

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

DEC 2 11 33 AM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
*Montgomery County Democratic Committee Federal Account*

ADDRESS (number and street)  Check if different than previously reported  
*30 West AIRY STREET*

CITY, STATE and ZIP CODE  
*NORRISTOWN PA 19401*

2. FEC IDENTIFICATION NUMBER  
*C00323253*

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

## 4. TYPE OF REPORT

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

Monthly Report Due On:

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

Twelfth day report preceding \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on  
*Nov. 5<sup>th</sup> 96* in the State of *PA*

(b) Is this Report an Amendment?  YES  NO

| SUMMARY   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date   |
|---|-------------------------|---|
| 5. Covering Period <i>10/15/96</i> through <i>12/15/96</i>                                    |                         |   |
| 6. (a) Cash on Hand January 1, 19 <i>95</i>   |                         | \$ - 0 -  |
| (b) Cash on Hand at Beginning of Reporting Period   | \$ - 0 -                |   |
| (c) Total Receipts (from Line 19)   | \$ 13,250.00            | \$  |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)      | \$ 13,250.00            | \$ 13,250.00  |
| 7. Total Disbursements (from Line 3D)   | \$ 12,500.00            | \$  |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                 | \$ 750.00               | \$  |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)  | \$ - 0 -                | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20469<br>Toll Free 800-424-9530<br>Local 202-218-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ - 0 -                |   |

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

Type or Print Name of Treasurer  
*Jules Meemelstein*

Signature of Treasurer  
*Jules Meemelstein*

Date  
*11/29/96*

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

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE<br><b>MONTGOMERY COUNTY DEMOCRATIC COMMITTEE, FEDERAL ACCOUNT</b>       |  | REPORT COVERING PERIOD<br>FROM <b>10/15/96</b> TO <b>12/15/96</b> |                           |
|---|--|---|---------------------------|
|   |  | COLUMN A<br>Total This Period                                     | COLUMN B<br>Calendar Year |
| <b>I. Receipts</b>  |  |   |                           |
| 11. Contributions (other than loans) From:  |  |   |                           |
| a. Individual/Persons Other Than Political Committees                                     |  |   |                           |
| i. Itemized (use Schedule A)  |  | 11,250.00   | 11(a)(i)                  |
| ii. Unitemized  |  |   | 11(a)(ii)                 |
| iii. Total (add i and ii) >   |  |   | 11(a)(iii)                |
| b. Political Party Committees   |  | 2,000.00  | 11(b)                     |
| c. Other Political Committees (such as PACs)  |  |   | 11(c)                     |
| d. Total Contributions (add a iii, b and c) >   |  | 13,250.00   | 11(d)                     |
| 12. Transfers From Affiliated/Other Party Committees                                      |  |   | 12                        |
| 13. All Loans Received  |  |   | 13                        |
| 14. Loan Repayments Received  |  |   | 14                        |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)                            |  |   | 15                        |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees    |  |   | 16                        |
| 17. Other Federal Receipts (Dividends, Interest, etc.)                                    |  |   | 17                        |
| 18. Transfers from Nonfederal Account for Joint Activity                                  |  |   | 18                        |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >                            |  | 13,250.00   | 19                        |
| 20. Total Federal Receipts (subtract line 18 from line 19) >                              |  | 13,250.00   | 20                        |
| <b>II. Disbursements</b>  |  |   |                           |
| 21. Operating Expenditures:   |  |   |                           |
| a. Shared Federal/Non-Federal Activity (from Schedule H4)                                 |  |   |                           |
| i. Federal Share  |  |   | 21(a)(i)                  |
| ii. Non-Federal Share   |  |   | 21(a)(ii)                 |
| b. Other Federal Operating Expenditures   |  |   | 21(b)                     |
| c. Total Operating Expenditures (add a i, a ii, and b) >                                  |  |   | 21(c)                     |
| 22. Transfers to Affiliated/Other Party Committees  |  |   | 22                        |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees         |  |   | 23                        |
| 24. Independent Expenditures (use Schedule E)   |  |   | 24                        |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F) |  | 12,500.00   | 25                        |
| 26. Loan Repayments Made  |  |   | 26                        |
| 27. Loans Made  |  |   | 27                        |
| 28. Refunds of Contributions To:  |  |   |                           |
| a. Individual/Persons Other Than Political Committees                                     |  |   | 28(a)                     |
| b. Political Party Committees   |  |   | 28(b)                     |
| c. Other Political Committees (such as PACs)  |  |   | 28(c)                     |
| d. Total Contribution Refunds (add a, b and c) >  |  |   | 28(d)                     |
| 29. Other Disbursements   |  |   | 29                        |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >                  |  | 12,500.00   | 30                        |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) >                    |  | 12,500.00   | 31                        |
| <b>III. Net Contributions/Operating Expenditures</b>                                      |  |   |                           |
| 32. Total Contributions (other than loans)(from line 11d)                                 |  | 13,250.00   | 32                        |
| 33. Total Contribution Refunds (from line 28d)  |  | -0-   | 33                        |
| 34. Net Contributions (other than loans)(subtract line 33 from 32)                        |  | 13,250.00   | 34                        |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) >                          |  | -0-   | 35                        |
| 36. Offsets to Operating Expenditures (from line 15)                                      |  |   | 36                        |
| 37. Net Operating Expenditures (subtract line 36 from 35) >                               |  |   | 37                        |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6  
FOR LINE NUMBER 11 (A7U)

