



# CLEAN WATER ACTION

February 15, 1995

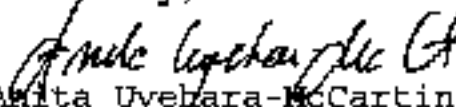
Mr. Stephen Cohen  
Reports Analyst  
Reports Analysis Division  
Federal Election Commission  
999 E St., NW  
Washington, DC 20463

Dear Mr. Cohen:

Enclosed is an amended year end report for Clean Water Action/Vote Environment PAC FEC ID#C00251942. There is one entry that was erroneously omitted from the report submitted on January 31, 1995. The new Treasurer and Assistant Treasurer have had little training in both reporting and the Capital Hill PacTrack software recently purchased by CWA/VE PAC and mistakenly omitted this entry.

If you have any questions, please contact me at (202)457-1286, ext. 110. Thank you for your understanding.

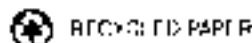
Sincerely,

  
Anita Uyehara-McCartin  
Assistant Treasurer

cc: John Friedrich

NATIONAL OFFICE

1320 18th Street, N.W. ■ Washington, DC 20036-1811 ■ 202/457-1286 ■ FAX 202/457-0287



# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1. NAME OF COMMITTEE (in full) <b>Clean Water Action/Vote Environment</b>		2. FEC IDENTIFICATION NUMBER <b>CG0251942</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1320 18th Street, N.W.</b>		
CITY, STATE and ZIP CODE <b>Washington, DC 20036-1811</b>		
		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

## 4. TYPE OF REPORT

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

Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

## SUMMARY

6. Covering Period <u>01/01/94</u> through <u>12/31/94</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 19 <u>94</u> .....		
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 4,000.00	
(c) Total Receipts (from line 19).....	\$ 13,591.65	\$ 13,591.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$ 17,591.65	\$ 17,591.65
7. Total Disbursements (from Line 30).....	\$ 10,325.81	\$ 10,325.81
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))..	\$ 7,265.84	\$ 7,265.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	\$ 0.00	For further information: 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).....	\$ 0.00	

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  
Signature of Treasurer *Anita Uyehara-McCartin*  
Anita Uyehara-McCartin, Assistant Treasurer  
Date 2/16/95

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

--	--	--	--	--	--	--	--

FEC FORM 3X

(Revised 9/93)

9 5 0 3 9 6 6 4 0 1 6

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE <b>Clean Water Action/Vote Environment</b>	REPORT COVERING PERIOD	
	FROM: 01/01/94	TO: 12/31/94
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	1,750.00	1,750.00
ii. Unitemized.....	1,986.87	1,986.87
iii. Total..... (add i and ii) >	3,736.87	3,736.87
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	9,750.00	9,750.00
d. Total Contributions..... (add aii, b and c) >	13,486.87	13,486.87
12. Transfers From Affiliated/Other Party Committees.....	31.02	31.02
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other PACs.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	73.76	73.76
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	13,591.65	13,591.65
20. Total Federal Receipts..... (subtract line 18 from line 19) >	13,591.65	13,591.65
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	3,850.97	3,850.97
c. Total Operating Expenditures..... (Add aii, iii, and b) >	3,850.97	3,850.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other PACs.....	5,519.73	5,519.73
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds..... (Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	955.11	955.11
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	10,325.81	10,325.81
31. Total Federal Disbursements..... (Subtract line 21 aii from line 30) >	10,325.81	10,325.81
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans) (from line 11d).....	13,486.87	13,486.87
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	13,486.87	13,486.87
35. Total Federal Operating Expenditures..... (add 21 a i and 21 b) >	3,850.97	3,850.97
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	3,850.97	3,850.97

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11 c

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 or any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (in full)

**Clean Water Action/Vote Environment**

9  
15  
00  
59  
06  
30  
13

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042		06/02/94	3,750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	3,750.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
SEIU		10/28/94	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	5,000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
GreenVote State and Local Acct 11 Beacon St., Suite 920 Boston, MA 02108		11/01/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	1,000.00
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 > \$	

SUB TOTAL of Receipts This Page (Optional) > 9,750.00

TOTAL this Period (Last page this line number only) > 9,750.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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)  
**Clean Water Action/Vote Environment**

2  
3  
4  
5  
6  
7  
8  
9

A. Full Name, Mailing Address and Zip Code <b>Samuel Kaplan</b> 4200 Dupont Avenue, South Minneapolis, MN 55409	Name of Employer  Occupation <b>Attorney</b>	Date (Month day, Year) 07/13/94	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
B. Full Name, Mailing Address and Zip Code <b>Daniel Solomon</b> 1450 Que Street, NW, Washington, DC 20009	Name of Employer <b>Department of Labor</b> Occupation <b>Legal</b>	Date (Month day, Year) 09/27/94	Amount of Each Receipt this Period  1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>1,000.00</b>		
C. Full Name, Mailing Address and Zip Code <b>Geen Geer</b> 558 Beers St. Hazlet, NJ 07730	Name of Employer  Occupation <b>Electrical Engineer</b>	Date (Month day, Year) 10/30/94	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>500.00</b>		
D. Full Name, Mailing Address and Zip Code <b>Geen Geer</b> 558 Beers St. Hazlet, NJ 07730	Name of Employer  Occupation <b>Electrical Engineer</b>	Date (Month day, Year) 11/03/94	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>500.00</b>		
E. Full Name, Mailing Address and Zip Code   	Name of Employer  Occupation  	Date (Month day, Year)  	Amount of Each Receipt this Period  
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code   	Name of Employer  Occupation  	Date (Month day, Year)  	Amount of Each Receipt this Period  
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code   	Name of Employer  Occupation  	Date (Month day, Year)  	Amount of Each Receipt this Period  
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	<b>1,750.00</b>
TOTAL this Period (Last page this line number only).....>	<b>1,750.00</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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)  
**Clean Water Action/Vote Environment**

