

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

AUG 22 11 43 AM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) UNITED STATES SUGAR CORPORATION - EMPLOYEE STOCK OWNERSHIP PLAN - POLITICAL ACTION COMMITTEE, INC.		2. FEC IDENTIFICATION NUMBER C0D234120
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 111 Ponce de Leon Ave.		
CITY, STATE and ZIP CODE Clewiston, FL 33440		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

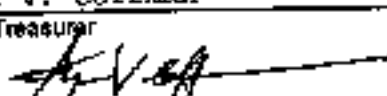
- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

### Monthly Report Due On:

- 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 <u>7/1/96</u> through <u>7/31/96</u>		
6.	(a) Cash on Hand January 1, 19 <u>96</u>		\$ 8,393.14
	(b) Cash on Hand at Beginning of Reporting Period	\$ 18,144.23	
	(c) Total Receipts (from Line 19)	\$ 17,900.49	\$ 50,921.50
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 36,044.72	\$ 59,314.64
7.	Total Disbursements (from Line 30)	\$ 4,000.00	\$ 27,269.92
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 32,044.72	\$ 32,044.72
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 800-424-9630 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 Stephen V. Coffman		Date	
Signature of Treasurer 		8/19/96	

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

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FEC FORM 3X

(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE UNITED STATES SUGAR CORPORATION - EMPLOYEE STOCK OWNERSHIP PLAN - POLITICAL ACTION COMMITTEE, INC.		REPORT COVERING PERIOD FROM 7/1/96 TO 7/31/96	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		16,660.45	39,115.20
i. Itemized (use Schedule A)		1,171.68	11,473.21
ii. Unitemized			
iii. Total	(add i and ii) >	17,832.13	50,588.41
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a iii, b and c) >	17,832.13	50,588.41
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.)		68.36	333.09
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	17,900.49	50,921.50
20. Total Federal Receipts	(subtract line 18 from line 19) >	17,900.49	50,921.50
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			269.92
b. Other Federal Operating Expenditures			269.92
c. Total Operating Expenditures	(add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		4,000.00	27,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees			
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	(add a, b and c) >		
29. Other Disbursements		4,000.00	27,269.92
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,000.00	27,269.92
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >		
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		17,832.13	50,588.41
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		17,832.13	50,588.41
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >		269.92
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 36 from 35) >		269.92

SCHEDULE A

ITEMIZED RECEIPTS

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 \* 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. \*  
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NAME OF COMMITTEE: UNITED STATES SUGAR CORPORATION  
 EMPLOYEE STOCK OWNERSHIP PLAN  
 POLITICAL ACTION COMMITTEE, INC. C00234120  
 =====

FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE	AMOUNT OF EACH RECEIPT THIS PERIOD
ROBERT C ADAMS P. O. BOX 522 810 NORTH LOPEZ STREET CLEWISTON ,FL 33440 OCCUPATION: DIR. UTILITIES AGGREGATE YEAR-TO-DATE: \$210.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$30.00 ( \$30.00 PER PAY PERIOD )
CARL N BARNES P. O. BOX 352 CLEWISTON ,FL 33440 OCCUPATION: ASST.SUPT.CULTVA. AGGREGATE YEAR-TO-DATE: \$705.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$15.00 ( \$15.00 PER PAY PERIOD )
JOHN B BOY P. O. BOX 683 BOCA GRANDE ,FL 33921 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: \$1500.00	U.S. SUGAR CORP.	07/10/1996	\$1500.00
SANDRA K BUTLER 734 WOODRIDGE DRIVE ST. PAUL ,MN 55118 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: \$1500.00	U.S. SUGAR CORP.	07/10/1996	\$1500.00
ROBERT W CULBERSON 204 DESOTO AVE. CLEWISTON ,FL 33440 OCCUPATION: AST TRS.& RSK MG AGGREGATE YEAR-TO-DATE: \$740.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$20.00 ( \$20.00 PER PAY PERIOD )
ROBERT A DOLSON 701 S. WARSON ROAD ST. LOUIS ,FL 63124 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: \$1500.00	U.S. SUGAR CORP.	07/10/1996	\$1500.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE: UNITED STATES SUGAR CORPORATION  
 EMPLOYEE STOCK OWNERSHIP PLAN  
 POLITICAL ACTION COMMITTEE, INC. C00234120

FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE	AMOUNT OF EACH RECEIPT THIS PERIOD
MARION F JONES 243 WEST DEL MONTE CLEWISTON , FL 33440 OCCUPATION: DIR. ENG. PLAN. AGGREGATE YEAR-TO-DATE: \$810.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$30.00 ( \$30.00 PER PAY PERIOD )
FREDERICK KIRKPATRICK 6426 CHERRYWOOD KALAMAZOO , MI 49002 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: \$1500.00	U.S. SUGAR CORP.	07/10/1996	\$1500.00
MAGIN PEREZ P. O. BOX 871 312 DESOTO AVENUE CLEWISTON , FL 33440 OCCUPATION: MGR.ENG.DES/SADM AGGREGATE YEAR-TO-DATE: \$764.15	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$23.45 ( \$23.45 PER PAY PERIOD )
ROY E PETERSON 5333 CONESTOGA FLUSHING , MI 48433 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: \$1500.00	U.S. SUGAR CORP.	07/24/1996	\$1500.00
W. ARCHIBALD PIPER 8052 PEPPERWOOD DRIVE GRAND BLANC , MI 48439 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: \$1500.00	U.S. SUGAR CORP.	07/10/1996	\$1500.00

