

AVON 

AVON FUND FOR RESPONSIBLE
GOVERNMENT

Dec 9 12 58 PM '94

December 5, 1994


Federal Election Commission
999 E Street, NW
Washington, DC 20463

Gentlemen:

Enclosed please find our Post General Election Report for the period October 20 through November 28, 1994.

Schedule A reflects Payroll Deductions which were included in the Pre-General Report as \$219 for unitemized expenses. Thus \$786 less \$219 equals \$567 for the Post General period.

Sincerely,


Mary Ann Dirzis
Treasurer

MAD/js

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

DEC 9 12 56 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

| | |
|---|--|
| 1. NAME OF COMMITTEE (In full) Avon Products, Inc. Fund for Responsible Government | |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9 West 57th Street | 2. FEC IDENTIFICATION NUMBER |
| CITY, STATE and ZIP CODE New York, NY 10019 | <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) |

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election in _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|---|
| 5. Covering Period <u>10/20/94</u> through <u>11/28/94</u> | | |
| 6. (a) Cash on Hand January 1, 19 <u>94</u> | | \$ 14,759.64 |
| (b) Cash on Hand at Beginning of Reporting Period | \$14,439.76 | |
| (c) Total Receipts (from Line 19) | \$ 618.98 | \$ 20,469.10 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$15,058.74 | \$ 35,228.74 |
| 7. Total Disbursements (from Line 30) | \$ 0 | \$ 20,170.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$15,058.74 | \$ 15,058.74 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Mary Ann Dirzis

Signature of Treasurer: Mary Ann Dirzis Date: 12/5/94

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

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

(revised 1/1/91)

| NAME OF COMMITTEE Avon Products, Inc. Fund for Responsible Government | | REPORT COVERING PERIOD FROM 10/20/94 TO 11/28/94 | |
|---|--|---|---------------------------|
| | | COLUMN A Total This Period | COLUMN B Calendar Year |
| I. Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) Payroll Deductions | | \$567.00 | \$19,184.00 |
| ii. Unitemized | | 15.63 | 1,131.63 |
| iii. Total (add i and ii) > | | 582.63 | 20,315.63 |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contributions (add a ii, b and c) > | | | |
| 12. Transfers From Affiliated/Other Party Committees | | | |
| 13. All Loans Received | | | |
| 14. Loan Repayments Received | | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | 36.35 | 153.47 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | | | |
| 20. Total Federal Receipts (subtract line 16 from line 19) > | | \$618.98 | \$20,469.10 |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | | | |
| ii. Non-Federal Share | | | |
| b. Other Federal Operating Expenditures | | | |
| c. Total Operating Expenditures IRS (add a i, a ii, and b) > | | 0 | 20.00 |
| 22. Transfers to Affiliated/Other Party Committees | | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | 0 | \$20,150.00 |
| 24. Independent Expenditures (use Schedule E) | | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | |
| 26. Loan Repayments Made | | | |
| 27. Loans Made | | | |
| 28. Refunds of Contributions To: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contribution Refunds (add a, b and c) > | | | |
| 29. Other Disbursements | | | |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | | | |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | | 0 | \$20,170.00 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | | | |
| 33. Total Contribution Refunds (from line 28d) | | | |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | | | |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | | | |
| 36. Offsets to Operating Expenditures (from line 15) | | | |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | | | |

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SCHEDULE A

**PAYROLL DEDUCTION
ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER
11(a)(i)

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)

AVON PRODUCTS, INC. FUND FOR RESPONSIBLE GOVERNMENT

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|--|--|---|-------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code Gail B. Cusick 12 E. 88th Street New York, NY 10128 | | Name of Employer Avon Products, Inc. 9 W. 57th Street New York, NY 10019 | Date (month, day, year) 11/28/94 | Amount of Each Receipt this Period \$116.00 (\$29 bi-weekly) |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation Executive | Aggregate Year-to-Date > \$ 580.00 | |
| B. Full Name, Mailing Address and ZIP Code Harriet Edelman P.O. Box 98 South Kent, CT 06785 | | Name of Employer " | Date (month, day, year) 11/28/94 | Amount of Each Receipt this Period \$ 80.00 (\$20 bi-weekly) |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation " | Aggregate Year-to-Date > \$ 400.00 | |
| C. Full Name, Mailing Address and ZIP Code Joseph A. Farano 1755 York Avenue, Apt. 11E | | Name of Employer " | Date (month, day, year) 11/28/94 | Amount of Each Receipt this Period \$ 80.00 (\$20 bi-weekly) |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation " | Aggregate Year-to-Date > \$ 400.00 | |
| D. Full Name, Mailing Address and ZIP Code Bennett R. Gallina 1 Tudor Lane Scarsdale, NY 10583 | | Name of Employer " | Date (month, day, year) 11/28/94 | Amount of Each Receipt this Period \$ 80.00 (\$20 bi-weekly) |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation " | Aggregate Year-to-Date > \$ 400.00 | |
| E. Full Name, Mailing Address and ZIP Code Nancy H. Glaser 70 Riverside Drive New York, NY 10024 | | Name of Employer " | Date (month, day, year) 11/28/94 | Amount of Each Receipt this Period \$ 80.00 (\$20 bi-weekly) |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation " | Aggregate Year-to-Date > \$ 400.00 | |
| F. Full Name, Mailing Address and ZIP Code Siri S. Marshall 33 Park Avenue Bronxville, NY 10708 | | Name of Employer " | Date (month, day, year) 11/28/94 | Amount of Each Receipt this Period \$ 30.00 (\$30 bi-weekly) |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation " | Aggregate Year-to-Date > \$ 510.00 | |
| G. Full Name, Mailing Address and ZIP Code Joyce M. Roche 201 W. 70th Street New York, NY 10023 | | Name of Employer " | Date (month, day, year) 11/28/94 | Amount of Each Receipt this Period \$ 80.00 (\$20 bi-weekly) |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation " | Aggregate Year-to-Date > \$ 400.00 | |

SUBTOTAL of Receipts This Page (optional) \$546.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2

FOR LINE NUMBER 11(a)(1)

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 committees.

NAME OF COMMITTEE (in Full)
AVON PRODUCTS, INC. FUND FOR RESPONSIBLE GOVERNMENT

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|---|-------------------------|------------------------------------|
| Audrey L. Yantis-Lucas 885 West End Avenue, Apt. 7B New York, NY 10025 | Avon Products, Inc. 9 W. 57th Street New York, NY 10019 | 11/28/94 | \$ 80.00 (\$20 bi-weekly) |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Executive Aggregate Year-to-Date: \$ 400.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Thomas V. Flood 24 Water Street Old Tappan, NJ 07675 | " | 11/28/94 | \$ 80.00 (\$20 bi-weekly) |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: " Aggregate Year-to-Date: \$ 400.00 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Lynnette P. Kirby 1045 Park Avenue New York, NY 10028 | " | 11/28/94 | \$ 80.00 (\$20 bi-weekly) |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: " Aggregate Year-to-Date: \$ | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Aggregate Year-to-Date: \$ | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Aggregate Year-to-Date: \$ | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Aggregate Year-to-Date: \$ | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Aggregate Year-to-Date: \$ | | |

SUBTOTAL of Receipts This Page (optional) \$240.00*

TOTAL This Period (last page this line number only) \$786.00

94037493127

*includes \$60 unitemized for 10/1 to 10/19 report

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

Registered/Certified Mail POSTMARKED
12-6-94

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

JMN
PREPARER

12-9-94
DATE PREPARED

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