee

Date (month, day, year)

10/11/96

Amount of Each Receipt This Period

\$1,000

Occupation

Aggregate Year-to-Date

\$1,000

Receipt For:

☐ Primary☒ General☐ Other (specify):

C. Full Name, Mailing Address and ZIP Code

 Dutchess County Democratic Comm
 66 Washington St., Apt 54
 Poughkeepsie NY 12601

Name of Employer

Committee

Date (month, day, year)

10/1/96

Amount of Each Receipt This Period

\$350

Occupation

Aggregate Year-to-Date

\$350

Receipt For:

☐ Primary☒ General☐ Other (specify):

D. Full Name, Mailing Address and ZIP Code

Town of Itasca Democratic Comm

Name of Employer

Committee

Date (month, day, year)

10/7/96

Amount of Each Receipt This Period

\$150

Occupation

Aggregate Year-to-Date

\$50

Receipt For:

☐ Primary☒ General☐ Other (specify):

E. Full Name, Mailing Address and ZIP Code

Columbia County Democratic Comm

Name of Employer

Committee

Date (month, day, year)

10/5/96

Amount of Each Receipt This Period

\$2,050

Occupation

Aggregate Year-to-Date

\$2,050

Receipt For:

☐ Primary☒ General☐ Other (specify):

F. Full Name, Mailing Address and ZIP Code

Warren County Democratic Comm

Name of Employer

Comm. Free

Date (month, day, year)

10/1/96

Amount of Each Receipt This Period

\$100

Occupation

Aggregate Year-to-Date

\$100

Receipt For:

☐ Primary☒ General☐ Other (specify):

G. Full Name, Mailing Address and ZIP Code

 Town of Poughkeepsie Dem Comm
 83 Westwood Blvd
 Poughkeepsie NY 12601

Name of Employer

Committee

Date (month, day, year)

10/14/96

Amount of Each Receipt This Period

\$230

Occupation

Aggregate Year-to-Date

\$230

Receipt For:

☐ Primary☒ General☐ Other (specify):

SUBTOTAL of Receipts This Page (optional)

\$3,980

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of contribution.	PAGE 1 OF 1
Estimated Amount: \$000	FOR LINE NUMBER: 11C

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NAME OF COMMITTEE (In Full)
James for Congress Committee Inc

A. Full Name, Mailing Address and ZIP Code: Handgun Control Inc. Voter Education Fund 1225 Eye St., NW Suite 1100 Washington DC 20005	Name of Employer: PAC	Date (month, day, year): 10/1/96	Amount of Each Receipt this Period: \$5000
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation:	Aggregate Year-to-Date: \$500	
B. Full Name, Mailing Address and ZIP Code:	Name of Employer:	Date (month, day, year):	Amount of Each Receipt this Period:
Receipt For: ☐ Primary ☐ General ☐ 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:
Receipt For: ☐ Primary ☐ General ☐ 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:
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation:	Aggregate Year-to-Date: \$	

SUBTOTAL of Receipts This Page (optional)	\$500
TOTAL This Period (last page this line number only)	\$500

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

James for Congress Committee Inc.

A. Full Name, Mailing Address and ZIP Code Fenn King Murphy Putnam Comm 1043 Cecil Pl. NW Washington DC 20007	Purpose of Disbursement Consulting Fee Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/1/96	Amount of Each Disbursement This Period \$2,500
B. Full Name, Mailing Address and ZIP Code Michael Hayden 808 Birk St Owensboro KY 42301	Purpose of Disbursement Reimbursements Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/1/96 10/1/96	Amount of Each Disbursement This Period \$431.84 \$17.63
C. Full Name, Mailing Address and ZIP Code Video Portfolios 12 West 27th St. NY NY 10001	Purpose of Disbursement Duplicating Services Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/1/96 10/15/96	Amount of Each Disbursement This Period \$416.76 \$175.91
D. Full Name, Mailing Address and ZIP Code Marg Lou Higgins 153 Cedar View Lane Waterlily NY 12189	Purpose of Disbursement Reimbursements Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/1/96	Amount of Each Disbursement This Period \$506
E. Full Name, Mailing Address and ZIP Code Cunningham Harris & Assoc 201 Grand Central Ave Pleasantville NJ 07051	Purpose of Disbursement Expense Reimbursement Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/3/96	Amount of Each Disbursement This Period \$1354.67
F. Full Name, Mailing Address and ZIP Code Communication Services 8 Thruway Terrace Waterlily NY 12189	Purpose of Disbursement Printings Disbursement for: ☒ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/4/96	Amount of Each Disbursement This Period \$994.14
G. Full Name, Mailing Address and ZIP Code Jean Tate 91 Johnny Cake Hollow Rd Pine Plains NY 12567	Purpose of Disbursement Rent Disbursement for: ☒ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/4/96	Amount of Each Disbursement This Period \$750
H. Full Name, Mailing Address and ZIP Code Marg Lou Higgins 153 Cedar View Lane Waterlily NY 12189	Purpose of Disbursement Salary Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/5/96	Amount of Each Disbursement This Period \$835.65
I. Full Name, Mailing Address and ZIP Code Shilling National Bank Church St Pine Plains NY 12567	Purpose of Disbursement Taxes Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/5/96	Amount of Each Disbursement This Period \$1,934.50

