

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE PREC-MARKING LABEL
ON
TYPE OR PRINT

1 NAME OF COMMITTEE (in full)
Motion Picture Assoc. of America, PAC

ADDRESS (number and street) Check if different than previously reported
1600 Eye St., NW

CITY STATE and ZIP CODE
Washington, DC 20006

Feb 8 (1 of 2) '93

2 FEDERAL IDENTIFICATION NUMBER
C0011919

3 This committee qualified as a non-archival committee DURING THIS Reporting Period or Date.

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 15th)
- | | | |
|---|---------------------------------------|--------------------------------------|
| <input checked="" 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 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>1/1/93</u> through <u>1/31/93</u>		
6	(a) Cash on Hand January 1, 1993		\$ 21.13
	(b) Cash on Hand at Beginning of Reporting Period	\$ 23.13	
	(c) Total Receipts (from Line 18)	\$ 5,000.00	\$ 5,000.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 5,023.13	\$ 5,023.13
7	Total Disbursements (from Line 20)	\$ -0-	\$ -0-
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5,023.13	\$ 5,023.13
9	Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	
10	Debits and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

For further information contact:
Federal Election Commission
988 E Street NW
Washington, DC 20463
Tel: Page 800 424 9630
Local 202 219 3420

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 **Sara E. Smithson**

Signature of Treasurer *Sara E. Smithson*

Date **2-4-93**

NOTE: Submission of false, misleading, 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 32**

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Notion Picture Assoc. of Amer. PAC		FROM 1-1-93	TO 1-31-93
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11	Contributions (Other than loans) From		
a	Individual/Persons Other Than Political Committees	55,000.00	55,000.00
	i. Itemized (use Schedule A)	-0-	-0-
	ii. Unitemized	-0-	-0-
	iii. Total (add i and ii) >	5,000.00	5,000.00
b	Political Party Committees	-0-	-0-
c	Other Political Committees (such as PACs)	-0-	-0-
d	Total Contributions (add a + b and c) >	5,000.00	5,000.00
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.)	-0-	-0-
18	Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,000.00	5,000.00
20	Total Federal Receipts (subtract line 18 from line 19) >	5,000.00	5,000.00
II. Disbursements			
21	Operating Expenditures:		
a	Shared Federal/Non-Federal Activity (from Schedule H4)	-0-	-0-
	i. Federal Share	-0-	-0-
	ii. Non-Federal Share	-0-	-0-
b	Other Federal Operating Expenditures	-0-	-0-
c	Total Operating Expenditures (add a + i + ii and b) >	-0-	-0-
22	Transfers to Affiliated/Other Party Committees	-0-	-0-
23	Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-
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. Individuals/Persons Other Than Political Committees	-0-	-0-
	b. Political Party Committees	-0-	-0-
	c. Other Political Committees (such as PACs)	-0-	-0-
	d. Total Contribution Refunds (add a, b and c) >	-0-	-0-
29	Other Disbursements	-0-	-0-
30	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	-0-	-0-
31	Total Federal Disbursements (subtract line 21d + e from line 30) >	-0-	-0-
III. Net Contributions/Operating Expenditures			
32	Total Contributions (other than loans) (from line 11d)	55,000.00	55,000.00
33	Total Contribution Refunds (from line 28d)	-0-	-0-
34	Net Contributions (other than loans) (subtract line 33 from 32)	55,000.00	55,000.00
35	Total Federal Operating Expenditures (add 21 a + and 21 b) >	-0-	-0-
36	Offsets to Operating Expenditures (from line 15)	-0-	-0-
37	Net Operating Expenditures (subtract line 36 from line 35) >	-0-	-0-

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SCHEDULE A

ITEMIZED RECEIPTS

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

All amounts reported from each Report and Statement may not be paid or owed by any person for the duration of your filing period but only for the period of the year. The name and address of any donor is not to be reported unless the donor is a political committee to which contributions from such committee.

NAME (SEE INSTRUCTIONS)			
Motion Picture Associatio of America, Political Action Committee			
A Full Name, Mailing Address and ZIP Code Sidney Sheinberg 100 Universal City Plaza Universal City, CA 91608 Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer MCA, Inc. Occupation Pres. & C.O.O. Aggregate Year to Date \$ 5	Date (month, day, year) rec'd Jan. 7th	Amount of Each Receipt for this Period \$5,000.00
B Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year to Date \$ 0	Date (month, day, year)	Amount of Each Receipt for this Period
C Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year to Date \$ 0	Date (month, day, year)	Amount of Each Receipt for this Period
D Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year to Date \$ 0	Date (month, day, year)	Amount of Each Receipt for this Period
E Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year to Date \$ 0	Date (month, day, year)	Amount of Each Receipt for this Period
F Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year to Date \$ 0	Date (month, day, year)	Amount of Each Receipt for this Period
G Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year to Date \$ 0	Date (month, day, year)	Amount of Each Receipt for this Period

3 3 3 7 3 4

SUBTOTAL of Receipts This Page (optional)	\$5,000.00
TOTAL This Period (fill page this line number only)	\$5,000.00

The following represents funds which were passed on to WPA PAC in the form of contributor's checks. These funds did not pass through the WPA PAC Account.

Use separate schedules for each category of the Detailed Summary Page
 Page 1 of 1
 FOR LINE NUMBER N/A

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for any other purpose, other than using the name and address of any political committee to collect contributions from such contributors.

NAME OF COMMITTEE in Full

Motion Picture 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
Charles Carey P.O. Box 900 Beverly Hills, CA 90213 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Fox, Inc. Occupation: Exec. V.P. & C.O.O. Aggregate Year-to-Date: 1	rec'd 1/20 sent 1/21	S. DeConcini Sen. Candidate AZ \$500.00
Sidney Sheinberg 100 Universal City Plaza Universal City, CA 91608 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MCA, Inc. Occupation: Pres. & C.O.O. Aggregate Year-to-Date: 5	rec'd 1/21 sent 1/22	S. DeConcini Sen. Candidate AZ \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: 5	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):	Name of Employer Occupation Aggregate Year-to-Date: 5	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):	Name of Employer Occupation Aggregate Year-to-Date: 5	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):	Name of Employer Occupation Aggregate Year-to-Date: 5	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):	Name of Employer Occupation Aggregate Year-to-Date: 5	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):	Name of Employer Occupation Aggregate Year-to-Date: 5	Date (month, day, year)	Amount of Each Receipt this Period

33733

TOTAL of Receipts This Page (optional) N/A
 TOTAL This Period (last page for line number only) N/A

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

2/1/93

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

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

DATE OF RECEIPT

J.H.C.
PREPARED

2/1/93
DATE PREPARED