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE: UNITED STATES SUGAR CORPORATION  
 EMPLOYEE STOCK OWNERSHIP PLAN  
 POLITICAL ACTION COMMITTEE, INC. C00234120  
 =====

FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE	AMOUNT OF EACH RECEIPT THIS PERIOD
WILLIAM H PIPER 63 CHATEAUX DU LAC DRIVE FENTON , MI 48430 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: \$1500.00	U.S. SUGAR CORP.	07/10/1996	\$1500.00
LLOYD A REUSS 691 SOUTH HILL ROAD BLOOMFIELD HILLS , FL 48302 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: \$1500.00	U.S. SUGAR CORP.	07/10/1996	\$1500.00
JOHN F SARVIS P. O. BOX 121 OMENA , FL 49674 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: \$1500.00	U.S. SUGAR CORP.	07/10/1996	\$1500.00
WALTER G SMITH P. O. BOX 1010 LA BELLE , FL 33935 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: \$754.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$22.00 ( \$22.00 PER PAY PERIOD )
WOODROW W STORY, JR. 602 RIDGEVIEW CR. CLEWISTON , FL 33440 OCCUPATION: ASST SUPT PLANT. AGGREGATE YEAR-TO-DATE: \$740.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$20.00 ( \$20.00 PER PAY PERIOD )
CHARLES B WEBB, JR. BOX 3928 BIRMINGHAM , FL 35208 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: \$1500.00	U.S. SUGAR CORP.	07/23/1996	\$1500.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE: UNITED STATES SUGAR CORPORATION  
 EMPLOYEE STOCK OWNERSHIP PLAN  
 POLITICAL ACTION COMMITTEE, INC. C00234120  
 =====

FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE	AMOUNT OF EACH RECEIPT THIS PERIOD
WILLIAM S WHITE 1802 GENESEE TOWERS	U.S. SUGAR CORP.	07/10/1996	\$1500.00
FLINT ,MI	48502 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: \$1500.00		

TOTAL OF INDIVIDUAL CONTRIBUTIONS FOR THIS REPORTING PERIOD WHICH ARE GREATER THAN OR EQUAL TO \$200.00 . \$16,660.45

TOTAL OF INDIVIDUAL CONTRIBUTIONS FOR THIS REPORTING PERIOD WHICH ARE LESS THAN \$200.00 . \$1,171.68

GRAND TOTAL FOR REPORTING PERIOD 07/01/1996 THRU 07/31/1996 \$17,832.13

GRAND TOTAL FOR THE YEAR (ALL EMPLOYEES): \$50,588.41

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
 UNITED STATES SUGAR CORPORATION - EMPLOYER STOCK OWNERSHIP  
 PLAN POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code First Bank of Clewiston P. O. Box 1237 Clewiston, FL 33440 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer (Interest Received From Hi-Pl Account) Occupation Aggregate Year-to-Date > \$ 333.09	Date (month, day, year) 7/31/96	Amount of Each Receipt This Period \$68.36
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	<b>\$68.36</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)** UNITED STATES SUGAR CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Adam Smith PAC 3001 Park Center Drive, #1105 Alexandria, VA 22302	Contribution: Adam Smith (- FL/R) US Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/23/96	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Joe Scarborough for U. S. Congress 3695 Wimbledon Drive Pensacola, FL 32504	Purpose of Disbursement Contribution: Joe Scarborough (1 FL/R) House Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/95	Amount of Each Disbursement This Period (\$500.00) (Check Cancelled never received)
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) .....

\$500.00



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

UNITED STATES SUGAR CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Terry Everett for Congress P. O. Box 1460 Enterprise, AL 36311	Contribution: Terry Everett (2 AL/R) US House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/96	\$500.00
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) .....

\$500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full) **UNITED STATES SUGAR CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTION COMMITTEE, INC.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lucas for Congress Committee P. O. Box 26825 Oklahoma City, OK 73126	Contribution: Frank D. Lucas (6 OK/R) US House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/23/96	\$500.00
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) ..... **\$500.00**

**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) **UNITED STATES SUGAR CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTION COMMITTEE, INC.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
South Dakota Democratic Party 509 Hart Senate Building Washington, DC 20510	Contribution: Tim Johnson (- SD/D) US Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/23/96	\$500.00
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) .....

\$500.00

**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)** UNITED STATES SUGAR CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dan Frisa Campaign Fund 1529 Longworth House Office Building Washington, DC 20515	Contribution: Dan Frisa (4 NY/R) US House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/96	\$500.00
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
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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) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	\$500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER  
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**NAME OF COMMITTEE (in Full)**  
UNITED STATES SUGAR CORPORATION EMPLOYEE STOCK  
OWNERSHIP PLAN POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Earl Pomeroy for Congress P. O. Box 75214 Washington, DC 20013	Contribution: Earl Pomeroy (- ND/D) US House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/96	\$500.00
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) .....

\$500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

73

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**NAME OF COMMITTEE (In Full)**

UNITED STATES SUGAR CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Pombo for Congress 2040 West Grantline Road Tracy, CA 95376	Contribution: Richard Pombo (11 CA/R) US House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/96	\$500.00
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
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\$500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

UNITED STATES SUGAR CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Contribution: Orrin Hatch (- UT/R) US Senate	Date (month, day, year)	Amount of Each Disbursement This Period
The Capitol Committee Hatch Re-election Committee Suite 950, 257 East 200 South Salt Lake City, UT 84111	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/23/96	\$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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TOTAL This Period (last page this line number only) .....

\$500.00

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

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Other (Specify):

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and/or DATE OF RECEIPT

*[Signature]*  
PREPARER

8-22-96  
DATE PREPARED