

For Six Month Period Ending December 1, 1996  
(Insert date)

Name of Registrant  
Dickstein, Shapiro & Morin, L.L.P.  
Business Address of Registrant  
2101 L Street, N.W.  
Washington, D.C. 20037

Registration No.  
3028

I-REGISTRANT

1. Has there been a change in the information previously furnished in connection with the following:

(a) If an individual:

- |                       |                              |                             |
|-----------------------|------------------------------|-----------------------------|
| (1) Residence address | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) Citizenship       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) Occupation        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

(b) If an organization:

- |                          |                              |  |
|--------------------------|------------------------------|--|
| (1) Name                 | Yes <input type="checkbox"/> | No <input type="checkbox"/>            |
| (2) Ownership or control | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| (3) Branch offices       | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

2. Explain fully all changes, if any, indicated in item 1.

Dickstein, Shapiro & Morin has become Dickstein Shapiro Morin & Oshinsky LLP

012137

IF THE REGISTRANT IS AN INDIVIDUAL, OMIT RESPONSE TO ITEMS 3, 4, and 5.

3. Have any persons ceased acting as partners, officers, directors or similar officials of the registrant during this 6 month reporting period? Yes  No

If yes, furnish the following information:

Name  
See Attachment

Position

Date Connection  
Ended

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4. Have any persons become partners, officers, directors or similar officials during this 6 month reporting period?  
Yes  No

If yes, furnish the following information:

<i>Name</i>	<i>Residence Address</i>	<i>Citizenship</i>	<i>Position</i>	<i>Date Assumed</i>
See Attached				

5. Has any person named in Item 4 rendered services directly in furtherance of the interests of any foreign principal?  
Yes  No

If yes, identify each such person and describe his services.

6. Have any employees or individuals other than officials, who have filed a short form registration statement, terminated their employment or connection with the registrant during this 6 month reporting period? Yes  No

If yes, furnish the following information:

<i>Name</i>	<i>Position or connection</i>	<i>Date terminated</i>
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7. During this 6 month reporting period, have any persons been hired as employees or in any other capacity by the registrant who rendered services to the registrant directly in furtherance of the interests of any foreign principal in other than a clerical or secretarial, or in a related or similar capacity? Yes  No

If yes, furnish the following information:

<i>Name</i>	<i>Residence Address</i>	<i>Position or connection</i>	<i>Date connection began</i>
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## II—FOREIGN PRINCIPAL

(PAGE 3)

8. Has your connection with any foreign principal ended during this 6 month reporting period?

Yes

No

If yes, furnish the following information:

*Name of foreign principal*

*Date of Termination*

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9. Have you acquired any new foreign principal<sup>1</sup> during this 6 month reporting period?

Yes

No

If yes, furnish following information:

*Name and address of foreign principal*

*Date acquired*

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10. In addition to those named in Items 8 and 9, if any, list the foreign principals<sup>1</sup> whom you continued to represent during the 6 month reporting period.

See Attachment

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## III—ACTIVITIES

11. During this 6 month reporting period, have you engaged in any activities for or rendered any services to any foreign principal named in Items 8, 9, and 10 of this statement? Yes  No

If yes, identify each such foreign principal and describe in full detail your activities and services:

See Attachment

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<sup>1</sup>The term "foreign principal" includes, in addition to those defined in section 1(b) of the Act, an individual or organization any of whose activities are directly or indirectly supervised, directed, controlled, financed, or subsidized in whole or in major part by a foreign government, foreign political party, foreign organization or foreign individual. (See Rule 100(a)(9)).  
A registrant who represents more than one foreign principal is required to list in the statements he files under the Act only those foreign principals for whom he is not entitled to claim exemption under Section 3 of the Act. (See Rule 208.)

12. During this 6 month reporting period, have you on behalf of any foreign principal engaged in political activity<sup>2</sup> as defined below?  
Yes  No

If yes, identify each such foreign principal and describe in full detail all such political activity, indicating, among other things, the relations, interests and policies sought to be influenced and the means employed to achieve this purpose. If the registrant arranged, sponsored or delivered speeches, lectures or radio and TV broadcasts, give details as to dates, places of delivery, names of speakers and subject matter.

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13. In addition to the above described activities, if any, have you engaged in activity on your own behalf which benefits any or all of your foreign principals? Yes  No

If yes, describe fully.

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<sup>2</sup>The term "political activities" means the dissemination of political propaganda and any other activity which the person engaging therein believes will, or which he intends to, prevail upon, indoctrinate, convert, induce, persuade, or in any other way influence any agency or official of the Government of the United States or any section of the public within the United States with reference to formulating, adopting, or changing the domestic or foreign policies of the United States or with reference to the political or public interests, policies, or relations of the Government of a foreign country or a foreign political party.

#### IV - FINANCIAL INFORMATION

**14. (a) RECEIPTS-MONIES**

During this 6 month reporting period, have you received from any foreign principal named in Items 7, 8, and 9 of this statement, or from any other source, for or in the interests of any such foreign principal, any contributions, income or money either as compensation or otherwise?      Yes       No

If no, explain why.

If yes, set forth below in the required detail and separately for each foreign principal an account of such monies<sup>6</sup>

Date	From Whom	Purpose	Amount
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See Attached

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Total

**(b) RECEIPTS - FUND RASING CAMPAIGN**

During this 6 month reporting period, have you received, as part of a fund raising campaign<sup>7</sup>, any money on behalf of any foreign principal named in items 7, 8, and 9 of this statement?      Yes       No

If yes, have you filed an Exhibit D to your registration?      Yes       No

If yes, indicate the date the Exhibit D was filed.      Date \_\_\_\_\_.

**(c) RECEIPTS-THINGS OF VALUE**

During this 6 month reporting period, have you received any thing of value<sup>9</sup> other than money from any foreign principal named in Items 7, 8, and 9 of this statement, or from any other source, for or in the interests of any such foreign principal?      Yes       No

If yes, furnish the following information:

Name of foreign principal	Date received	Description of thing of value	Purpose
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<sup>6, 7</sup> A registrant is required to file an Exhibit D if he collects or receives contributions, loans, money, or other things of value for a foreign principal, as part of a fund raising campaign. (See Rule 201(e).)

<sup>8</sup> An Exhibit D, for which no printed form is provided, sets forth an account of money collected or received as a result of a fund raising campaign and transmitted for a foreign principal.

<sup>9</sup> Things of value include but are not limited to gifts, interest free loans, expense free travel, favored stock purchases, exclusive rights, favored treatment over competitors, "kickbacks," and the like.

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15. (a) **DISBURSEMENTS-MONIES**

During this 6 month reporting period, have you

(1) disbursed or expended monies in connection with activity on behalf of any foreign named in Items 7, 8, and 9 of this statement? Yes  No

(2) transmitted monies to any such foreign principal? Yes  No

If no, explain in full detail why there were no disbursements made on behalf of any foreign principal.

If yes, set forth below in the required detail and separately for each foreign principal an account of such monies, including monies transmitted, if any, to each foreign principal.

Date	To Whom	Purpose	Amount
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See Attached

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Total

(b) **DISBURSEMENTS-THINGS OF VALUE**

During this 6 month reporting period, have you disposed of anything of value<sup>10</sup> other than money in furtherance of or in connection with activities on behalf of any foreign principal named in Items 7, 8, and 9 of this statement?

Yes  No

If yes, furnish the following information:

Date disposed	Name of person to whom given	On behalf of what foreign principal	Description of thing of value	Purpose
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(c) **DISBURSEMENTS-POLITICAL CONTRIBUTIONS**

During this 6 month reporting period, have you from your own funds and on your own behalf either directly or through any other person, made any contributions of money or other things of value<sup>11</sup> in connection with an election to any political office, or in connection with any primary election, convention, or caucus held to select candidates for political office?