SUBTOTAL of Disbursements This Page (optional)

\$9,917.10

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate sheets for each category of the Detailed Summary Page

PAGE 2 OF 3

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

James for Congress Committee, Inc.

A. Full Name, Mailing Address and ZIP Code Four Partners Land Co. P.O. Box 11 Millerton NY 12546	Purpose of Disbursement Rent Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/5/96	Amount of Each Disbursement This Period \$500
B. Full Name, Mailing Address and ZIP Code Ancramdale Postmaster Ancramdale NY 12503	Purpose of Disbursement Postage Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/1/96 10/2/96	Amount of Each Disbursement This Period \$14.07 \$10.75
C. Full Name, Mailing Address and ZIP Code Office Max 1249 Albany NY	Purpose of Disbursement Office Supplies Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/2/96	Amount of Each Disbursement This Period \$39.45
D. Full Name, Mailing Address and ZIP Code Ancramdale Postmaster Ancramdale NY 12503	Purpose of Disbursement Postage Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/3/96 10/4/96	Amount of Each Disbursement This Period \$25.8 \$33.50
E. Full Name, Mailing Address and ZIP Code Michael Hayden 308 Bk St Owensboro KY 42301	Purpose of Disbursement Consulting Fees Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/5/96	Amount of Each Disbursement This Period \$1,000
F. Full Name, Mailing Address and ZIP Code Kevin Kolben One Country Rd S Ancramdale NY 12503	Purpose of Disbursement Salary Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/5/96	Amount of Each Disbursement This Period \$932.90
G. Full Name, Mailing Address and ZIP Code Jeffrey Stein 91 Jimmy Lake Hollow Rd Pine Plains NY 12567	Purpose of Disbursement Salary Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/5/96	Amount of Each Disbursement This Period \$1,359.50
H. Full Name, Mailing Address and ZIP Code Mary Lou Hiss 153 Cedar View Lane Watervliet NY 12185	Purpose of Disbursement Reimbursements Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/7/96	Amount of Each Disbursement This Period \$63.47
I. Full Name, Mailing Address and ZIP Code Ancramdale Postmaster Ancramdale NY 12503	Purpose of Disbursement Postage Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/7/96	Amount of Each Disbursement This Period \$76

SUBTOTAL of Disbursements This Page (optional)

\$4,287.64

TOTAL This Period (last page this line number only)

SCHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

James F. Congress Committee, Inc.

A. Full Name, Mailing Address and ZIP Code Anerandale General Store Anerandale NY 12503	Purpose of Disbursement Food Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/9/96	Amount of Each Disbursement This Period \$40.73
B. Full Name, Mailing Address and ZIP Code Kinkos Wolf Road Albany NY	Purpose of Disbursement Copies Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 8/11/96	Amount of Each Disbursement This Period \$28.35
C. Full Name, Mailing Address and ZIP Code Anerandale Postmaster Anerandale NY 12503	Purpose of Disbursement Postage Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/15/96	Amount of Each Disbursement This Period \$145.63
D. Full Name, Mailing Address and ZIP Code Fenn 1043 Cecil Place, NW Washington DC 20007	Purpose of Disbursement Medical Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/7/96 10/11/96	Amount of Each Disbursement This Period \$31,700 \$27000
E. 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 Period
F. 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 Period
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 Period
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 Period
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 Period

SUBTOTAL of Disbursements This Page (optional)

\$5894.71

TOTAL This Period (last page this line number only)

\$7319.95

SCHEDULE C
(Revised 3/80)

N/A

LOANS

Page 1 of 1
LINE NUMBER
(Use separate schedules
for each numbered line)

