

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 1999
MAY 18 11 23

1. NAME OF COMMITTEE (In full) Professionals in Advertising Political Action Committee		2. FEC IDENTIFICATION NUMBER C00233353
ADDRESS (Number and street) 1899 L Street, NW, Suite 700	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE Washington DC 20036		3. <input type="checkbox"/> This committee has qualified as a multi-candidate 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 _____
(election type) _____
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>04/01/1999</u> through <u>04/30/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		1172.44
(b) Cash on Hand at Beginning of Reporting Period	7816.67	
(c) Total Receipts (from line 19)	9300.00	21500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17216.67	22672.44
7. Total Disbursements (from line 30)	6345.09	11800.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10871.76	10871.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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
Electronically Filed by Mr. Harold A. Shoup

Signature of Treasurer: *Harold A. Shoup* Date: 05/18/1999

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

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

(revised 1/1981)

NAME OF COMMITTEE Professionals in Advertising Political Action Comm- ittee	REPORT COVERING PERIOD		
	FROM 04/01/1989	TO: 04/30/1989	
I. Receipts			
	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	9100.00	20700.00	11.a.i.
ii. Unitemized	200.00	800.00	11.a.ii.
iii. Total (add i and ii)»	9300.00	21500.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions (add a iii, b and c)»	9300.00	21500.00	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) ..	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)»	9300.00	21500.00	19.
20. Total Federal Receipts (subtract line 18 from line 19)»	9300.00	21500.00	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	345.09	550.66	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	345.09	550.66	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	6000.00	11250.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds (add a, b, and c)»	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	6345.09	11800.66	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	6345.09	11800.66	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	9300.00	21500.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	9300.00	21500.00	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)»	345.09	550.66	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)»	345.09	550.66	37.

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER
11A1

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)
Professionals in Advertising Political Action Committee

Full Name, Mailing Address, and ZIP Code Mr. Donald Dillon 750 Third Avenue New York NY 10017	Name of Employer McCann Erickson North America	Date (month, day, year) 04/09/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation President	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Mr. Jerry Gibbons 130 Battery Street, #330 San Francisco CA 94111	Name of Employer American Assoc. of Ad Agencies	Date (month, day, year) 04/09/1999	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Vice President	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Mr. Don Logan 1271 Avenue of the Americas New York NY 10020	Name of Employer Time Inc.	Date (month, day, year) 04/09/1999	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Chairman & CEO	Aggregate Year-to-Date > \$ 5000.00	
Full Name, Mailing Address, and ZIP Code Mr. Marcelo Moreira 750 Third Avenue New York NY 10017	Name of Employer McCann-Erickson Worldwide	Date (month, day, year) 04/09/1999	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Vice Chairman	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Mr. Eric Mower 500 Plum Street Syracuse NY 13204	Name of Employer Eric Mower & Associates	Date (month, day, year) 04/09/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Chairman & CEO	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Mr. Arthur Selkowitz 1875 Broadway New York NY 10029	Name of Employer DMB&B	Date (month, day, year) 04/09/1999	Amount of Each Receipt this Period 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Chairman	Aggregate Year-to-Date > \$ 750.00	
Full Name, Mailing Address, and ZIP Code Mr. Charles Peebler, Jr. 40 West 23rd Street New York NY 10010	Name of Employer True North Communications	Date (month, day, year) 04/19/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation President	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER
11A1

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NAME OF COMMITTEE (In Full)
Professionals in Advertising Political Action Committee

Full Name, Mailing Address, and ZIP Code

Ms Sally Minard
152 West 57th Street

New York NY 10019

Name of Employer

Lotsa Minard Patton Melver

Occupation

President

**Date (month,
day, year)**

04/27/1999

**Amount of Each
Receipt this Period**

1000.00

Receipt For: Primary General

Other (specify):

Aggregate Year-to-Date > \$ 1000.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

9100.00

SCHEDULE B ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	5 / 6
FOR LINE NUMBER 21B			
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NAME OF COMMITTEE (in Full) Professionals in Advertising Political Action Committee			
Full Name, Mailing Address, and ZIP Code Ms Carolyn Rae 5603 Montell Drive Alexandria VA 22310	Purpose of Disbursement Administrative Time Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/07/1999	Amount of Each Disbursement This Period 300.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			300.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	6 / 6
				FOR LINE NUMBER	23
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) Professionals in Advertising Political Action Committee					
Full Name, Mailing Address, and ZIP Code CAROLYN CHEEKS KILPATRICK 7445 LASALLE BLVD DETROIT MI 48206	Purpose of Disbursement (House - MI - 15) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/01/1999	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code BOUCHER FOR CONGRESS COMMITTEE 195 PARK STREET PO BOX 2000 ABINGDON VA 24210	Purpose of Disbursement (House - VA - 09) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period 500.00		
Full Name, Mailing Address, and ZIP Code BURR FOR CONGRESS COMMITTEE PO 5732 WINSTON-SALEM NC 27113	Purpose of Disbursement (House - NC - 05) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/08/1999	Amount of Each Disbursement This Period 500.00		
Full Name, Mailing Address, and ZIP Code MARK ADAM FOLEY 3507 VILLAGE BLVD APT 304 WEST PALM BEACH FL 33409	Purpose of Disbursement (House - FL - 16) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period 500.00		
Full Name, Mailing Address, and ZIP Code GERALD C 'JERRY' WELLER 1309 UNION STREET MORRIS IL 60450	Purpose of Disbursement (House - IL - 11) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/12/1999	Amount of Each Disbursement This Period 500.00		
Full Name, Mailing Address, and ZIP Code JOHN D DINGELL 2328 RAYBURN HOUSE OFFICE BUILDING WASHINGTON DC 20515	Purpose of Disbursement (House - MI - 16) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/13/1999	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code WILLIAM M THOMAS PO BOX 395 BAKERSFIELD CA 93302	Purpose of Disbursement (House - CA - 21) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/13/1999	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code E CLAY JR SHAW 700 GORAL WAY FORT LAUDERDALE FL 33301	Purpose of Disbursement (House - FL - 22) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/28/1999	Amount of Each Disbursement This Period 1000.00		
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)				6000.00	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Professionals in Advertising Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of John Boehner P.O. Box 15189 Washington, DC 20003-0189	John Boehner U.S. Congress - 8th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) redesignate for 2000 Primary	11/10/98	\$1,000.00
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)

\$1,000.00