Yes  No

If yes, furnish the following information:

Date	Amount or thing of value	Name of political organization	Name of candidate
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10, 11 Things of value include but are not limited to gifts, interest free loans, expense free travel, favored stock purchases, exclusive rights, favored treatment over competitors, "kickbacks" and the like.

V - INFORMATIONAL MATERIALS

16. During this 6 month reporting period, did you prepare, disseminate or cause to be disseminated any informational materials<sup>12</sup>?  
Yes  No

IF YES, RESPOND TO THE REMAINING ITEMS IN SECTION V.

17. Identify each such foreign principal.

18. During this 6 month reporting period, has any foreign principal established a budget or allocated a specified sum of money to finance your activities in preparing or disseminating informational materials?  
Yes  No

If yes, identify each such foreign principal, specify amount, and indicate for what period of time.

19. During this 6 month reporting period, did your activities in preparing, disseminating or causing the dissemination of informational materials include the use of any of the following:

- Radio or TV broadcasts
- Magazine or newspaper articles
- Motion picture films
- Letters or telegrams
- Advertising campaigns
- Press releases
- Pamphlets or other publications
- Lectures or speeches
- Other (specify) \_\_\_\_\_

20. During this 6 month reporting period, did you disseminate or cause to be disseminated informational materials among any of the following groups:

- Public Officials
- Newspapers
- Libraries
- Legislators
- Editors
- Educational institutions
- Government agencies
- Civic groups or associations
- Nationality groups
- Other (specify) \_\_\_\_\_

21. What language was used in the informational materials:

- English
- Other (specify) \_\_\_\_\_

22. Did you file with the Registration Unit, U.S. Department of Justice a copy of each item of such informational materials disseminated or caused to be disseminated during this 6 month reporting period? Yes  No

23. Did you label each item of such informational materials with the statement required by Section 4(b) of the Act? Yes  No

12 The term informational materials includes any oral, visual, graphic, written, or pictorial information or matter of any kind, including that published by means of advertising, books, periodicals, newspapers, lectures, broadcasts, motion pictures, or any means or instrumentality of interstate or foreign commerce or otherwise. Informational materials disseminated by an agent of a foreign principal as part of an activity in itself exempt from registration, or an activity which by itself would not require registration, need not be filed pursuant to Section 4 (b) of the Act.

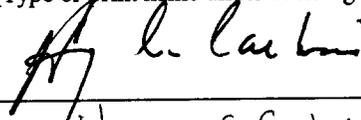
**VI--EXECUTION**

In accordance with 28 U.S.C. § 1746, the undersigned swear(s) or affirm(s) under penalty of perjury that he/she has (they have) read the information set forth in this registration statement and the attached exhibits and that he/she is (they are) familiar with the contents thereof and that such contents are in their entirety true and accurate to the best of his/her (their) knowledge and belief, except that the undersigned make(s) no representation as to truth or accuracy of the information contained in the attached Short Form Registration Statement(s), if any, insofar as such information is not within his/her (their) personal knowledge.

(Date of signature)

(Type or print name under each signature<sup>13</sup>)

March 14, 1997

  
Henry C. Cushman II

<sup>13</sup> This statement shall be signed by the individual agent, if the registrant is an individual, or by a majority of those partners, officers, directors or persons performing similar functions, if the registrant is an organization, except that the organization can, by power of attorney, authorize one or more individuals to execute this statement on its behalf.

UNITED STATES DEPARTMENT OF JUSTICE  
REGISTRATION UNIT  
CRIMINAL DIVISION  
WASHINGTON, D.C. 20530

NOTICE

Please answer the following questions and return this sheet in triplicate with your supplemental statement:

1. Is your answer to Item 16 of Section V (Political Propaganda - page 7 of Form CRM-154, formerly Form OBD-64 - Supplemental Statement):

Yes \_\_\_\_\_ or No X \_\_\_\_\_

(If your answer to question 1 is "yes" do not answer question 2 of this form.)

2. Do you disseminate any material in connection with your registration:

Yes \_\_\_\_\_ or No X \_\_\_\_\_

(If your answer to question 2 is "yes" please forward for our review copies of all such material including: films, film catalogs, posters, brochures, press releases, etc. which you have disseminated during the past six months.)

012439

H. C. Cashen II  
Signature

March 14, 1997  
Date

Henry C. Cashen II  
Please type or print name of signatory on the line above

Partner  
Title

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# New Hire

Pa

Company: All  
Department: All  
Selection: Active  
Date Range: 06/01/1996 to 12/01/1996

Sorted by: Name

Name	Status	Hire Date	Category	Job Title	Supervisor
Karen Bush	A	6/30/96	Full Time	Partner	
Robin Cohen	A	6/30/96	Full Time	Partner	
Deborah Donovan	A	6/30/96	Full Time	Partner	
Stephen Dvorkin	A	6/30/96	Full Time	Partner	
David Elkind	A	6/30/96	Full Time	Partner	
Barry Fleishman	A	6/30/96	Full Time	Partner	
Leon Kellner	A	6/30/96	Full Time	Partner	
Mark Kolman	A	6/30/96	Full Time	Partner	
Jerold Oshinsky	A	6/30/96	Full Time	Partner	
Frank Razzano	A	6/17/96	Full Time	Partner	
Murray Sacks	A	6/30/96	Full Time	Partner	
Elizabeth Sherwin	A	6/30/96	Full Time	Partner	
Edward Tessler	A	6/30/96	Full Time	Partner	
Joseph Tydings	A	6/30/96	Full Time	Partner	
Stephan Weil	A	6/30/96	Full Time	Partner	

Total Number of Empl

Report ID: R\_S140

# Terminated Employee Log

Page

Company: All  
Department: All  
Selection: Terminated  
Date Range: 06/01/1996 to 12/01/1996  
Sorted by: Name

Name	Hire Date	Term Date	Years of Service	Reason	Job Title	Supervi
5 James Hughes	10/1/90	6/14/96	5.67	Voluntary Resignation	Partner	
5 James Hughes	10/1/90	6/14/96	5.67		Partner	
5 James Hughes	10/1/90	6/14/96	5.67	Voluntary Resignation	Partner	

Total Number of En  
Total Average Length of Se

Dickstein, Shapiro & Morin, L.L.P.  
Registration No. 3028  
Attachment No. 1

Reporting Period May 30, 1996-December 1, 1996

10. In addition to those named in Items 8 and 9, if any, list the foreign principals whom you continued to represent during the 6 month reporting period.

Kuwait Airways  
Malaysian Palm Oil Promotion Council  
Middle East Airlines  
Thai Embassy - Office of Commercial  
Affairs

Dickstein, Shapiro & Morin, L.L.P.  
Registration No. 3028  
Attachment No. 3

Reporting Period May 30, 1996- December 1, 1996

11. During this six-month period, have you engaged in any activities for or rendered any service to any foreign principal named in Items 8, 9, and 10 of this statement?

Yes  X  No

If Yes, identify each such foreign principal and describe in full detail your activities and services:

The registrant has continued to advise the **Malaysian Palm Oil Promotion Council** in connection with potential state and federal food labelling and advertising requirements and developments in related proceedings of the Food and Drug Administration and other agencies.

The registrant has continued to represent **Middle East Airlines** in proceedings before the Department of Transportation and to advise it concerning aviation matters relating to the U.S., including restrictions on ticketing and landing rights.

The registrant has continued to represent **Kuwait Airways** in matters before the Department of Transportation and to advise it concerning aviation matters relating to the U.S., including license and permit renewals.

The registrant has continued to represent **Thai Embassy-Office of Commercial Affairs** in matters of advising the client regarding Legislative Branch and Executive Branch policy affecting Thai commerce.

