

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
P SIXTH DISTRICT DEMOCRATIC PARTY OF WISCONSIN

ADDRESS (number and street) Check if different than previously reported
304 W. SOUTH PARK

CITY, STATE and ZIP CODE
OSHKOSH, WIS 54901

2. FEC IDENTIFICATION NUMBER
00074467

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

RECEIVED
 JUL 8 8 50 AM '94

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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/15/94</u> through <u>6/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ <u>1078.09</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>1028.15</u>	
(c) Total Receipts (from Line 19)	\$ <u>1631.18</u>	\$ <u>2585.50</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>2659.33</u>	\$ <u>3663.59</u>
7. Total Disbursements (from Line 30)	\$ <u>1302.78</u>	\$ <u>2307.04</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>1356.55</u>	\$ <u>1356.55</u>
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 800-424-9630 Local 202-219-9420
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
Michael Morzon

Signature of Treasurer
Michael J. Morzon

Date
7/02/94

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

94037050190

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

(revised 11/91)

NAME OF COMMITTEE

Sixth District Democratic Party of Wisconsin

REPORT COVERING PERIOD

FROM *4/01/94* TO: *6/30/94*

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year**

- 11. Contributions (other than loans) From:
 - a. Individual/Persons Other Than Political Committees
 - i. Itemized (use Schedule A)
 - ii. Unitemized
 - iii. Total
 - b. Political Party Committees
 - c. Other Political Committees (such as PACs)
 - d. Total Contributions
- 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.)
- 18. Transfers from Nonfederal Account for Joint Activity
- 19. Total Receipts
- 20. Total Federal Receipts

	752,75	75 176425
	752,75	75 176425
	878,43	878,43
	0	0
	1631,18	2582,68
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	2,82
	0	0
	1631,18	2585,50
	1631,18	2585,50

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
- 22. Transfers to Affiliated/Other Party Committees
- 23. Contributions to Federal Candidates/Committees and Other Political Committees
- 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
- 29. Other Disbursements
- 30. Total Disbursements
- 31. Total Federal Disbursements

	0	0
	0	0
	807,98	1812,24
	807,98	1812,24
	0,00	0
	494,80	494,80
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	1302,78	2307,04
	1302,78	2307,04

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
- 36. Offsets to Operating Expenditures (from line 15)
- 37. Net Operating Expenditures

	1631,18	2582,68
	0	0
	1631,18	2582,68
	807,98	1812,24
	0	0
	807,98	1812,24

24037055191

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 11
FOR LINE NUMBER 11c

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)

SIXTH DISTRICT DEMOCRATIC PARTY OF WISCONSIN

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>SIXTH CONGRESSIONAL DISTRICT DEMOCRATIC PARTY OF WISCONSIN 2406 STOUT CT. GREEN BAY, WI ROW KRAL TREAUDER 54301</u>		<u>5/7/94</u>	<u>778.43</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Marquette County Democratic Party W 3362 City Road St Montello, WI 53949 Rosalie Benson, TRGS.</u>		<u>4/10/94</u>	<u>100.00</u>
Receipt For: <input checked="" 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 > \$	

SUBTOTAL of Receipts This Page (optional)

878.43
~~778.43~~

TOTAL This Period (last page this line number only)

878.43
~~778.43~~

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 216/23

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NAME OF COMMITTEE (in full)

SIXTH DISTRICT DEMOCRATIC PARTY OF WISCONSIN

24057050193

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>BARBOY CLUB</u> <u>W9695 CTY LN</u> <u>Appleton WI 54915</u>	Purpose of Disbursement: <u>Payment of convention expenses</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>4/10/94</u>	<u>772.95</u>
<u>OUTAGAMIE COUNTY</u> <u>DEMOCRATIC PARTY</u> <u>227 S. Helen Street - KIMBERLY WI 54116</u>	Purpose of Disbursement: <u>SHARE OF CONVENTION PROFITS</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>05/14/94</u>	<u>297.40</u>
<u>SIXTH CONGRESSIONAL DISTRICT</u> <u>DEMOCRATIC PARTY</u> <u>2406 Grouse Court</u> <u>GREEN BAY WI 54311</u>	Purpose of Disbursement: <u>SHARE OF CONVENTION PROFITS</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>5/14/94</u>	<u>197.40</u>
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1267.75

TOTAL This Period (last page this line number only)

1267.75

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

7-5-94

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

SLH

PREPARED

7-8-94

DATE PREPARED

94067050194