Name of Committee (in Full)		Loan Source		Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
James H. Conners, Comm. Inc.		James H. Conners, Comm. Inc.				
1. Full Name, Mailing Address and ZIP Code of Loan Source James H. Conners, Comm. Inc. 1000 1st St. N.E. Atlanta, GA 30309		2. Full Name, Mailing Address and ZIP Code of Loan Source James H. Conners, Comm. Inc. 1000 1st St. N.E. Atlanta, GA 30309		3. Original Amount of Loan \$100,000.00	4. Cumulative Payments To Date \$0.00	5. Balance Outstanding at Close of This Period \$100,000.00
6. Terms 12 months		7. Date Incurred 1/1/80		8. Date Due 12/31/80	9. Interest Rate 12%	10. Secured or Unsecured Secured
List All Endorsers or Guarantors (if any) to Item 1						
11. Full Name, Mailing Address and ZIP Code James H. Conners, Comm. Inc. 1000 1st St. N.E. Atlanta, GA 30309		12. Name of Employer James H. Conners, Comm. Inc.		13. Occupation President		
14. Amount Guaranteed Outstanding \$100,000.00						
15. Full Name, Mailing Address and ZIP Code James H. Conners, Comm. Inc. 1000 1st St. N.E. Atlanta, GA 30309		16. Name of Employer James H. Conners, Comm. Inc.		17. Occupation President		
18. Amount Guaranteed Outstanding \$100,000.00						
19. Full Name, Mailing Address and ZIP Code James H. Conners, Comm. Inc. 1000 1st St. N.E. Atlanta, GA 30309		20. Name of Employer James H. Conners, Comm. Inc.		21. Occupation President		
22. Amount Guaranteed Outstanding \$100,000.00						
23. Full Name, Mailing Address and ZIP Code of Loan Source James H. Conners, Comm. Inc. 1000 1st St. N.E. Atlanta, GA 30309						
24. Original Amount of Loan \$100,000.00						
25. Cumulative Payments To Date \$0.00						
26. Balance Outstanding at Close of This Period \$100,000.00						
27. Terms 12 months						
28. Date Incurred 1/1/80						
29. Date Due 12/31/80						
30. Interest Rate 12%						
31. Secured or Unsecured Secured						
List All Endorsers or Guarantors (if any) to Item 23						
32. Full Name, Mailing Address and ZIP Code James H. Conners, Comm. Inc. 1000 1st St. N.E. Atlanta, GA 30309		33. Name of Employer James H. Conners, Comm. Inc.		34. Occupation President		
35. Amount Guaranteed Outstanding \$100,000.00						
36. Full Name, Mailing Address and ZIP Code James H. Conners, Comm. Inc. 1000 1st St. N.E. Atlanta, GA 30309		37. Name of Employer James H. Conners, Comm. Inc.		38. Occupation President		
39. Amount Guaranteed Outstanding \$100,000.00						
40. Full Name, Mailing Address and ZIP Code James H. Conners, Comm. Inc. 1000 1st St. N.E. Atlanta, GA 30309		41. Name of Employer James H. Conners, Comm. Inc.		42. Occupation President		
43. Amount Guaranteed Outstanding \$100,000.00						
SUBTOTALS This Period (This page optional)						
TOTALS This Period (last page in this line only)						

SCHEDULE C-1

Federal Election Commission

Washington, D.C. 20463

Supplementary for Information

Found on Page 1 of Schedule C

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) James Fur Co. Inc.		FEC IDENTIFICATION NUMBER 100-100000	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) James Fur Co. Inc. 100-100000		AMOUNT OF LOAN \$100,000	INTEREST RATE (APPROXIMATE) 10%
		DATE INCURRED OR ESTABLISHED 1/1/79	DATE DUE 12/31/80
A. Has loan been restructured? ☐ No ☒ Yes If yes, date originally incurred: 1/1/79 B. If line of credit, amount of this draw: \$100,000 total outstanding balance: \$100,000 C. Are other parties secondarily liable for the debt incurred? ☐ No ☒ Yes (Endorsers and guarantors must be reported on Schedule C.) D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? ☐ No ☒ Yes If yes, specify: Real estate What is the value of this collateral? \$100,000 Does the lender have a perfected security interest in it? ☐ No ☒ Yes E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☒ Yes If yes, specify: None What is the estimated value? \$0 A depository account must be established pursuant to 11 CFR 100.7(b)(1)(i)(B) and 100.8(b)(12)(i)(B). Date account established: 1/1/79 Location of account: James Fur Co. Inc. F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. At borrower's request. G. COMMITTEE TREASURER'S SIGNATURE DATE James Fur Co. Inc. 1/1/79 H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.			
AUTHORIZED REPRESENTATIVE James Fur Co. Inc.		TITLE President	DATE 1/1/79
TYPED NAME James Fur Co. Inc.		SIGNATURE James Fur Co. Inc.	DATE 1/1/79

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Debtor (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payments This Period	Outstanding Balance at Close of This Period
James Fur Congress Comm. Inc.				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Plantiff Assoc 1503 Vreemont Charleston WV 25302	\$3875	0	0	\$3875
Nature of Debt (Purpose): Research Services				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
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)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

Federal Election Commission
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PREPARER

DATE PREPARED