Dickstein, Shapiro & Morin, L.L.P.  
Registration No. 3028  
Attachment No. 5

Reporting Period December 1, 1995-  
May 30, 1995

15.(c) DISBURSEMENTS - POLITICAL CONTRIBUTIONS

During this 6 month reporting period, have you from your own funds and on your own behalf either directly or through any other person, made any contributions of money or other things of value in connection with an election to any political office, or in connection with any primary election, or caucus held to select candidates for political office?

Yes  X  No

If Yes, furnish the following information:

<u>Date</u>	<u>Amount or Thing of Value</u>	<u>Name of Political Organization</u>	<u>Name of Candidate</u>
<b>Henry C. Cashen</b>	500.00	Friends of Richard Burr	Richard Burr
<b>Peter J. Kadzik</b> 5/8/96	1500.00	DNC/Federal Account	N/A

Dickstein, Shapiro & Morin, L.L.P.  
Registration No. 3028  
Attachment No. 5

Reporting Period May 30, 1996- December 1, 1996

14. (a) RECEIPTS-MONIES

During this 6 month reporting period, have you received from any foreign principal named in items 8, 9, and 10 of this statement, or from any other source, for or in the interests of any such foreign principal, any contributions, income or money either as compensation or otherwise?

Yes  X  No

If Yes, set forth below in the required detail and separately for each foreign principal an account of such monies.

<u>Date</u>	<u>From Whom</u>	<u>Purpose</u>	<u>Amount</u>
6/30/96	Kuwait Airways	Compensation for legal services rendered and out-of-pocket expenses	\$ 4339.84
12/01/96	Kuwait Airways	Compensation for legal services rendered and out-of-pocket expenses	1,859.59
6/13/96	Middle East Airlines	Compensation for legal services rendered and out-of-pocket expenses	507.21
10/30/96	Middle East Airlines	Compensation for legal services rendered and out-of-pocket expenses	115.97

<u>Date</u>	<u>From Whom</u>	<u>Purpose</u>	<u>Amount</u>
6/21/96	Malaysian Palm Oil Promotion Council	Compensation for legal services rendered and out-of-pocket expenses	1,911.67
7/05/96	Malaysian Palm Oil Promotion Council	Compensation for legal services rendered and out-of-pocket expenses	2,500.00
7/22/96	Malaysian Palm Oil Promotion Council	Compensation for legal services rendered and out-of-pocket expenses	7,730.45
8/26/96	Malaysian Palm Oil Promotion Council	Compensation for legal services rendered and out-of-pocket expenses	4593.68
9/12/96	Malaysian Palm Oil Promotion Council	Compensation for legal services rendered and out-of-pocket expenses	5891.20
11/22/96	Malaysian Palm Oil Promotion Council	Compensation for legal services rendered and out-of-pocket expenses	4432.16
1/17/96	Thai Embassy-Office of Commercial Affairs	Compensation for legal services rendered and out-of-pocket expenses	2450.00

<u>Date</u>	<u>From Whom</u>	<u>Purpose</u>	<u>Amount</u>
10/10/96	Thai Embassy- Office of Commercial Affairs	Compensation for legal services rendered and out-of-pocket expenses	2450.00
12/03/96	Thai Embassy- Office of Commercial Affairs	Compensation for legal services rendered and out-of-pocket expenses	2450.00
12/16/96	Thai Embassy- Office of Commercial Affairs	Compensation for legal services rendered and out-of-pocket expenses	2450.00

Dickstein, Shapiro & Morin, L.L.P.  
Registration No. 3028  
Attachment No. 6

Reporting Period May 30, 1996- December 1, 1996

15.(a) DISBURSEMENTS-MONIES

During this 6 month reporting period, have you  
(1) disbursed or expended monies in connection  
with activity on behalf of any foreign  
principal named in Items 8, 9, and 10 of this  
statement?

Yes  X  No

(2) transmitted monies to any such foreign  
principal?

Yes  X  No

If Yes, set forth below in the required detail  
and separately for each foreign principal any  
account of such monies, including monies  
transmitted, if any, to each foreign principal.

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**Malaysian Palm Oil Promotion Council**

<u>Date</u>	<u>To Whom</u>	<u>Purpose</u>	<u>Amount</u>
5/30/96- 12/1/96	DS&M	Duplicating	\$245.85
	DS&M	Postage	\$21.33
	DS&M	Telephone	\$31.90
	DS&M	Filing and Misc. Fees	\$48.00
	DS&M	Telecopier	\$344.44
	DS&M	Delivery-courier	\$180.73
	DS&M	Westlaw and other online	\$107.87
	DS&M	Local transportation and parking	\$20.00

**Royal Thai Embassy  
Office of Commercial Affairs**

<u>Date</u>	<u>To Whom</u>	<u>Purpose</u>	<u>Amount</u>
	DS&M	Duplicating	\$98.40
5/30/96- 12/01/96	DS&M	Lexis-Westlaw	\$591.11
	DS&M	Telecopier	\$88.50
	DS&M	Delivery	\$159.61
	DS&M	Other online services	\$80.91
	DS&M	Local Transportation	\$7.50
	DS&M	Telephone	\$ 14.49

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Dickstein Shapiro Morin &amp; Oshinsky, LLP PAC</b>		2. FEC IDENTIFICATION NUMBER <b>C00110197</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported  <b>2101 L Street, NW</b>	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
CITY, STATE and ZIP CODE  <b>Washington, DC 20037</b>		

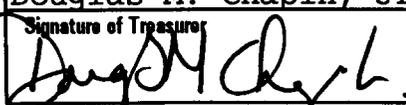
## 4. TYPE OF REPORT

- (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 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>04/01/96</u> through <u>06/30/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 15577.38
(b) Cash on Hand at Beginning of Reporting Period	\$ 3096.83	
(c) Total Receipts (from line 19)	\$ 14866.76	\$ 15361.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 17963.59	\$ 30938.59
7. Total Disbursements (from Line 30)	\$ 12527.44	\$ 25502.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5436.15	\$ 5436.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	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)	\$	

*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  
**Douglas M. Chapin, Jr. - Assistant Treasurer**

Signature of Treasurer:  Date: **1-27-97**

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

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

(revised 1/1/81)

NAME OF COMMITTEE <b>Dickstein Shapiro Morin &amp; Oshinsky, LLP PAC</b>	REPORT COVERING PERIOD	
	FROM: <b>04/01/96</b>	TO: <b>06/30/96</b>
	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A) . . . . .	14864.40	15314.40
ii. Unitemized . . . . .		
iii. Total . . . . . (add i and ii) ▶	14864.40	15314.40
b. Political Party Committees . . . . .		
c. Other Political Committees (such as PACs) . . . . .		
d. Total Contributions . . . . . (add a iii, b and c) ▶	14864.40	15314.40
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.) . . . . .	2.36	46.81
18. Transfers from Nonfederal Account for Joint Activity . . . . .		
19. Total Receipts . . . . . (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	14866.76	15361.21
20. Total Federal Receipts . . . . . (subtract line 18 from line 19) ▶	14866.76	15361.21
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share . . . . .		
ii. Non-Federal Share . . . . .		(25.00)
b. Other Federal Operating Expenditures . . . . .		(25.00)
c. Total Operating Expenditures . . . . . (Add a i, a ii, and b) ▶		
22. Transfers to Affiliated/Other Party Committees . . . . .		
23. Contributions to Federal Candidates/Committees and Other Political Committees . . . . .	12350.00	25350.00
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. Individuals/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 . . . . .	177.44	177.44
30. Total Disbursements . . . . . (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	12527.44	25502.44
31. Total Federal Disbursements . . . . . (subtract line 21 a ii from line 30) ▶	12527.44	25502.44
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) . . . . .	14864.40	15314.40
33. Total Contribution Refunds (from line 28d) . . . . .		
34. Net Contributions (other than loans)(subtract line 33 from 32) . . . . .	14864.40	15314.40
35. Total Federal Operating Expenditures . . . . . (add 21 a i and 21 b) ▶		(25.00)
36. Offsets to Operating Expenditures (from line 15) . . . . .		
37. Net Operating Expenditures . . . . . (subtract line 36 from 35) ▶		(25.00)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC      FEC ID No. C00110197

