

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 31 1 45 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
CONTRACT SERVICES ASSOCIATION OF AMERICA
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) Check if different than previously reported
1200 G STREET, NW
CITY, STATE and ZIP CODE
WASHINGTON DC 20005-3802

2. FEC IDENTIFICATION NUMBER
C00217661

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

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

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election 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>1/1/97</u> through <u>6/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 2,388.05
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,388.05	
(c) Total Receipts (from Line 19)	\$ 9,377.92	\$ 9,377.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 11,765.97	\$ 11,765.97
7. Total Disbursements (from Line 30)	\$ 6,576.75	\$ 6,576.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5,189.22	\$ 5,189.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 899 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	

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

GARY D ENGBRETSON

Signature of Treasurer

Gary D Engbretson

Date

7/31/97

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 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE CONTRACT SERVICES ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE	REPORT COVERING PERIOD	
	FROM 1/1/97	TO 6/30/97
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)	7,000.00	7,000.00
ii. Unitemized	1,350.00	1,350.00
iii. Total	8,350.00	8,350.00
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	1,000.00	1,000.00
d. Total Contributions	9,350.00	9,350.00
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	27.92	27.92
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts	9,377.92	9,377.92
20. Total Federal Receipts	9,377.92	9,377.92
Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4):		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	76.75	76.75
c. Total Operating Expenditures	76.75	76.75
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,500.00	6,500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individual/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	0	0
29. Other Disbursements	0	0
30. Total Disbursements	6,576.75	6,576.75
31. Total Federal Disbursements	6,576.75	6,576.75
Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	9,350.00	9,350.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,350.00	9,350.00
35. Total Federal Operating Expenditures	76.75	76.75
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures	76.75	76.75

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
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 eliciting 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)
CONTRACT SERVICES ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code GEORGE A FINLEY III 3360 OCEAN DRIVE CORPUS CHRISTI TX 78411 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CC DISTRIBUTORS Occupation PRESIDENT/CEO Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 4/4/97	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code MOYER R. MCPRAKE 913 SUMMITT PORTLAND TX 78374 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CC DISTRIBUTORS Occupation SENIOR VP Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 4/4/97	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code MORGAN S CAMPBELL, JR. 301 POENISCH CORPUS CHRISTI, TX 78412 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CC DISTRIBUTORS Occupation EXEC. VP/TRES. Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 4/16/97	Amount of Each Receipt this Period 1000.00
D. Full Name, Mailing Address and ZIP Code GEORGE A FINLEY III 3360 OCEAN DRIVE CORPUS CHRISTI, TX 78411 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CC DISTRIBUTORS Occupation PRESIDENT/CEO Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 4/16/97	Amount of Each Receipt this Period 1500.00
E. Full Name, Mailing Address and ZIP Code JOHNNY VOUDOURIS 5902 SIR IVOR COVE AUSTIN, TX 78746 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer J&J MAINTENANCE, INC Occupation PRESIDENT Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/6/97	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code ROBERT FRYLING 334 SOUTH 3rd STREET PHILADELPHIA, PA 19106 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BLANK, ROME, COMISEY MCCAULEY Occupation PARTNER Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 5/6/97	Amount of Each Receipt this Period 1000.00
G. Full Name, Mailing Address and ZIP Code JIM SMITH RT. 3 BOX 201 A MARLOW, OK 73055 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RED RIVER SERVICES CORP. Occupation PRESIDENT Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/8/97	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (Use page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 12
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

CONTRACT SERVICES ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code ROBERT P BILLS 1120 POINT OF THE PINES DRIVE COLORADO SPRINGS, CO 80919	Name of Employer SPACE MARK, INC. Occupation PRESIDENT	Date (month, day, year) 6/13/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code MICHAEL B HOLIDAY 900 LARGO CENTER DRIVE UPPER MARLBORO, MD 20774	Name of Employer ALLSTATE SECURITY AND INVESTIGATIVE SERVICES Occupation PRESIDENT	Date (month, day, year) 6/26/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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)

7000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

CONTRACT SERVICES ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DYER ELLIS AND JOSEPH POLITICAL ACTION COMMITTEE 600 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20037	DYER ELLIS AND JOSEPH PC	4/30/97	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		
	Aggregate Year-to-Date > \$500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNC PUBLIC RESPONSIBILITY FUND 175 ADMIRAL COCHRANE DRIVE ANNAPOLIS, MD 21401	UNC INCORPORATED	6/13/97	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		
	Aggregate Year-to-Date > \$500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CONTRACT SERVICES ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

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 4451 BROOKFIELD CORP. DR #200 CHANTILLY, VA 22021	R 02 AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/97	500.00
BATEMAN FOR CONGRESS PO BOX 5871 ARLINGTON, VA 22205	R 01 VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/19/97	500.00
SPENCE FOR CONGRESS 4451 BROOKFIELD CORPORATE DR. 200 CHANTILLY, VA 20151	R 02 SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/4/97	500.00
SISISKY FOR CONGRESS 6282 OCCOQUAN FOREST DRIVE MANASSAS, VA 20112	D 04 VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/4/97	500.00
HUNTER FOR CONGRESS 320 FIRST STREET, SE WASHINGTON, DC 20003	R 52 CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/4/97	500.00
FRIENDS OF CUNNINGHAM 320 FIRST STREET, SE WASHINGTON, DC 20003	R 51 CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/4/97	500.00
SPENCE FOR CONGRESS 4451 BROOKFIELD CORP. DR 200 CHANTILLY, VA 22021	R 02 AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/97	500.00
BOB STUMP ELECTION COMMITTEE 4451 BROOKFIELD CORP DR 200 CHANTILLY, VA 20151	R 03 AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/7/97	500.00
DUNCAN FOR CONGRESS 6436 SCRIVNER CT FRIENDSHIP, MD 20758	R 02 TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/97	500.00

SUBTOTAL of Disbursements This Page (optional)

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 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CONTRACT SERVICES ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MISSOURIANS FOR KIT BOND 507 CAPITOL COURT, NE WASHINGTON, DC 20002	R MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/97	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ORTIZ FOR CONGRESS COMMITTEE PO BOX 75610 WASHINGTON, DC 20013	D 27 TX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/7/97	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

6500.00

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.

<input checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT <i>7-31-97</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED _____ and/or DATE OF RECEIPT

JMV
PREPARER

7-31-97
DATE PREPARED