0  
1  
2  
3  
4  
5  
6  
7  
8  
9

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>Environment Committee of NJ</b>		<b>11/01/94</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	<b>31.02</b>
B. 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 > \$	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	

SUB TOTAL of Receipts This Page (Optional).....> **31.02**

TOTAL this Period (Last page this line number only).....> **31.02**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Clean Water Action/Vote Environment**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Clean Water Action 1320 18th Street, NW Washington, DC 20036-1811	Elections Report Card for CWA Newsletter Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/12/94	600.00
B. Full Name, Mailing Address and Zip Code Gateway Printing	Purpose of Disbursement printing for MN, RI and national Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/03/94	3,154.03 (In-Kind)
C. Full Name, Mailing Address and Zip Code Gateway Printing	Purpose of Disbursement printing for MN, RI and national - U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/03/94	3,154.03 (Memo In-Kind)
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... > 600.00

TOTAL this Period (Last page this line number only) ..... > 600.00

9 5 0 3 9 6 6 3 0 1

**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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Clean Water Action/Vote Environment**

2  
3  
6  
6  
9  
3  
0  
5  
9

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/14/94	1.06 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Literature - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/14/94	1.06 (Memo In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/14/94	22.10 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/14/94	22.10 (Memo In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/21/94	7.30 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/21/94	7.30 (Memo In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCECV Non-Member Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/21/94	0.32 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Literature - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/21/94	0.32 (Memo In-Kind)
Annie Betancourt 2930 SW 36th Avenue Miami, FL 33133	FLPCV Non-Member Communication Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/02/94	50.00 (In-Kind)
SUB TOTAL of Disbursements this page (Optional).....>			
TOTAL this Period (Last page this line number only).....>			



**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)  
**Clean Water Action/Vote Environment**

20030630

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Annie Betancourt 2930 SW 36th Avenue Miami, FL 33133	FLPCV Non-Member Communication - Annie Betancourt U.S. HOUSE Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/02/94	50.00 (Memo In-Kind)
B. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/04/94	18.50 (In-Kind)
C. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/04/94	18.50 (Memo In-Kind)
D. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/04/94	1.02 (In-Kind)
E. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Literature - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/04/94	1.02 (Memo In-Kind)
F. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/05/94	10.00 (In-Kind)
G. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/05/94	10.00 (Memo In-Kind)
H. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/05/94	0.44 (In-Kind)
I. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Literature - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/05/94	0.44 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>

TOTAL this Period (Last page this line number only).....>

**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)  
**Clean Water Action/Vote Environment**

95032034

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/11/94	19.10 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/11/94	19.10 (Memo In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/11/94	0.77 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Literature - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/11/94	0.77 (Memo In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Election Staff MCPCV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/13/94	364.80 (In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Election Staff MCPCV - Ann Wynia U.S. SENATE Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/13/94	364.80 (Memo In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	MNPCV Non-Member Communication Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/13/94	178.75 (In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	MNPCV Non-Member Communication - Ann Wynia U.S. SENATE Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/13/94	178.75 (Memo In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Admin. Lunner, Meetings & Consulting Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/13/94	12.97 (In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>	
TOTAL this Period (Last page this line number only).....>	

**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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)  
**Clean Water Action/Vote Environment**

5  
0  
3  
6  
3  
2  
3  
0  
5  
0  
9

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>The Wynia Campaign</b> 1916 University Avenue St. Paul, MN 55104	<b>Admin. Ladner, Meetings &amp; Consulting - Ann Wynia U.S. SENATE</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/13/94	12.97 (Memo In-Kind)
<b>The Wynia Campaign</b> 1916 University Avenue St. Paul, MN 55104	<b>Admin., Jenson, Meetings &amp; Consulting</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/13/94	11.00 (In-Kind)
<b>The Wynia Campaign</b> 1916 University Avenue St. Paul, MN 55104	<b>Admin., Jenson, Meetings &amp; Consulting - Ann Wynia U.S. SENATE</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/13/94	11.00 (Memo In-Kind)
<b>Luther for Congress</b> 1399 Geneva Suite 103 Oakdale, MN 55128	<b>Admin., Jenson, Meetings &amp; Consulting</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/13/94	6.60 (In-Kind)
<b>Luther for Congress</b> 1399 Geneva Suite 103 Oakdale, MN 55128	<b>Admin., Jenson, Meetings &amp; Consulting - Luther U.S. HOUSE</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/13/94	6.60 (Memo In-Kind)
<b>The Wynia Campaign</b> 1916 University Avenue St. Paul, MN 55104	<b>Admin., Johnson, Meetings &amp; Consulting</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/13/94	9.25 (In-Kind)
<b>The Wynia Campaign</b> 1916 University Avenue St. Paul, MN 55104	<b>Admin., Johnson, Meetings &amp; Consulting - Ann Wynia U.S. SENATE</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/13/94	9.25 (Memo In-Kind)
<b>Luther for Congress</b> 1399 Geneva Suite 103 Oakdale, MN 55128	<b>Admin., Johnson, Meetings &amp; Consulting</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/13/94	3.09 (In-Kind)
<b>Luther for Congress</b> 1399 Geneva Suite 103 Oakdale, MN 55128	<b>Admin., Johnson, Meetings &amp; Consulting - Luther U.S. HOUSE</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/13/94	3.09 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>