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew P. Miller 1503 35th Street, NW Washington, DC 20007	Dickstein, Shapiro, Morin & Oshinsky LLP "DSMOLLP"	4/1/96	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		- 0 - .
	Aggregate Year-To-Date $\gg$ \$	- 0 - .	
Sydney Dickstein 2101 L Street, NW Washington, DC 20037	DSMOLLP	4/1/96	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		850.00
	Aggregate Year-To-Date $\gg$ \$	850.00	
Sallie H. Helm 2101 L Street, NW Washington, DC 20037	DSMOLLP	4/1/96	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		387.50
	Aggregate Year-To-Date $\gg$ \$	387.50	
Woody N. Peterson 2101 L Street, NW Washington, DC 20037	DSMOLLP	4/1/96	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		512.50
	Aggregate Year-To-Date $\gg$ \$	512.50	
Thomas W. Mack 2101 L Street, NW Washington, DC 20037	DSMOLLP	4/1/96	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		75.00
	Aggregate Year-To-Date $\gg$ \$	75.00	
Thomas J. D'Amico 2101 L Street, NW Washington, DC 20037	DSMOLLP	5/8/96	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		1050.00
	Aggregate Year-To-Date $\gg$ \$	1050.00	
Ken L. Adams 2101 L Street, NW Washington, DC 20037	DSMOLLP	5/8/96	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		271.90
	Aggregate Year-To-Date $\gg$ \$	271.90	

**SUBTOTAL** of Receipts This Page (optional) . . . . . 3146.90

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC      FEC ID No. C00110197

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Kadzik 2101 L Street, NW Washington, DC 20037	Dickstein, Shapiro, Morin & Oshinsky LLP "DSMOLLP"	5/8/96	62.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$ 62.50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John W. Griffin 2101 L Street, NW Washington, DC 20037	DSMOLLP	5/9/96	1212.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$ 1212.50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Beth L. Webb 2101 L Street, NW Washington, DC 20037	DSMOLLP	5/9/96	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Angelo Arcadipane 2101 L Street, NW Washington, DC 20037	DSMOLLP	5/20/96	1650.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$ 1650.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leslie Kaplan 2101 L Street, NW Washington, DC 20037	DSMOLLP	5/20/96	180.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$ 180.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joel Kleinman 2101 L Street, NW Washington, DC 20037	DSMOLLP	5/20/96	1037.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$ 1037.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Kolick, Jr. 2101 L Street, NW Washington, DC 20037	DSMOLLP	5/20/96	787.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$ 787.50	

**SUBTOTAL** of Receipts This Page (optional) . . . . . 5180.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
 Dickstein Shapiro Morin & Oshinsky, LLP PAC      FEC ID No. C00110197

<b>A. Full Name, Mailing Address and ZIP Code</b> Frederick Lowther 2101 L Street, NW Washington, DC 20037	Name of Employer Dickstein Shapiro Morin & Oshinsky LLP "DSMOLLP"	Date (month, day, year) 5/20/96	Amount of Each Receipt this Period  2800.00
	Occupation Attorney	Aggregate Year-To-Date $\sum$ \$ 2800.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>B. Full Name, Mailing Address and ZIP Code</b> George R. Pitts 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 5/20/96	Amount of Each Receipt this Period  262.50
	Occupation Attorney	Aggregate Year-To-Date $\sum$ \$ 262.50	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>C. Full Name, Mailing Address and ZIP Code</b> James Springer 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 5/20/96	Amount of Each Receipt this Period  1300.00
	Occupation Attorney	Aggregate Year-To-Date $\sum$ \$ 1300.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>D. Full Name, Mailing Address and ZIP Code</b> Andrew P. Miller 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 5/22/96	Amount of Each Receipt this Period  1925.00
	Occupation Attorney	Aggregate Year-To-Date $\sum$ \$ 1925.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>E. Full Name, Mailing Address and ZIP Code</b> Paul Bran 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 5/22/96	Amount of Each Receipt this Period  250.00
	Occupation Attorney	Aggregate Year-To-Date $\sum$ \$ 250.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>F. Full Name, Mailing Address and ZIP Code</b> (Empty)	Name of Employer (Empty)	Date (month, day, year) (Empty)	Amount of Each Receipt this Period (Empty)
	Occupation (Empty)	Aggregate Year-To-Date $\sum$ \$ (Empty)	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>G. Full Name, Mailing Address and ZIP Code</b> (Empty)	Name of Employer (Empty)	Date (month, day, year) (Empty)	Amount of Each Receipt this Period (Empty)
	Occupation (Empty)	Aggregate Year-To-Date $\sum$ \$ (Empty)	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>SUBTOTAL</b> of Receipts This Page (optional) . . . . .	6537.50
<b>TOTAL</b> This Period (last page this line number only) . . . . .	14864.40

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
 Dickstein Shapiro Morin & Oshinsky, LLP PAC      FEC ID No. C00110197

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NationsBank 2101 L Street, NW Washington, DC 20037	Interest Earned on Money Market Account	4/30/96	0.79
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > \$ 45.24	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NationsBank 2101 L Street, NW Washington, DC 20037	Interest Earned on Money Market Account	5/31/96	0.81
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > \$ 46.05	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NationsBank 2101 L Street, NW Washington, DC 20037	Interest Earned on Money Market Account	6/28/96	0.76
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > \$ 46.81	
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 > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) . . . . .	2.36
<b>TOTAL</b> This Period (last page this line number only) . . . . .	2.36

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

**Dickstein Shapiro Morin & Oshinsky, LLP PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Latham for Congress 4010 Franconia Road Alexandria, VA 22310	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/18/96	500.00
B. Full Name, Mailing Address and ZIP Code Baesler for Congress 38 Ivy Street, S.E. Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/96	500.00
C. Full Name, Mailing Address and ZIP Code Hal Rogers for Congress 103 S. Maple Street Somerset, KY 42501	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/96	500.00
D. Full Name, Mailing Address and ZIP Code Texans for Henry Bonilla P.O. Box 1034 San Antonio, TX 78294-1034	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/3/96	500.00
E. Full Name, Mailing Address and ZIP Code Hamilton for Congress Committee 1333 New Hampshire Ave., NW Washington, DC 20036-1573	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/13/96	1000.00
F. Full Name, Mailing Address and ZIP Code Luther for Congress Volunteer Committee 1399 Geneva Ave., NW Ste.103 Oakdale, MN 55128	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/96	500.00
G. Full Name, Mailing Address and ZIP Code Walter Jones, Jr. for Congress P.O. Box 99667 Raleigh, NC 27624	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/96	500.00
H. Full Name, Mailing Address and ZIP Code DNC/Federal Account 430 S. Capitol Street Washington, DC	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/3/96	2000.00
I. Full Name, Mailing Address and ZIP Code National Association of Chain Drug Stores, PAC 413 N. Lee Street Alexandria, VA 22313	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/8/96	1000.00