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)

MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCOUNT

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------|------------------------------------|
| MARK A. ARONCHICK<br>624 MERCER ROAD<br>MERION PA 19066<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):  | HANGLEY Epstein<br>Connolly et al<br>Occupation: ATTORNEY<br>Aggregate Year-to-Date > \$ 250.00 | 11/9/96                 | 250.00                             |
| B. Full Name, Mailing Address and ZIP Code<br>HOBEA BASKIN<br>11 KENSINGTON AVENUE<br>NORTHAMPTON MA 01860<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):       | SELF-EMPLOYED<br>Occupation: RARE BOOK DEALER<br>Aggregate Year-to-Date > \$ 1000.00            | 10/26/96                | 1,000.00                           |
| C. Full Name, Mailing Address and ZIP Code<br>SARAH BUTTENWIESER<br>11 KENSINGTON AVENUE<br>NORTHAMPTON MA 01860<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | SELF-EMPLOYED<br>Occupation: WRITER<br>Aggregate Year-to-Date > \$ 1000.00                      | 10/26/96                | 1,000.00                           |
| D. Full Name, Mailing Address and ZIP Code<br>ROBERT J BRAND<br>6701 SPRINGBANK STREET<br>PHILADELPHIA PA 19119<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):  | SOLUTIONS FOR PROGRESS<br>Occupation: PLANNER<br>Aggregate Year-to-Date > \$ 1000.00            | 10/25/96                | 1,000.00                           |
| E. Full Name, Mailing Address and ZIP Code<br>FRANK P. MURPHY<br>1346 TANGLEWOOD DRIVE<br>NORTH WALES PA 19454<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):   | MURPHY & OLIVER<br>Occupation: ATTORNEY<br>Aggregate Year-to-Date > \$ 1000.00                  | 10/30/96                | 1,000.00                           |
| F. Full Name, Mailing Address and ZIP Code<br>NEVADA MURPHY<br>1346 TANGLEWOOD DRIVE<br>NORTH WALES PA 19454<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):     | Occupation: HOMEMAKER<br>Aggregate Year-to-Date > \$ 1000.00                                    | 10/30/96                | 1,000.00                           |
| G. Full Name, Mailing Address and ZIP Code<br>NEIL OXMAN<br>122 ROCKLAND AVENUE<br>MERION STATION PA 19066<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):       | THE CAMPAIGN GROUP<br>Occupation: CONSULTANT<br>Aggregate Year-to-Date > \$                     | 10/27/96                | 1000.00                            |

SUBTOTAL of Receipts This Page (optional)

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 4 OF 6

FOR LINE NUMBER 11(A)(1)

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NAME OF COMMITTEE (In Full)

MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCOUNT

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------|------------------------------------|
| AIANE BOROFF<br>541 WOODLAND DRIVE<br>RADNOR PA 19087<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):                    | CLARK, LABNER,<br>FORENBAUSH + YOUNG<br>Occupation: ATTORNEY<br>Aggregate Year-to-Date > \$ 500 | 11/2/96                 | 500.00                             |
| B. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
| KEN JACOBSEN<br>PO BOX 100<br>HAVERFORD PA 19041<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):                         | Chimicles, Jacobsen<br>+ Tikellis<br>Occupation: ATTORNEY<br>Aggregate Year-to-Date > \$ 500    | 10/29/96                | 500.00                             |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
| ELKANORE H. GADSDEN<br>140 W. CHESTNUT HILL AVE<br>PHILADELPHIA PA 19118<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: HOME MAKER<br>Aggregate Year-to-Date > \$ 1000.00                                   | 11/1/96                 | 1000.00                            |
| D. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
| MORRIS GOCIAL<br>415 CHAPEL ROAD<br>EIKINS PARK PA 19027<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):                 | GOCIAL & COMPANY<br>Occupation: ACCOUNTANT<br>Aggregate Year-to-Date > \$ 1000.00               | 10/30/96                | 1000.00                            |
| E. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
| JANINE YASS<br>214 CHESWOLD LANE<br>HAVERFORD PA 19041<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):                   | Occupation: HOMEMAKER<br>Aggregate Year-to-Date > \$ 1000                                       | 11/1/96                 | 1000.00                            |
| F. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period |
| PATRICIA KIND<br>1776 OAK HILL DRIVE<br>HUNTINGDON VALLEY PA 19006<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):       | Occupation: HOMEMAKER<br>Aggregate Year-to-Date > \$ 1000.00                                    | 10/31/96                | 1000.00                            |
| 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:<br>Aggregate Year-to-Date > 6   |                         |                                    |

|   |  |
|---|--|
| SUBTOTAL of Receipts This Page (optional) .....           |  |
| 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 5 OF 6  
FOR LINE NUMBER 11 B