TOTAL this Period (Last page this line number only).....>

**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)  
**Clean Water Action/Vote Environment**

9 5 0 3 9 0 6 3 0 6

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	34.20 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	34.20 (Memo In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	1.56 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	1.56 (Memo In-Kind)
POWERS for the People P.O. Box 1329 Crested Butte, CO 81224	COFCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	41.60 (In-Kind)
POWERS for the People P.O. Box 1329 Crested Butte, CO 81224	COFCV Non-Member Communication - Linda Powers U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	41.60 (Memo In-Kind)
POWERS for the People P.O. Box 1329 Crested Butte, CO 81224	COFCV Non-Member Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	10.40 (In-Kind)
POWERS for the People P.O. Box 1329 Crested Butte, CO 81224	COFCV Non-Member Literature - Linda Powers U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	10.40 (Memo In-Kind)
BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	MIFCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	49.60 (In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>

TOTAL this Period (Last page this line number only).....>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 26  
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)  
**Clean Water Action/Vote Environment**

9503906307

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Member Communication</b> - <b>BOB Mitchell U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	49.60 (Memo In-Kind)
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Member Literature</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	12.40 (In-Kind)
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Member Literature -</b> <b>BOB Mitchell U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	12.40 (Memo In-Kind)
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Member Communication</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	17.40 (In-Kind)
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Member Communication</b> - <b>BOB Mitchell U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	17.40 (Memo In-Kind)
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Member Literature</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	3.76 (In-Kind)
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Member Literature -</b> <b>BOB Mitchell U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/18/94	3.76 (Memo In-Kind)
<b>Byrne for Congress Committee</b> P.O. Box 2612 Falls Church, VA 22042	<b>DCFCV Non-Member Communication</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/25/94	32.00 (In-Kind)
<b>Byrne for Congress Committee</b> P.O. Box 2612 Falls Church, VA 22042	<b>DCFCV Non-Member Communication</b> - <b>Leslie L. Byrne U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/25/94	32.00 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>

TOTAL this Period (Last page this line number only).....>

**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)  
**Clean Water Action/Vote Environment**

9503963000

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCECV Non-Member Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/25/94	1.46 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Literature - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/25/94	1.46 (Memo In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	NHFCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/25/94	14.40 (In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	NHFCV Non-Member Communication - Thomas H. Andrews U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/25/94	14.40 (Memo In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	NHFCV Non-Member Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/25/94	3.60 (In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	NHFCV Non-Member Literature - Thomas H. Andrews U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/25/94	3.60 (Memo In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/25/94	50.00 (In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Non-Member Communication - Frank Pallone U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/25/94	50.00 (Memo In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	NJPCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/25/94	50.00 (In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>	
TOTAL this Period (Last page this line number only).....>	

**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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)  
**Clean Water Action/Vote Environment**

9  
3  
0  
6  
6  
9  
3  
0  
5  
9

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	NJPCV Non-Member Communication - Frank R. Lautenberg U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/25/94	50.00 (Memo In-Kind)
Gerry Brewster 527 Allegheny Avenue Towson, MD 21204	MDFCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/29/94	3.75 (In-Kind)
Gerry Brewster 527 Allegheny Avenue Towson, MD 21204	MDFCV Non-Member Communication - Gerry Brewster U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/29/94	3.75 (Memo In-Kind)
Gerry Brewster 527 Allegheny Avenue Towson, MD 21204	MDFCV Non-Member Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/29/94	0.38 (In-Kind)
Gerry Brewster 527 Allegheny Avenue Towson, MD 21204	MDFCV Non-Member Literature - Gerry Brewster U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/29/94	0.38 (Memo In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	MNPCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/29/94	178.75 (In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	MNPCV Non-Member Communication - Ann Wynia U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/29/94	178.75 (Memo In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Admin., Lodger, Meetings and Consulting Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/29/94	12.97 (In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Admin., Lodger, Meetings and Consulting - Ann Wynia U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/29/94	12.97 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>

TOTAL this Period (Last page this line number only).....>

**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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)  
**Clean Water Action/Vote Environment**