**SUBTOTAL** of Disbursements This Page (optional) . . . . . 7000.00

**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	OF
	2	2
FOR LINE NUMBER		23

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**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wright for Congress Committee 428 W. Dixie, 31W PO Box 460 Elizabethtown, KY 42702-0460	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/96	1000.00
B. Full Name, Mailing Address and ZIP Code Friends of Senator D'Amato 100 Willis Avenue Mineola, New York 11501	Primary 1988 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/30/96	500.00
C. Full Name, Mailing Address and ZIP Code Board of Trade FEDPAC 1129 20th Street, NW Ste 200 Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	5/31/96	350.00
D. Full Name, Mailing Address and ZIP Code Majority Leaders Fund P.O. Box 995 Lewisville, TX 75067	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6/17/96	1000.00
E. Full Name, Mailing Address and ZIP Code Wyden for Senate P.O. Box 3498 Portland, OR 97208	96 Debt Retirement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6/18/96	1000.00
F. Full Name, Mailing Address and ZIP Code Helms for Senate P.O. Box 20699 Raleigh, NC 27619	96 General Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/96	1000.00
G. Full Name, Mailing Address and ZIP Code Ward for Congress 1250 Bardstown Road Louisville, KY 40202	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/96	500.00
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) . . . . . 5350.00

**TOTAL** This Period (last page this line number only) . . . . . 12350.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		29

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**NAME OF COMMITTEE (in Full)**

**Dickstein Shapiro Morin & Oshinsky, LLP PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NationsBank 2101 L Street, NW Washington, DC 20037	Service Charge on MMA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/96	8.00
NationsBank 2101 L Street, NW Washington, DC 20037	Service Charge on MMA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/31/96	8.00
NationsBank 2101 L Street, NW Washington, DC 20037	Service Charge on MMA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24/96	8.00
Port of Piraeus Lafayette Centre 1155 21st Street, NW Ste 200 Washington, DC 20036	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/96	153.44
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) . . . . . 177.44

**TOTAL** This Period (last page this line number only) . . . . . 177.44

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

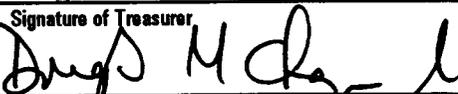
<b>1. NAME OF COMMITTEE (in full)</b> Dickstein Shapiro Morin & Oshinsky, LLP PAC	<b>2. FEC IDENTIFICATION NUMBER</b> C00110197
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2101 L Street, NW	<b>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</b>
CITY, STATE and ZIP CODE Washington, DC 20037	

## 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 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>07/01/96</u> through <u>09/30/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 15577.38
(b) Cash on Hand at Beginning of Reporting Period	\$ 5436.15	
(c) Total Receipts (from line 19)	\$ 16508.95	\$ 31870.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 21945.10	\$ 47447.54
7. Total Disbursements (from Line 30)	\$ 13508.00	\$ 39010.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 8437.10	\$ 8437.10
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 Douglas M. Chapin, Jr. - Assistant Treasurer	
Signature of Treasurer 	Date 1/27/97

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

(revised 1/1/81)

NAME OF COMMITTEE <b>Dickstein Shapiro Morin &amp; Oshinsky, LLP PAC</b>	REPORT COVERING PERIOD	
	FROM: <b>07/01/96</b>	TO: <b>09/30/96</b>
	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A) . . . . .	16452.50	31766.90
ii. Unitemized . . . . .		
iii. Total . . . . . (add i and ii) ▶	16452.50	31766.90
b. Political Party Committees . . . . .		
c. Other Political Committees (such as PACs) . . . . .		
d. Total Contributions . . . . . (add a iii, b and c) ▶	16452.50	31766.90
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.) . . . . .	56.45	103.26
18. Transfers from Nonfederal Account for Joint Activity . . . . .		
19. Total Receipts . . . . . (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	16508.95	31870.16
20. Total Federal Receipts . . . . . (subtract line 18 from line 19) ▶	16508.95	31870.16
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share . . . . .		
ii. Non-Federal Share . . . . .		(25.00)
b. Other Federal Operating Expenditures . . . . .		(25.00)
c. Total Operating Expenditures . . . . . (Add a i, a ii, and b) ▶		
22. Transfers to Affiliated/Other Party Committees . . . . .		
23. Contributions to Federal Candidates/Committees and Other Political Committees . . . . .	13000.00	38350.00
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. Individuals/Persons Other Than Political Committees . . . . .	500.00	500.00
b. Political Party Committees . . . . .		
c. Other Political Committees (such as PACs) . . . . .		
d. Total Contribution Refunds . . . . . (Add a, b and c) ▶	500.00	500.00
29. Other Disbursements . . . . .	8.00	185.44
30. Total Disbursements . . . . . (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	13508.00	39010.44
31. Total Federal Disbursements . . . . . (subtract line 21 a ii from line 30) ▶	13508.00	39010.44
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) . . . . .	16452.50	31766.90
33. Total Contribution Refunds (from line 28d) . . . . .	500.00	500.00
34. Net Contributions (other than loans)(subtract line 33 from 32) . . . . .	15952.50	31266.90
35. Total Federal Operating Expenditures . . . . . (add 21 a i and 21 b) ▶		(25.00)
36. Offsets to Operating Expenditures (from line 15) . . . . .		
37. Net Operating Expenditures . . . . . (subtract line 36 from 35) ▶		(25.00)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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FOR LINE NUMBER 11a1		

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**NAME OF COMMITTEE (in Full)**  
**Dickstein Shapiro Morin & Oshinsky, LLP PAC**    **FEC ID No. C00110197**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ken L. Adams 2808 34th Street, NW Washington, DC 20008	Dickstein, Shapiro Morin & Oshinsky LLP "DSMOLLP"	7/19/96	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>	Aggregate Year-To-Date $\gg$ \$ 371.00	
B. Full Name, Mailing Address and ZIP Code Lee A. Alexander 2101 L Street, NW Washington, DC 20037	DSMOLLP	7/19/96	687.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>	Aggregate Year-To-Date $\gg$ \$ 687.50	
C. Full Name, Mailing Address and ZIP Code Henry C. Cashen, II 5160 Palisade Lane, NW Washington, DC 20016	DSMOLLP	7/19/96	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>	Aggregate Year-To-Date $\gg$ \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Howard N. Feldman 820 Stratford Manor Terrace Silver Spring, MD 20910	DSMOLLP	7/19/96	337.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>	Aggregate Year-To-Date $\gg$ \$ 337.50	
E. Full Name, Mailing Address and ZIP Code Lawrence Garr 2101 L Street, NW Washington, DC 20037	DSMOLLP	7/19/96	425.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>	Aggregate Year-To-Date $\gg$ \$ 425.00	
F. Full Name, Mailing Address and ZIP Code G. Michael Green 2101 L Street, NW Washington, DC 20037	DSMOLLP	7/19/96	337.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>	Aggregate Year-To-Date $\gg$ \$ 337.50	
G. Full Name, Mailing Address and ZIP Code Jon D. Grossman 2101 L Street, NW Washington, DC 20037	DSMOLLP	7/19/96	162.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>	Aggregate Year-To-Date $\gg$ \$ 162.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) . . . . .	2550.00
<b>TOTAL</b> This Period (last page this line number only) . . . . .	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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)**  
 Dickstein Shapiro Morin & Oshinsky, LLP PAC    FEC ID No. C00110197

