

**THE HY-VEE EMPLOYEES' PAC**

A Political Action Committee

5820 Westown Parkway  
West Des Moines IA 50266

November 1, 1995

**CERTIFIED MAIL**

Federal Election Commission  
999 E Street N W  
Washington, DC 20463

Gentlemen:

Enclosed herewith is our Report of Receipts and Disbursements for a Political Committee other than an Authorized Committee, FEC Form 3X, covering the period from October 1, 1995, through October 31, 1995.

Yours very truly,

**THE HY-VEE EMPLOYEES' PAC**



John Briggs, Treasurer

JB/gg

enclosure

Nov 8 10 53 AM '95  
FEDERAL ELECTION COMMISSION  
WASHINGTON, DC

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# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEDERAL ELECTION COMMISSION  
NOV 8 10 53 AM '95

1. NAME OF COMMITTEE (in full) <b>Hy-Vee Food Stores, Inc. Employees' Political Action Committee</b>	2. FEC IDENTIFICATION NUMBER <b>C 00243659</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1801 Osceola Ave.</b>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <b>Chariton, Iowa 50049</b>	

## 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 checked="" 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 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>10-1-95</u> through <u>10-31-95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ <u>14,199.58</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>22,095.26</u>	
(c) Total Receipts (from Line 19)	\$ <u>3,330.00</u>	\$ <u>15,908.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>25,425.26</u>	\$ <u>30,107.58</u>
7. Total Disbursements (from Line 30)	\$ <u>400.00</u>	\$ <u>5,082.32</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>25,025.26</u>	\$ <u>25,025.26</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

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 <b>John C. Briggs</b>	Date <b>11-1-95</b>
Signature of Treasurer 	

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 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Hy-Vee Food Stores, Inc. Employees' Political Action Committee	FROM 10-1-95	TO 10-31-95
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) .....	1,210.00	2,175.00
ii. Unitemized .....	2,120.00	13,733.00
iii. Total .....	3,330.00	15,908.00
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contributions .....	3,330.00	15,908.00
12. Transfers From Affiliated/Other Party Committees .....		
13. All Loans Received .....		
14. Loan Repayments Received .....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) .....		
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts .....	3,330.00	15,908.00
20. Total Federal Receipts .....	3,330.00	15,908.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share .....		
ii. Non-Federal Share .....		
b. Other Federal Operating Expenditures .....		12.32
c. Total Operating Expenditures .....		12.32
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	100.00	4,770.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees .....		
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contribution Refunds .....		
29. Other Disbursements .....	300.00	300.00
30. Total Disbursements .....	400.00	5,082.32
31. Total Federal Disbursements .....	400.00	5,082.32
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d) .....	3,330.00	15,908.00
33. Total Contribution Refunds (from line 28d) .....		
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	3,330.00	15,908.00
35. Total Federal Operating Expenditures .....		12.32
36. Offsets to Operating Expenditures (from line 15) .....		
37. Net Operating Expenditures .....		12.32

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4  
FOR LINE NUMBER

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)

Hy-Vee Food Stores, Inc. Employees' Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald Pearson 5535 Glen Oaks Pointe West Des Moines, Iowa 50266 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy Vee Food Stores, Inc. Occupation: Chairman President, CEO Aggregate Year-to-Date > \$ 600.00	10-25-95	150.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Allen 805 Longview Council Bluffs, Iowa 51501 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 300.00	10-13-95	75.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Terry Brown Route #1 Quail Ridge Sergeant Bluff Iowa 51154 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 300.00	10-13-95	75.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Randy Cadeke 3011 20th St Columbus NE 68601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 205.00	10-3-95	25.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bob Kirsch 4820 Wondle Road NE Cedar Rapids Iowa 52411 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 480.00	10-13-95	120.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Scott Youngberg 203 Bonita Ave Marshall MN 56258 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 300.00	10-13-95	75.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rodney Bean 8101 Wellington Blvd Johnston, Iowa 50131 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy Vee Food Stores, Inc. Occupation: Assistant Vice President Aggregate Year-to-Date > \$ 225.00	10-3-95	25.00

SUBTOTAL of Receipts This Page (optional)	545.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (in Full)

Ky-Vee Food Stores, Inc. Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Robertson 1032 N 644 Chariton, Iowa 50049 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Vice President Aggregate Year-to-Date > \$ 250.00	10-3-95	25.00
B. Full Name, Mailing Address and ZIP Code Michael Wheeler 906 NW Campus Ridge Ct Ankeny, Iowa 50021 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Vice President Aggregate Year-to-Date > \$ 250.00	10-3-95	25.00
C. Full Name, Mailing Address and ZIP Code Kenneth Butcher 1018 Campus Ridge Ct. Ankeny, Iowa 50021 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00	10-13-95	60.00
D. Full Name, Mailing Address and ZIP Code Mike Christensen 609 710th 5th Avenue Washington, Iowa 52353 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 0.00		
E. Full Name, Mailing Address and ZIP Code Joe Frizzell 4937 Utah Ankeny, Iowa 50010 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00	10-13-95	60.00
F. Full Name, Mailing Address and ZIP Code Carter Dean Howe 1621 Sunrise Drive NE Ankeny, Iowa 52333 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00	10-13-95	60.00
G. Full Name, Mailing Address and ZIP Code Richard Thompson 2902 30th Street Madison, Illinois 61265 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hy-Vee Food Stores, Inc. Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00	10-13-95	60.00

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

290.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Hy-Vee Food Stores, Inc. Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Sommer 9260 N.W. 36th Street Polk City, Iowa 50226	Hy-Vee Food Stores, Inc.	10-13-95	75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Store Manager Aggregate Year-to-Date > \$ 225.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Mc Cann 3101 Crystal Drive Burlington, Iowa 52601	Hy-Vee Food Stores, Inc.	10-13-95	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Moon 159 Norwood Council Bluffs, Iowa 51503	Hy-Vee Food Stores, Inc.	10-13-95	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Norton 576 Mesa Valley Drive Waukegan, Iowa 50243	Hy-Vee Food Stores, Inc.	10-13-95	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Store Manager Aggregate Year-to-Date > \$ 210.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rebecca Aee 603 Fireside Drive Cedar Falls, Iowa 50613	Hy-Vee Food Stores, Inc.	10-13-95	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Store Manager Aggregate Year-to-Date > \$ 210.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim Sullivan 1311 Baldwin Hastar, Iowa 51537	Hy-Vee Food Stores, Inc.	10-13-95	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Store Manager Aggregate Year-to-Date > \$ 240.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Bell 2912 Druid Hill Drive Des Moines, Iowa	Hy-Vee Food Stores, Inc.	-- --	-- --
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ -- --		

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Hy-Vee Food Stores, Inc. Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Taylor 1316 Elmorte Leawood, KS 66209	Hy-Vee Food Stores, Inc.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: District Manager 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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$		

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

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

1,210.00

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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)  
**Hy-Vee Food Stores Inc., Employees' Political Action Committee**

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Truman Fund Democratic Party of Iowa 2116 Grand Ave Des Moines, Iowa 50265</i>	<i>Contribution to Democratic Party</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10-17-95</i>	<i>100.00</i>
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<i>100.00</i>
<b>TOTAL</b> This Period (last page this line number only) .....	<i>100.00</i>



**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

*11-6-95*

No Postmark

Postmark Illegible

Received from the House Office of Records  
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*J.E.S.*

PREPARER

*11-8-95*

DATE PREPARED

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