0  
0  
3  
6  
3  
0  
0  
3  
9  
0  
0  
5  
9

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>The Wynia Campaign 1916 University Avenue St. Paul, MN 55104</b>	<b>Admin., Jensen, Meetings and Consulting</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>09/29/94</b>	<b>11.00 (In-Kind)</b>
<b>The Wynia Campaign 1916 University Avenue St. Paul, MN 55104</b>	<b>Admin., Jensen, Meetings and Consulting - Ann Wynia U.S.</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>09/29/94</b>	<b>11.00 (Memo In-Kind)</b>
<b>Luther for Congress 1399 Geneva Suite 103 Oakdale, MN 55128</b>	<b>Admin., Jensen, Meetings &amp; Consulting</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>09/29/94</b>	<b>6.60 (In-Kind)</b>
<b>Luther for Congress 1399 Geneva Suite 103 Oakdale, MN 55128</b>	<b>Admin., Jensen, Meetings &amp; Consulting - Luther U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>09/29/94</b>	<b>6.60 (Memo In-Kind)</b>
<b>The Wynia Campaign 1916 University Avenue St. Paul, MN 55104</b>	<b>Admin., Johnson, Meetings &amp; Consulting</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>09/29/94</b>	<b>9.25 (In-Kind)</b>
<b>The Wynia Campaign 1916 University Avenue St. Paul, MN 55104</b>	<b>Admin., Johnson, Meetings &amp; Consulting - Ann Wynia U.S.</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>09/29/94</b>	<b>9.25 (Memo In-Kind)</b>
<b>Luther for Congress 1399 Geneva Suite 103 Oakdale, MN 55128</b>	<b>Admin., Johnson, Meetings &amp; Consulting</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>09/29/94</b>	<b>3.08 (In-Kind)</b>
<b>Luther for Congress 1399 Geneva Suite 103 Oakdale, MN 55128</b>	<b>Admin., Johnson, Meetings &amp; Consulting - Luther U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>09/29/94</b>	<b>3.08 (Memo In-Kind)</b>
<b>The Wynia Campaign 1916 University Avenue St. Paul, MN 55104</b>	<b>Admin., Horustein, Media for Campaign</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>09/29/94</b>	<b>13.54 (In-Kind)</b>

SUB TOTAL of Disbursements this page (Optional).....>	
TOTAL this Period (Last page this line number only).....>	



**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)

**Clean Water Action/Vote Environment**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Admin., Hornstein, Media for Campaign - Ann Wynia U.S. SENATE Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/29/94	13.54 (Memo In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Admin., Hornstein, Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/29/94	13.55 (In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Admin., Hornstein, Media - Ann Wynia U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/29/94	13.55 (Memo In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DC PCV non member comm Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	45.10 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DC PCV non member comm - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	45.10 (Memo In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	Belmar Non member comm Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	215.00 (In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	Belmar Non member comm - Frank Pallone U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	215.00 (Memo In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Belmar non member comm Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	215.00 (In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Belmar non member comm - Frank R. Lautenberg U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	215.00 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>

TOTAL this Period (Last page this line number only).....>

**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)  
**Clean Water Action/Vote Environment**

2  
3  
0  
6  
3  
0  
3  
9  
0  
3  
0  
9

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	Reimburse non member Mt Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	7.14 (In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	Reimburse non member Mt - Frank Pallone U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	7.14 (Memo In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	MNPCV Non-Mbr. Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	117.90 (In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	MNPCV Non-Mbr. Communication - Ann Wynia U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	117.90 (Memo In-Kind)
BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	MIFCV Non-Mbr Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	17.40 (In-Kind)
BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	MIFCV Non-Mbr Communication - BOB Mitchell U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	17.40 (Memo In-Kind)
BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	MIFCV Non-Mbr Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	3.76 (In-Kind)
BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	MIFCV Non-Mbr Literature - BOB Mitchell U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	3.76 (Memo In-Kind)
BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	MIFCV Non-Mbr Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	18.50 (In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>

TOTAL this Period (Last page this line number only).....>

**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)  
**Clean Water Action/Vote Environment**

3  
 3  
 0  
 3  
 6  
 3  
 3  
 9  
 9  
 0  
 3  
 2

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	MIFCV Non-Mbr Communication - <u>BOB Mitchell U.S. HOUSE</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	18.50 (Memo In-Kind)
BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	MIFCV Non-Mbr. Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	3.75 (In-Kind)
BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	MIFCV Non-Mbr. Literature - <u>BOB Mitchell U.S. HOUSE</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	3.75 (Memo In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	MNFCV Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	117.90 (In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	MNFCV Nonmember communication - <u>Ann Wynia U.S. SENATE</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	117.90 (Memo In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Admin, Jensen Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	8.80 (In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Admin, Jensen - Ann Wynia U.S. <u>SENATE</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	8.80 (Memo In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Admin, Hornstein Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	45.15 (In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Admin, Hornstein - Ann Wynia U.S. <u>SENATE</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	45.15 (Memo In-Kind)

SUB TOTAL of Disbursements this page [Optional].....	
TOTAL this Period (Last page this line number only).....	