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary M. Hoffman 5017 King David Blvd. Annandale, VA 22003	Dickstein, Shapiro Morin & Oshinsky LLP "DSMOLLP"	7/19/96	750.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>	Aggregate Year-To-Date $\gg$ \$ 750.00	
B. Full Name, Mailing Address and ZIP Code Jeffrey M. Johnson 2101 L Street, NW Washington, DC 20037	DSMOLLP	7/19/96	775.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>	Aggregate Year-To-Date $\gg$ \$ 775.00	
C. Full Name, Mailing Address and ZIP Code John T. Kotelly 2101 L Street, NW Washington, DC 20037	DSMOLLP	7/19/96	950.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>	Aggregate Year-To-Date $\gg$ \$ 950.00	
D. Full Name, Mailing Address and ZIP Code Arthur J. Lafave, III 2101 L Street, NW Washington, DC 20037	DSMOLLP	7/19/96	525.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>	Aggregate Year-To-Date $\gg$ \$ 525.00	
E. Full Name, Mailing Address and ZIP Code Neil Lefkowitz 2101 L Street, NW Washington, DC 20037	DSMOLLP	7/19/96	175.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>	Aggregate Year-To-Date $\gg$ \$ 175.00	
F. Full Name, Mailing Address and ZIP Code Patrick W. Lynch 2101 L Street, NW Washington, DC 20037	DSMOLLP	7/19/96	75.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>	Aggregate Year-To-Date $\gg$ \$ 75.00	
G. Full Name, Mailing Address and ZIP Code Peter W. Morgan 2101 L Street, NW Washington, DC 20037	DSMOLLP	7/19/96	775.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>	Aggregate Year-To-Date $\gg$ \$ 775.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) . . . . .	4025.00
<b>TOTAL</b> This Period (last page this line number only) . . . . .	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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)**  
 Dickstein Shapiro Morin & Oshinsky, LLP PAC    FEC ID No. C00110197

<b>A. Full Name, Mailing Address and ZIP Code</b> Michael E. Nannes 2101 L Street, NW Washington, DC 20037	Name of Employer Dickstein, Shapiro Morin & Oshinsky LLP "DSMOLLP"	Date (month, day, year) 7/19/96	Amount of Each Receipt this Period  775.00
	Occupation Attorney	Aggregate Year-To-Date > \$ 775.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>B. Full Name, Mailing Address and ZIP Code</b> Charles W. Saber 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 7/19/96	Amount of Each Receipt this Period  512.50
	Occupation Attorney	Aggregate Year-To-Date > \$ 512.50	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>C. Full Name, Mailing Address and ZIP Code</b> Ken L. Adams 2808 34th Street, NW Washington, DC 20008	Name of Employer DSMOLLP	Date (month, day, year) 8/21/96	Amount of Each Receipt this Period  500.00
	Occupation Attorney	Aggregate Year-To-Date > \$ 871.90	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>D. Full Name, Mailing Address and ZIP Code</b> George T. Boggs 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 8/21/96	Amount of Each Receipt this Period  1040.00
	Occupation Attorney	Aggregate Year-To-Date > \$ 1040.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>E. Full Name, Mailing Address and ZIP Code</b> Henry C. Cashen, II 5160 Palisade Lane, NW Washington, DC 20016	Name of Employer DSMOLLP	Date (month, day, year) 8/21/96	Amount of Each Receipt this Period  887.50
	Occupation Attorney	Aggregate Year-To-Date > \$ 1387.50	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>F. Full Name, Mailing Address and ZIP Code</b> Gary M. Hoffman 5017 King David Blvd. Annandale, VA 22003	Name of Employer DSMOLLP	Date (month, day, year) 8/21/96	Amount of Each Receipt this Period  1337.50
	Occupation Attorney	Aggregate Year-To-Date > \$ 2087.50	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>G. Full Name, Mailing Address and ZIP Code</b> _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period  _____
	Occupation _____	Aggregate Year-To-Date > \$ _____	
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>SUBTOTAL</b> of Receipts This Page (optional) . . . . .	5052.50
<b>TOTAL</b> 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	OF
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**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC FEC ID No. C00110197

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Neil Lefkowitz 2101 L Street, NW Washington, DC 20037	Dickstein, Shapiro Morin & Oshinsky LLP "DSMOLLP"	8/21/96	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>		350.00
	Aggregate Year-To-Date $\gg$ \$	525.00	
Dan M. Litt 5604 Bent Branch Road Bethesda, MD 20816	DSMOLLP	8/21/96	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>		1475.00
	Aggregate Year-To-Date $\gg$ \$	1475.00	
Ira H. Polon 2101 L Street, NW Washington, DC 20037	DSMOLLP	8/21/96	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>		1650.00
	Aggregate Year-To-Date $\gg$ \$	1650.00	
Ken L. Adams 2808 34th Street, NW Washington, DC 20008	DSMOLLP	9/17/96	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>		500.00
	Aggregate Year-To-Date $\gg$ \$	1371.90	
Richard J. Leveridge 8627 Buckboard Drive Alexandria, VA 22308	DSMOLLP	9/17/96	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>		425.00
	Aggregate Year-To-Date $\gg$ \$	425.00	
Elaine Metlin 2101 L Street, NW Washington, DC 20037	DSMOLLP	9/17/96	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>		250.00
	Aggregate Year-To-Date $\gg$ \$	250.00	
Paul Taskier 2101 L Street, NW Washington, DC 20037	DSMOLLP	9/17/96	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Attorney</b>		175.00
	Aggregate Year-To-Date $\gg$ \$	175.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) . . . . .	4825.00
<b>TOTAL</b> This Period (last page this line number only) . . . . .	16452.50

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC FEC ID No. C00110197

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NationsBank 2101 L Street, NW Washington, DC 20037	Interest Earned On Money Market Account	7/31/96	8.70
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > \$ 55.51	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NationsBank 2101 L Street, NW Washington, DC 20037	Interest Earned On Money Market Account	8/30/96	21.95
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > \$ 77.46	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NationsBank 2101 L Street, NW Washington, DC 20037	Interest Earned On Money Market Account	9/30/96	25.80
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > \$ 103.26	
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 > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) . . . . .	56.45
<b>TOTAL</b> This Period (last page this line number only) . . . . .	56.45

**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)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Volunteers for Vento P.O. Box 65254 ST. Paul, MN 55165	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/8/96	500.00
B. Full Name, Mailing Address and ZIP Code Citizens Committee for Ernest F. Hollings P.O. Box 65271 Washington, DC 20035	Primary 1998 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/96	1000.00
C. Full Name, Mailing Address and ZIP Code Chabot for Congress 105 West Fourth Street Room 1133 Cincinnati, OH 45202	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/96	500.00
D. Full Name, Mailing Address and ZIP Code Sheila Frahm for U.S. Senate 128 North Columbus Street Alexandria, VA 22314	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/96	1000.00
E. Full Name, Mailing Address and ZIP Code Friends of Mike Parker 1300 North 17th Street Suite 1847 Rosslyn, VA 22209	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/96	1000.00
F. Full Name, Mailing Address and ZIP Code Zimmer for Senate P.O. Box 6888 Laurenceville, NJ 08648	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/96	1000.00
G. Full Name, Mailing Address and ZIP Code Nevadans for "Spike" Wilson 6100 Elton Avenue, Ste. 1000 Las Vegas, NV 89107	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/96	1000.00
H. Full Name, Mailing Address and ZIP Code New Republican Majority Fund 228 S. Washington Street Suite 200 Alexandria, VA 22314	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/96	1000.00
I. Full Name, Mailing Address and ZIP Code Bill Sutton for Congress P.O. Box 10505 Jacksonville, FL 32206	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/96	1000.00

**SUBTOTAL** of Disbursements This Page (optional) . . . . . 8000.00

**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	OF
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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)**