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)

MONTGOMERY COUNTY DEMOCRATIC COMMITTEE'S FEDERAL ACCOUNT

| A. Full Name, Mailing Address and ZIP Code<br>CITIZENS FOR MIKE CLARKE<br>PO BOX 982<br>LANSDALE PA 19446<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 1000 | Date (month, day, year)<br>10/29/96 | Amount of Each Receipt this Period<br>1000.00 |
|--|--|-------------------------------------|---|
| B. Full Name, Mailing Address and ZIP Code<br>MONTGOMERY COUNTY DEMOCRATIC COMMITTEE<br>30 W Ailey St. NORRISTOWN PA 19401<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$ 1000 | Date (month, day, year)<br>10/29/96 | Amount of Each Receipt this Period<br>1000.00 |
| C. Full Name, Mailing Address and ZIP Code<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$      | Date (month, day, year)             | Amount of Each Receipt this Period            |
| D. Full Name, Mailing Address and ZIP Code<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$      | Date (month, day, year)             | Amount of Each Receipt this Period            |
| E. Full Name, Mailing Address and ZIP Code<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$      | Date (month, day, year)             | Amount of Each Receipt this Period            |
| F. Full Name, Mailing Address and ZIP Code<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$      | Date (month, day, year)             | Amount of Each Receipt this Period            |
| G. Full Name, Mailing Address and ZIP Code<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | Name of Employer<br><br>Occupation<br>Aggregate Year-to-Date > \$      | Date (month, day, year)             | Amount of Each Receipt this Period            |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE F

ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))

Page 6 of 6 for  
LINE NUMBER 25

(To be used only by Political Committees in the General Election)

| Name of Political Committee (in Full)<br><b>MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCOUNT</b>  |  |                             |                         |                            |
|---|--|-----------------------------|-------------------------|----------------------------|
| Has your Committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, name the designating committee: <b>DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b> |  |                             |                         |                            |
| Full Name, Mailing Address and ZIP Code of Subordinate Committee<br><b>MONTGOMERY COUNTY DEMOCRATIC COMMITTEE FEDERAL ACCOUNT<br/>30 W. AIRY STREET<br/>NORRISTOWN PA 19401</b>   |  |                             |                         |                            |
| Full Name, Mailing Address and ZIP Code of Each Payee   | Name of Federal Candidate Supported, State, District & Office Sought       | Purpose of Expenditure      | Date (month, day, year) | Amount                     |
| <b>THE CAMPAIGN GROUP<br/>1600 LOCUST STREET<br/>PHILADELPHIA PA<br/>19103</b>  | <b>JOSEPH M HOEFFEL<br/>PA 13th<br/>CONGRESS</b>                           | <b>MEDIA<br/>(RADIO AD)</b> | <b>10/30/96</b>         | <b>10,000<sup>00</sup></b> |
|   | Aggregate General Election Expenditure for this Candidate—\$ <b>12,500</b> |                             |                         |                            |
| Full Name, Mailing Address and ZIP Code of Each Payee   | Name of Federal Candidate Supported, State, District & Office Sought       | Purpose of Expenditure      | Date (month, day, year) | Amount                     |
| <b>THE CAMPAIGN GROUP<br/>1600 LOCUST STREET<br/>PHILADELPHIA PA 19103</b>  | <b>JOSEPH M HOEFFEL<br/>PA 13th<br/>CONGRESS</b>                           | <b>MEDIA<br/>(RADIO AD)</b> | <b>11/1/96</b>          | <b>2500<sup>00</sup></b>   |
|   | Aggregate General Election Expenditure for this Candidate—\$ <b>12,500</b> |                             |                         |                            |
| Full Name, Mailing Address and ZIP Code of Each Payee   | Name of Federal Candidate Supported, State, District & Office Sought       | Purpose of Expenditure      | Date (month, day, year) | Amount                     |
|   |  |                             |                         |                            |
| Aggregate General Election Expenditure for this Candidate—\$  |  |                             |                         |                            |
| Full Name, Mailing Address and ZIP Code of Each Payee   | Name of Federal Candidate Supported, State, District & Office Sought       | Purpose of Expenditure      | Date (month, day, year) | Amount                     |
|   |  |                             |                         |                            |
| Aggregate General Election Expenditure for this Candidate—\$  |  |                             |                         |                            |
| SUBTOTAL of Expenditures This Page (optional)   |  |                             |                         | <b>12,500<sup>00</sup></b> |
| TOTAL This Period (last page this the number only)  |  |                             |                         | <b>12,500<sup>00</sup></b> |

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  
11/29/96

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

E.S.  
PREPARER

12/2/96  
DATE PREPARED