**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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)  
**Clean Water Action/Vote Environment**

9  
5  
3  
7  
6  
3  
0  
3  
4

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>The Wynia Campaign 1916 University Avenue St. Paul, MN 55104</b>	<b>MN Organizing, Quam</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/01/94</b>	<b>68.00 (In-Kind)</b>
<b>The Wynia Campaign 1916 University Avenue St. Paul, MN 55104</b>	<b>MN Organizing, Quam - Ann Wynia U.S. SENATE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/01/94</b>	<b>68.00 (Memo In-Kind)</b>
<b>The Wynia Campaign 1916 University Avenue St. Paul, MN 55104</b>	<b>Organ, Peterson</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/01/94</b>	<b>51.72 (In-Kind)</b>
<b>The Wynia Campaign 1916 University Avenue St. Paul, MN 55104</b>	<b>Organ, Peterson - Ann Wynia U.S. SENATE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/01/94</b>	<b>51.72 (Memo In-Kind)</b>
<b>The Wynia Campaign 1916 University Avenue St. Paul, MN 55104</b>	<b>Organ, Crowe</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/01/94</b>	<b>59.50 (In-Kind)</b>
<b>The Wynia Campaign 1916 University Avenue St. Paul, MN 55104</b>	<b>Organ, Crowe - Ann Wynia U.S. SENATE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/01/94</b>	<b>59.50 (Memo In-Kind)</b>
<b>Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042</b>	<b>DCFCV Non-Member Communication</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/02/94</b>	<b>30.70 (In-Kind)</b>
<b>Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042</b>	<b>DCFCV Non-Member Communication - Leslie L. Byrne U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/02/94</b>	<b>30.70 (Memo In-Kind)</b>
<b>Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042</b>	<b>DCFCV Non-Member Literature</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/02/94</b>	<b>2.69 (In-Kind)</b>

SUB TOTAL of Disbursements this page (Optional).....>

TOTAL this Period (Last page this line number only).....>

**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)  
**Clean Water Action/Vote Environment**

5  
4  
3  
2  
1

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Literature - <b>Leslie L. Byrne U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	2.69 (Memo In-Kind)
B. Full Name, Mailing Address and Zip Code Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Purpose of Disbursement NHFCV Non-Member Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	6.80 (In-Kind)
C. Full Name, Mailing Address and Zip Code Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Purpose of Disbursement NHFCV Non-Member Literature - <b>Thomas H. Andrews U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	6.80 (Memo In-Kind)
D. Full Name, Mailing Address and Zip Code Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Purpose of Disbursement NHFCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	27.20 (In-Kind)
E. Full Name, Mailing Address and Zip Code Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Purpose of Disbursement NHFCV Non-Member Communication - <b>Thomas H. Andrews U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	27.20 (Memo In-Kind)
F. Full Name, Mailing Address and Zip Code BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	Purpose of Disbursement MIFCV Non-Mbr Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	16.10 (In-Kind)
G. Full Name, Mailing Address and Zip Code BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	Purpose of Disbursement MIFCV Non-Mbr Communication - <b>Bob Mitchell U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	16.10 (Memo In-Kind)
H. Full Name, Mailing Address and Zip Code BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	Purpose of Disbursement MIFCV Non-Mbr Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	3.50 (In-Kind)
I. Full Name, Mailing Address and Zip Code BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	Purpose of Disbursement MIFCV Non-Mbr Literature - <b>BOB Mitchell U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	3.50 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>

TOTAL this Period (Last page this line number only).....>

**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)

**Clean Water Action/Vote Environment**

6  
3  
0  
3  
6  
6  
3  
2  
6  
3  
3  
2  
3  
5  
5  
9

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	NJPCV Communication to Non-Members Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/03/94	62.50 (In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	NJPCV Communication to Non-Members - Frank R. Lautenberg Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/03/94	62.50 (Memo In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/03/94	62.50 (In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Non-Member Communication - Frank Pallone U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/03/94	62.50 (Memo In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Mem Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	22.80 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Mem Communication - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	22.80 (Memo In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DC FCV Non member lit Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	1.98 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DC PCV Non member lit - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	1.98 (Memo In-Kind)
Ellen Schwartz	SF FCN Non member lit Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	5.50 (In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>	
TOTAL this Period (Last page this line number only).....>	

**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)  
**Clean Water Action/Vote Environment**

25039663037

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Elles Schwartz	ST FCN Non member llt - Ellen Schwartz U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	5.50 (Memo In-Kind)
B. Full Name, Mailing Address and Zip Code Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Purpose of Disbursement Portsmouth FCV Comm to non-members Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	8.00 (In-Kind)
C. Full Name, Mailing Address and Zip Code Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Purpose of Disbursement Portsmouth FCV Comm to non-members - Thomas H. Andrews U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	8.00 (Memo In-Kind)
D. Full Name, Mailing Address and Zip Code Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Purpose of Disbursement Portsmouth FCV Comm to non-members Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	2.00 (In-Kind)
E. Full Name, Mailing Address and Zip Code Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Purpose of Disbursement Portsmouth FCV Comm to non-members - Thomas H. Andrews U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	2.00 (Memo In-Kind)
F. Full Name, Mailing Address and Zip Code Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	Purpose of Disbursement NJ FVC Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	100.00 (In-Kind)
G. Full Name, Mailing Address and Zip Code Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	Purpose of Disbursement NJ FVC Nonmember communication - Frank Pallone U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	100.00 (Memo In-Kind)
H. Full Name, Mailing Address and Zip Code Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Purpose of Disbursement NJFCV Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	100.00 (In-Kind)
I. Full Name, Mailing Address and Zip Code Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Purpose of Disbursement NJFCV Nonmember communication - Frank H. Lautenberg U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	100.00 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>	
TOTAL this Period (Last page this line number only).....>	

**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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Clean Water Action/Vote Environment**