**Dickstein Shapiro Morin & Oshinsky, LLP PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Baker for Congress P.O. Box 1694 Baton Rouge, LA 70821	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/10/96	500.00
B. Full Name, Mailing Address and ZIP Code Neumann for Congress Committee 4010 Franconia Road Alexandria, VA 22310-2136	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/96	500.00
C. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Committee P.O. Box 2008 Murfreesboro, TN 37133	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/96	1000.00
D. Full Name, Mailing Address and ZIP Code Bob Wise for Congress P.O. 5536 Charleston, WV 25361	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/96	500.00
E. Full Name, Mailing Address and ZIP Code Missourians for Kit Bond c/o Steve Gordon 507 Capitol Court, NE #100 Washington, DC 20002	Purpose of Disbursement Primary 1998 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/96	1000.00
F. Full Name, Mailing Address and ZIP Code Nethercutt for Congress P.O. Box 1925 Spokane, WA 99210	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/96	500.00
G. Full Name, Mailing Address and ZIP Code Hyde for Congress Committee 603 North Yoke Road Amherst, IL 60126	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/96	1000.00
H. Full Name, Mailing Address and ZIP Code Goode for Congress 112 North Main Street Rocky Mount, VA 24151	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/96	1000.00
I. Full Name, Mailing Address and ZIP Code Friends of David Weldon P.O. Box 968 Melbourne, FL 32902-0968	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/96	500.00

**SUBTOTAL** of Disbursements This Page (optional) . . . . . 6500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**  
 Dickstein Shapiro Morin & Oshinsky, LLP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Solarz for Congress PO Box 2703 Alexandria, VA 22301-0703 Credit for stale dated check	Stale check 8/4/92 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	07/25/96	(500.00)
B. Full Name, Mailing Address and ZIP Code Hatch Election Committee 425 2nd Street, NE Washington, DC 20002 Credit for stale dated check	Stale check 10/27/93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	07/25/96	(1000.00)
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) . . . . .	(1500.00)
<b>TOTAL</b> This Period (last page this line number only) . . . . .	13000.00

**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)**  
 Dickstein Shapiro Morin & Oshinsky, LLP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lee A. Alexander 2101 L Street, NW Washington, DC 20037	Refund of Overpayment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7/25/96	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

<b>SUBTOTAL</b> of Disbursements This Page (optional) . . . . .	500.00
<b>TOTAL</b> 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)**

**Dickstein Shapiro Morin & Oshinsky, LLP PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Service Charge on MMA 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
NationsBank 2101 L Street, NW Washington, DC 20037	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/96	8.00
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

<b>SUBTOTAL of Disbursements This Page (optional)</b> . . . . .	8.00
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<b>TOTAL This Period (last page this line number only)</b> . . . . .	8.00
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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

1. NAME OF COMMITTEE (in full) <b>Dickstein Shapiro Morin &amp; Oshinsky, LLP PAC</b>	2. FEC IDENTIFICATION NUMBER <b>C00110197</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>2101 L Street, NW</b>	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <b>Washington, DC 20037</b>	

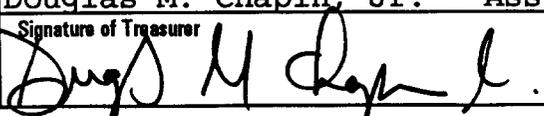
## 4. TYPE OF REPORT

- (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 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  
11/5/96 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>10/01/96</u> through <u>11/25/96</u>	97	
6. (a) Cash on Hand January 1, 19 <u>96</u>	12	\$ 15577.38
(b) Cash on Hand at Beginning of Reporting Period	8437.10	
(c) Total Receipts (from line 19)	2901.62	\$ 34771.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11338.72	\$ 50349.16
7. Total Disbursements (from Line 30)	\$ 5750.00	\$ 44760.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5588.72	\$ 5588.72
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 20483 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  
**Douglas M. Chapin, Jr. - Assistant Treasurer**

Signature of Treasurer  Date **1-27-97**

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

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

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	FROM: 10/01/96	TO: 11/25/96
Dickstein Shapiro Morin & Oshinsky, LLP PAC	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A) . . . . .	2887.50	34654.40
ii. Unitemized . . . . .		
iii. Total . . . . . (add i and ii) ▶	2887.50	34654.40
b. Political Party Committees . . . . .		
c. Other Political Committees (such as PACs) . . . . .		
d. Total Contributions . . . . . (add a iii, b and c) ▶	2887.50	34654.40
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.) . . . . .	14.12	117.38
18. Transfers from Nonfederal Account for Joint Activity . . . . .		
19. Total Receipts . . . . . (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	2901.62	34771.78
20. Total Federal Receipts . . . . . (subtract line 18 from line 19) ▶	2901.62	34771.78
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share . . . . .		
ii. Non-Federal Share . . . . .		(25.00)
b. Other Federal Operating Expenditures . . . . .		(25.00)
c. Total Operating Expenditures . . . . . (Add a i, a ii, and b) ▶		(25.00)
22. Transfers to Affiliated/Other Party Committees . . . . .		
23. Contributions to Federal Candidates/Committees and Other Political Committees . . . . .	5750.00	44100.00
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. Individuals/Persons Other Than Political Committees . . . . .		500.00
b. Political Party Committees . . . . .		
c. Other Political Committees (such as PACs) . . . . .		
d. Total Contribution Refunds . . . . . (Add a, b and c) ▶		500.00
29. Other Disbursements . . . . .		185.44
30. Total Disbursements . . . . . (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	5750.00	44760.44
31. Total Federal Disbursements . . . . . (subtract line 21 a ii from line 30) ▶	5750.00	44760.44
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) . . . . .	2887.50	34654.40
33. Total Contribution Refunds (from line 28d) . . . . .		500.00
34. Net Contributions (other than loans)(subtract line 33 from 32) . . . . .	2887.50	34154.40
35. Total Federal Operating Expenditures . . . . . (add 21 a i and 21 b) ▶		(25.00)
36. Offsets to Operating Expenditures (from line 15) . . . . .		
37. Net Operating Expenditures . . . . . (subtract line 36 from 35) ▶		(25.00)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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)**  
 Dickstein Shapiro Morin & Oshinsky, LLP PAC FEC ID No. C00110197

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rebecca Wright 2101 L Street, NW Washington, DC 20036	Dickstein Shapiro Morin & Oshinsky LLP "DSMOLLP"	11/6/96	875.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date $\gg$ \$ 875.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ira Mitzner 2101 L Street, NW Washington, DC 20036	DSMOLLP	11/6/96	950.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date $\gg$ \$ 950.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sidney Dickstein 2101 L Street, NW Washington, DC 20036	DSMOLLP	11/6/96	812.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date $\gg$ \$ 1662.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William M. Rosen 2101 L Street, NW Washington, DC 20036	DSMOLLP	11/14/96	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date $\gg$ \$ 250.00	
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 $\gg$ \$	
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 $\gg$ \$	
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 $\gg$ \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) . . . . .	2887.50
<b>TOTAL</b> This Period (last page this line number only) . . . . .	2887.50

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
17		

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)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC FEC ID No. C00110197

<b>A. Full Name, Mailing Address and ZIP Code</b> NationsBank 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Interest Earned On Money Market Account  Occupation  Aggregate Year-To-Date $\checkmark$ \$	Date (month, day, year) 10/31/96  117.38	Amount of Each Receipt this Period   14.12
<b>B. Full Name, Mailing Address and ZIP Code</b>  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-To-Date $\checkmark$ \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>C. Full Name, Mailing Address and ZIP Code</b>  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-To-Date $\checkmark$ \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>D. Full Name, Mailing Address and ZIP Code</b>  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-To-Date $\checkmark$ \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>E. Full Name, Mailing Address and ZIP Code</b>  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-To-Date $\checkmark$ \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>F. Full Name, Mailing Address and ZIP Code</b>  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-To-Date $\checkmark$ \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>G. Full Name, Mailing Address and ZIP Code</b>  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-To-Date $\checkmark$ \$	Date (month, day, year)	Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional) . . . . .	14.12
<b>TOTAL</b> This Period (last page this line number only) . . . . .	14.12