0  
1  
2  
3  
4  
5  
6  
7  
8  
9

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Nonmember lit Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	2.94 (In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Nonmember lit - Frank Pallone U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	2.94 (Memo In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Portsmouth FCV Comm to non-members Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	8.00 (In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Portsmouth FCV Comm to non-members - Thomas H. Andrews U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	8.00 (Memo In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Portsmouth FCV Lit to nonmembers Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	2.00 (In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Portsmouth FCV Lit to nonmembers - Thomas H. Andrews U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	2.00 (Memo In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	100.00 (In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Nonmember communication - Frank Pallone U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	100.00 (Memo In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	NJPCV Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	100.00 (In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>	
TOTAL this Period (Last page this line number only).....>	



**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)  
**Clean Water Action/Vote Environment**

9  
5  
0  
3  
2  
0  
6  
3  
0  
3  
9

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	NJPCV Nonmember communication - <b>Frank R. Lautenberg U.S. SENATE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	100.00 (Memo In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Nonmember literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	4.20 (In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Nonmember literature - Frank <b>Pallone U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	4.20 (Memo In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	NJPCV Nonmember literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	4.20 (In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	NJPCV Nonmember literature - Frank <b>R. Lautenberg U.S. SENATE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	4.20 (Memo In-Kind)
Lynn Rivers 1945 Pauline Blvd Ann Arbor, MI 48103	MI Nonmember Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/19/94	11.10 (In-Kind)
Lynn Rivers 1945 Pauline Blvd Ann Arbor, MI 48103	MI Nonmember Communication - <b>Lynn Rivers U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/19/94	11.10 (Memo In-Kind)
Lynn Rivers 1945 Pauline Blvd Ann Arbor, MI 48103	MI PCV Nonmember literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/19/94	1.90 (In-Kind)
Lynn Rivers 1945 Pauline Blvd Ann Arbor, MI 48103	MI PCV Nonmember literature - Lynn <b>Rivers U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/19/94	1.90 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>

TOTAL this Period (Last page this line number only).....>

**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)  
**Clean Water Action/Vote Environment**

0  
1  
2  
3  
4  
5  
6  
7  
8  
9

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Non-member communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/23/94	12.80 (In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Non-member communication - Thomas H. Andrews U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/23/94	12.80 (Memo In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/23/94	80.76 (In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Nonmember communication - Frank R. Lautenberg U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/23/94	80.76 (Memo In-Kind)
Kennedy for Senate 426 C Street, NE Red Building Washington, DC 20002	Non-member communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/23/94	14.00 (In-Kind)
Kennedy for Senate 426 C Street, NE Red Building Washington, DC 20002	Non-member communication - Edward M. Kennedy U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/23/94	14.00 (Memo In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/23/94	36.10 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	Nonmember communication - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/23/94	36.10 (Memo In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Communication to NonMembers Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/24/94	1.50 (In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>

TOTAL this Period (Last page this line number only).....>

**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)  
**Clean Water Action/Vote Environment**

1  
2  
3  
4  
5  
6  
7  
8  
9  
0

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disp. this Period
<b>Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101</b>	<b>Communication to NonMembers - Thomas H. Andrews U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/24/94</b>	<b>1.60</b> <i>(Memo In-Kind)</i>
<b>Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101</b>	<b>Nonmember Literature - Portsmouth</b> Disbursement For: <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/24/94</b>	<b>0.40</b> <i>(In-Kind)</i>
<b>Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101</b>	<b>Nonmember Literature - Portsmouth - Thomas H. Andrews U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/24/94</b>	<b>0.40</b> <i>(Memo In-Kind)</i>
<b>Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101</b>	<b>Nonmember Literature</b> Disbursement For: <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/24/94</b>	<b>3.20</b> <i>(In-Kind)</i>
<b>Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101</b>	<b>Nonmember Literature - Thomas H. Andrews U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/24/94</b>	<b>3.20</b> <i>(Memo In-Kind)</i>
<b>Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740</b>	<b>Non-member communication</b> Disbursement For: <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/24/94</b>	<b>80.76</b> <i>(In-Kind)</i>
<b>Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740</b>	<b>Non-member communication - Frank Pallone U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/24/94</b>	<b>80.76</b> <i>(Memo In-Kind)</i>
<b>Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740</b>	<b>Nonmember Literature</b> Disbursement For: <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/24/94</b>	<b>3.25</b> <i>(In-Kind)</i>
<b>Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740</b>	<b>Nonmember Literature - Frank Pallone U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>10/24/94</b>	<b>3.25</b> <i>(Memo In-Kind)</i>

SUB TOTAL of Disbursements this page (Optional).....>	
TOTAL this Period (Last page this line number only).....>	

## 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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)  
**Clean Water Action/Vote Environment**

2  
3  
6  
9  
13  
15  
2

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Non-member literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/24/94	3.26 (In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Non-member literature - Frank R. Lautenberg U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/24/94	3.26 (Memo In-Kind)
Kennedy for Senate 426 C Street, NE Red Building Washington, DC 20002	Non-member literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/24/94	1.05 (In-Kind)
Kennedy for Senate 426 C Street, NE Red Building Washington, DC 20002	Non-member literature - Edward M. Kennedy U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/24/94	1.05 (Memo In-Kind)
BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	Non-member communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/24/94	19.50 (In-Kind)
BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	Non-member communication - BOB Mitchell U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/24/94	19.50 (Memo In-Kind)
BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	Non-member literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/24/94	1.00 (In-Kind)
BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	Non-member literature - BOB Mitchell U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/24/94	1.00 (Memo In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/25/94	24.40 (In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>	
TOTAL this Period (Last page this line number only).....>	

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

**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)  
**Clean Water Action/Vote Environment**

<p>A. Full Name, Mailing Address and Zip Code <b>Byrne for Congress Committee</b> P.O. Box 2612 Falls Church, VA 22042</p>	<p>Purpose of Disbursement <b>Nonmember communication - Leslie L. Byrne U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year) <b>10/25/94</b></p>	<p>Amount of Each Disb. this Period <b>24.40</b> (Memo In-Kind)</p>
<p>B. Full Name, Mailing Address and Zip Code <b>Byrne for Congress Committee</b> P.O. Box 2612 Falls Church, VA 22042</p>	<p>Purpose of Disbursement <b>Nonmember literature</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year) <b>10/25/94</b></p>	<p>Amount of Each Disb. this Period <b>2.90</b> (In-Kind)</p>
<p>C. Full Name, Mailing Address and Zip Code <b>Byrne for Congress Committee</b> P.O. Box 2612 Falls Church, VA 22042</p>	<p>Purpose of Disbursement <b>Nonmember literature - Leslie L. Byrne U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year) <b>10/25/94</b></p>	<p>Amount of Each Disb. this Period <b>2.90</b> (Memo In-Kind)</p>
<p>D. Full Name, Mailing Address and Zip Code <b>Byrne for Congress Committee</b> P.O. Box 2612 Falls Church, VA 22042</p>	<p>Purpose of Disbursement <b>Nonmember literature</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year) <b>10/30/94</b></p>	<p>Amount of Each Disb. this Period <b>9.43</b> (In-Kind)</p>
<p>E. Full Name, Mailing Address and Zip Code <b>Byrne for Congress Committee</b> P.O. Box 2612 Falls Church, VA 22042</p>	<p>Purpose of Disbursement <b>Nonmember literature - Leslie L. Byrne U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year) <b>10/30/94</b></p>	<p>Amount of Each Disb. this Period <b>9.43</b> (Memo In-Kind)</p>
<p>F. Full Name, Mailing Address and Zip Code <b>Friends of Tom Andrews</b> Station A P.O. Box 4400 Portland, ME 04101</p>	<p>Purpose of Disbursement <b>Nonmember communication</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year) <b>10/30/94</b></p>	<p>Amount of Each Disb. this Period <b>12.80</b> (In-Kind)</p>
<p>G. Full Name, Mailing Address and Zip Code <b>Friends of Tom Andrews</b> Station A P.O. Box 4400 Portland, ME 04101</p>	<p>Purpose of Disbursement <b>Nonmember communication - Thomas H. Andrews U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year) <b>10/30/94</b></p>	<p>Amount of Each Disb. this Period <b>12.80</b> (Memo In-Kind)</p>
<p>H. Full Name, Mailing Address and Zip Code <b>Friends of Tom Andrews</b> Station A P.O. Box 4400 Portland, ME 04101</p>	<p>Purpose of Disbursement <b>Nonmember literature</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year) <b>10/30/94</b></p>	<p>Amount of Each Disb. this Period <b>3.20</b> (In-Kind)</p>
<p>I. Full Name, Mailing Address and Zip Code <b>Friends of Tom Andrews</b> Station A P.O. Box 4400 Portland, ME 04101</p>	<p>Purpose of Disbursement <b>Nonmember literature - Thomas H. Andrews U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year) <b>10/30/94</b></p>	<p>Amount of Each Disb. this Period <b>3.20</b> (Memo In-Kind)</p>

SUB TOTAL of Disbursements this page (Optional).....>

TOTAL this Period (Last page, this line number only).....>

2 5 0 3 9 0 6 3 0 3 3

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

**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)  
**Clean Water Action/Vote Environment**

4  
3  
0  
6  
3  
0  
3  
9  
0  
3  
0  
5  
9

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/01/94	67.75 (In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Nonmember communication - Frank R. Lautenberg U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/01/94	67.75 (Memo In-Kind)
Gerry Brewster 527 Allegheny Avenue Towson, MD 21204	MD Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/04/94	23.10 (In-Kind)
Gerry Brewster 527 Allegheny Avenue Towson, MD 21204	MD Nonmember communication - Gerry Brewster U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/04/94	23.10 (Memo In-Kind)
	DE Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/04/94	23.10 (In-Kind)
	DE Nonmember communication - Oberley U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/04/94	23.10 (Memo In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	Admin non-member communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/04/94	590.55 (In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Admin non-member communication - Frank R. Lautenberg U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/04/94	590.55 (Memo In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Admin non-member communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/04/94	590.55 (In-Kind)