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
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)**

**Dickstein Shapiro Morin & Oshinsky, LLP PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Bruggere for U.S. Senate 477 SW 11th Portland, OR 97205	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/96	1000.00
Ed Teague for Congress P.O. Box 244 Yarmouthport, MA 02675	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/96	1000.00
Jenkins for Senate '96 c/o American Conservati Union Alexandria, VA 22314	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/4/96	500.00
Bob Clement Committee 2757 Inversham Drive Falls Church, VA 22042	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/96	500.00
Diana DeGette for Congress, Inc. 770 Grant St., Suite 218 Denver, CO 80203	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/96	250.00
Quinn for Congress P.O. Box 2012 Blasdell, NY 14219	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/96	500.00
Hoyer for Congress 7905 Malcolm Road Clinton, MD 20735	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/96	500.00
Price for Congress Committee 610 Hillsborough Street Suite 101 Raleigh, NC 27603	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	500.00
Bennett '98 Committee P.O. Box 8841 Falls Church, VA 22041	Primary 1998 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/96	1000.00

**SUBTOTAL** of Disbursements This Page (optional) . . . . . 5750.00

**TOTAL** This Period (last page this line number only) . . . . . 5750.00

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> Dickstein Shapiro Morin & Oshinsky, LLP PAC	<b>2. FEC IDENTIFICATION NUMBER</b> C00110197
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported  2101 L Street, NW CITY, STATE and ZIP CODE  Washington, DC 20037	<b>3.</b> <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

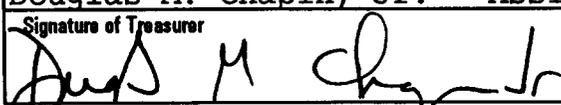
## 4. TYPE OF REPORT

- (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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 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>11/26/96</u> through <u>12/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 15577.38
(b) Cash on Hand at Beginning of Reporting Period	\$ 5588.72	
(c) Total Receipts (from line 19)	\$ 3065.09	\$ 37836.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 8653.81	\$ 53414.25
7. Total Disbursements (from Line 30)	\$ 3650.00	\$ 48410.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5003.81	\$ 5003.81
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 20483 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 Douglas M. Chapin, Jr. - Assistant Treasurer	
Signature of Treasurer 	Date 1-27-97

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

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

(revised 1/1/81)

NAME OF COMMITTEE <b>Dickstein Shapiro Morin &amp; Oghinsky, LLP PAC</b>	REPORT COVERING PERIOD FROM: <b>11/26/96</b> TO: <b>12/31/96</b>	
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A) . . . . .	3056.25	37710.65
ii. Unitemized . . . . .		
iii. Total . . . . . (add i and ii) ▶	3056.25	37710.65
b. Political Party Committees . . . . .		
c. Other Political Committees (such as PACs) . . . . .		
d. Total Contributions . . . . . (add a iii, b and c) ▶	3056.25	37710.65
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.) . . . . .	8.84	126.22
18. Transfers from Nonfederal Account for Joint Activity . . . . .		
19. Total Receipts . . . . . (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	3065.09	37836.87
20. Total Federal Receipts . . . . . (subtract line 18 from line 19) ▶	3065.09	37836.87
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share . . . . .		
ii. Non-Federal Share . . . . .		
b. Other Federal Operating Expenditures . . . . .		(25.00)
c. Total Operating Expenditures . . . . . (Add a i, a ii, and b) ▶		(25.00)
22. Transfers to Affiliated/Other Party Committees . . . . .		
23. Contributions to Federal Candidates/Committees and Other Political Committees . . . . .	3500.00	47600.00
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. Individuals/Persons Other Than Political Committees . . . . .	150.00	650.00
b. Political Party Committees . . . . .		
c. Other Political Committees (such as PACs) . . . . .		
d. Total Contribution Refunds . . . . . (Add a, b and c) ▶	150.00	650.00
29. Other Disbursements . . . . .		185.44
30. Total Disbursements . . . . . (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	3650.00	48410.44
31. Total Federal Disbursements . . . . . (subtract line 21 a ii from line 30) ▶	3650.00	48410.44
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) . . . . .	3056.25	37710.65
33. Total Contribution Refunds (from line 28d) . . . . .	150.00	650.00
34. Net Contributions (other than loans)(subtract line 33 from 32) . . . . .	2906.25	37060.65
35. Total Federal Operating Expenditures . . . . . (add 21 a i and 21 b) ▶		(25.00)
36. Offsets to Operating Expenditures (from line 15) . . . . .		
37. Net Operating Expenditures . . . . . (subtract line 36 from 35) ▶		(25.00)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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)**  
 Dickstein Shapiro Morin & Oshinsky, LLP PAC FEC ID No. C00110197

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Brady 2101 L Street, NW Washington, DC 20037	Dickstein Shapiro Morin & Oshinsky LLP "DSMOLLP"	12/20/96	62.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date Y \$ 62.50	
Larry Eisenstat 2101 L Street, NW Washington, DC 20037	DSMOLLP	12/20/96	150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date Y \$ 150.00	
Allen Goldstein 2101 L Street, NW Washington, DC 20037	DSMOLLP	12/20/96	325.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date Y \$ 325.00	
Robert Higgins 2101 L Street, NW Washington, DC 20037	DSMOLLP	12/20/96	1337.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date Y \$ 1337.50	
Bruce Holcomb 2101 L Street, NW Washington, DC 20037	DSMOLLP	12/20/96	400.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date Y \$ 400.00	
Matthew G. Maloney 2101 L Street, NW Washington, DC 20037	DSMOLLP	12/20/96	675.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date Y \$ 675.00	
Paul Taskier 2101 L Street, NW Washington, DC 20037	DSMOLLP	12/20/96	106.25
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date Y \$ 281.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) . . . . .	3056.25
<b>TOTAL</b> This Period (last page this line number only) . . . . .	3056.25

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
 Dickstein Shapiro Morin & Oshinsky, LLP PAC FEC ID No. C00110197

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NationsBank 2101 L Street, NW Washington, DC 20037	Interest Earned On Money Market Account	11/30/95	6.77
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date $\Sigma$ \$ 124.15	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NationsBank 2101 L Street, NW Washington, DC 20037	Interest Earned On Money Market Account	12/31/95	2.07
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date $\Sigma$ \$ 126.22	
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 $\Sigma$ \$	
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 $\Sigma$ \$	
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 $\Sigma$ \$	
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 $\Sigma$ \$	
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 $\Sigma$ \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) . . . . .	8.84
<b>TOTAL</b> This Period (last page this line number only) . . . . .	8.84

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		23

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**NAME OF COMMITTEE (in Full)**

**Dickstein Shapiro Morin & Oshinsky, LLP PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Harry Reid 925 S. Carolina Avenue Washington, DC 20003	Primary 1988 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/26/96	1000.00
B. Full Name, Mailing Address and ZIP Code Friends of John Warner '96 211 Eisenhower Ave. #402 Alexandria, VA 22314	Debt Retirement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	12/5/96	1000.00
C. Full Name, Mailing Address and ZIP Code Committee for Wendell Ford 11582 Casper Court Lexington, KY 40511	Primary 1998 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/5/96	1000.00
D. Full Name, Mailing Address and ZIP Code Bob Etheridge for Congress P.O. Box 1059 Lillington, NC 27546	Debt Retirement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	12/9/96	500.00
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) . . . . .	3500.00
<b>TOTAL</b> This Period (last page this line number only) . . . . .	3500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ken L. Adams 2101 L Street, NW Washington, DC 20037	Refund of Overpayment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/23/96	150.00
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) . . . . . 150.00

**TOTAL** This Period (last page this line number only) . . . . . 150.00