SUB TOTAL of Disbursements this page (Optional).....> 590.55

TOTAL this Period (Last page this line number only).....>

**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)  
**Clean Water Action/Vote Environment**

5  
0  
3  
6  
9  
2  
5  
0  
2

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Admin non-member communication - <b>Frank R. Lautenberg U.S. SENATE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/04/94	590.55 (Memo In-Kind)
B. Full Name, Mailing Address and Zip Code POWERS for the People P.O. Box 1329 Crested Butte, CO 81224	Purpose of Disbursement Non-member communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/05/94	115.00 (In-Kind)
C. Full Name, Mailing Address and Zip Code POWERS for the People P.O. Box 1329 Crested Butte, CO 81224	Purpose of Disbursement Non-member communication - Linda <b>Powers U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/05/94	115.00 (Memo In-Kind)
D. Full Name, Mailing Address and Zip Code POWERS for the People P.O. Box 1329 Crested Butte, CO 81224	Purpose of Disbursement Non-member literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/05/94	9.66 (In-Kind)
E. Full Name, Mailing Address and Zip Code POWERS for the People P.O. Box 1329 Crested Butte, CO 81224	Purpose of Disbursement Non-member literature - Linda Powers <b>U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/05/94	9.66 (Memo In-Kind)
F. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	Purpose of Disbursement Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/05/94	36.90 (In-Kind)
G. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	Purpose of Disbursement Nonmember communication - Leslie L. <b>Byrne U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/05/94	36.90 (Memo In-Kind)
H. Full Name, Mailing Address and Zip Code Kennedy for Senate 426 C Street, NE Red Building Washington, DC 20002	Purpose of Disbursement Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/05/94	150.40 (In-Kind)
I. Full Name, Mailing Address and Zip Code Kennedy for Senate 426 C Street, NE Red Building Washington, DC 20002	Purpose of Disbursement Nonmember communication - Edward <b>M. Kennedy U.S. SENATE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/05/94	150.40 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....	
TOTAL this Period (Last page this line number only).....	

**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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)  
**Clean Water Action/Vote Environment**

25063046

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Kennedy for Senate 426 C Street, NE Red Building Washington, DC 20002	Nonmember literature	11/05/94	37.60 (In-Kind)
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
Kennedy for Senate 426 C Street, NE Red Building Washington, DC 20002	Nonmember literature - Edward M. Kennedy U.S. SENATE	11/05/94	37.60 (Memo In-Kind)
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
C. Full Name, Mailing Address and Zip Code	Nonmember literature	11/05/94	2.31 (In-Kind)
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
D. Full Name, Mailing Address and Zip Code	Nonmember literature - Oberley U.S. SENATE	11/05/94	2.31 (Memo In-Kind)
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
E. Full Name, Mailing Address and Zip Code Gerry Brewster 527 Allegheny Avenue Towson, MD 21204	MD Nonmember literature	11/05/94	2.31 (In-Kind)
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
F. Full Name, Mailing Address and Zip Code Gerry Brewster 527 Allegheny Avenue Towson, MD 21204	MD Nonmember literature - Gerry Brewster U.S. HOUSE	11/05/94	2.31 (Memo In-Kind)
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
G. Full Name, Mailing Address and Zip Code BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	Admin - Spratt, Dividock, Belanger, Ballans	11/05/94	480.00 (In-Kind)
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
H. Full Name, Mailing Address and Zip Code BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912	Admin - Spratt, Dividock, Belanger, Ballans - BOB MITCHELL U.S. HOUSE	11/05/94	480.00 (Memo In-Kind)
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
I. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	Nonmember communication	11/06/94	16.80 (In-Kind)
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		

SUB TOTAL of Disbursements this page (Optional).....>

TOTAL this Period (Last page this line number only).....>



**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)

**Clean Water Action/Vote Environment**

95039063047

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	Nonmember communication - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/06/94	16.80 (Memo In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	Nonmember literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/06/94	9.60 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	Nonmember literature - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/06/94	9.60 (Memo In-Kind)
Lynn Rivers 1945 Pauline Blvd Ann Arbor, MI 48103	Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/06/94	64.50 (In-Kind)
Lynn Rivers 1945 Pauline Blvd Ann Arbor, MI 48103	Nonmember communication - Lynn Rivers U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/06/94	64.50 (Memo In-Kind)
Lynn Rivers 1945 Pauline Blvd Ann Arbor, MI 48103	Nonmember literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/06/94	4.80 (In-Kind)
Lynn Rivers 1945 Pauline Blvd Ann Arbor, MI 48103	Nonmember literature - Lynn Rivers U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/06/94	4.80 (Memo In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/07/94	10.84 (In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Nonmember communication - Frank R. Lautenberg U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/07/94	10.84 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>	
TOTAL this Period (Last page this line number only).....>	590.55

**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 or any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (in Full)  
**Clean Water Action/Vote Environment**

95039663043

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
System Dynamics 1320 18th St., NW Washington, DC 20006	MD List - New Political Districts Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/14/94	800.00
B. Full Name, Mailing Address and Zip Code Gateway Printing	Purpose of Disbursement Letter printing Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/05/94	93.07
C. Full Name, Mailing Address and Zip Code Gateway Printing	Purpose of Disbursement Letter printing Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/05/94	31.02
D. Full Name, Mailing Address and Zip Code Gateway Printing	Purpose of Disbursement NJ letters Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/05/94	31.02
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	955.11
TOTAL this Period (Last page this line number only).....>	955.11

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

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

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

*2-16-95*

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*JMH*  
PREPARER

*2-17-95*  
DATE PREPARED

9 5 0 3 7 6 3 0 9