

AVON F*RG

AVON FUND FOR RESPONSIBLE
GOVERNMENT

FEDERAL ELECTION COMMISSION
ADMINISTRATIVE SERVICES DIVISION
Oct 19 10 01 AM '94

**FEDERAL EXPRESS AND
CERTIFIED MAIL RETURN REQUESTED**

October 18, 1994

Mr. Kenneth A. Davis, Jr.
Reports Analyst
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Mr. Davis:

Enclosed please find our amended reports for 2nd and 3rd Quarter, specifically the cover, summary and itemized receipts sections.

Please disregard both the amended 2nd Quarter report and 3rd Quarter report filed last week.

Specific changes on both reports which are enclosed in full are:

Report 4b: Amendment-yes

- Detailed Summary: lines 11(a) i and ii.
- Itemized Receipts: 3 pages for 2nd Quarter and 2 pages for 3rd Quarter.

Sincerely,



Mary Ann Dirzis
Treasurer

MAD/cj
Enclosure

94433041233

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING OR TYPE OR PRINT LABEL

1. NAME OF COMMITTEE (in full)
Avon Products, Inc. Fund for Responsible Government

ADDRESS (number and street) Check if different than previously reported
9 West 57th Street

CITY, STATE and ZIP CODE
New York, NY 10019

2. FEC IDENTIFICATION NUMBER
C00112722

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

Oct 19 10 01 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

Mary Ann Dirzis 10/18/94

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	4/1/94 through 6/30/94		
6. (a) Cash on Hand January 1, 1994			\$ 14,759.64
(b) Cash on Hand at Beginning of Reporting Period		\$ 25,685.58	
(c) Total Receipts (from Line 19)		\$ 1,820.44	\$ 18,266.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 27,506.02	\$ 33,026.02
7. Total Disbursements (from Line 30)		\$ 2,600.00	\$ 8,120.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 24,906.02	\$ 24,906.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9620 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 7/7/94

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 4/1/94 TO 6/30/94	
	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)	\$ 1,503.00	\$ 17,303.00
ii. Unitemized	280.00	897.00
iii. Total (add i and ii)	1,783.00	18,200.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a.iii, b and c)	1,783.00	18,200.00
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.)	37.44	66.38
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11b, 12, 13, 14, 15, 16, 17, and 18)	\$ 1,820.44	\$ 18,266.38
20. Total Federal Receipts (subtract line 18 from line 19)		
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	\$ 2,600.00	\$ 8,100.00
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)	\$ 2,600.00	\$ 8,120.00
31. Total Federal Disbursements (subtract line 21 a & b from line 30)		
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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10/15/94

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Qualified Elective 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 commerce 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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Martin 51 Spireview Road Ridgefield, CT 06877	Campaign Contribution	4/4/94	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	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
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 > \$	

SUBTOTAL of Receipts This Page (optional) \$250.00

TOTAL This Period (last page this line number only)

MATS 10/18/94

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SCHEDULE A

**PAYROLL DEDUCTION
ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER
11(a)(i)

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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
Gail B. Cusick 12 E. 88th Street New York, NY 10128	Avon Products, Inc. 9 W. 57th Street New York, NY 10019	6/30/94	\$ 203.00 (\$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 > \$ 290.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harriet Edelman P.O. Box 98 South Kent, CT 06785	"	6/30/94	\$ 140.00 (\$20 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation "	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph A. Faranda 1755 York Avenue, Apt. 11E New York, NY 10128	"	6/30/94	\$ 140.00 (\$20 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation "	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bennett R. Gallina 1 Tudor Lane Scarsdale, NY 10583	"	6/30/94	\$ 140.00 (\$20 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation "	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy H. Glaser 70 Riverside Drive New York, NY 10024	"	5/30/94	\$ 140.00 (\$20 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation "	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Siri S. Marshall 33 Park Avenue Bronxville, NY 10708	"	6/30/94	\$ 210.00 (\$30 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation "	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joyce M. Roche 201 W. 70th Street New York, NY 10023	"	5/30/94	\$ 140.00 (\$20 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation "	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional) \$ 1,113.00

TOTAL This Period (last page this line number only) *112070/18/94*

9 4 0 3 9 0 4 1 3 9 2

SCHEDULE A

**PAYROLL DEDUCTION
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (in Full)

AVON PRODUCTS, INC.

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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
Audrey L. Yantis-Lucas 885 West End Avenue, Apt. 7B New York, NY 10025	Avon Products, Inc. 9 West 57th Street New York, NY 10019	6/30/94	\$ 140.00 (\$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 > \$ 200.00	
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 > \$	

MAT 10/18/94

SUBTOTAL of Receipts This Page (optional)	\$ 140.00
TOTAL This Period (last page this line number only)	\$ 1,503.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

9403041294

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hon. Nydia Velazquez Committee to Re-elect Nydia Velazquez 141 W. 94th Street New York, NY 10025	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/94	\$ 100.00
B. Full Name, Mailing Address and ZIP Code Hon. Pete Stark Pete Stark Re-Election Committee 555 New Jersey Avenue, N.W., Ste 201 Washington, DC 20001	" " Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/09/94	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Hon. Charles S. Robb Robb for Senate Committee 3 E. 54th St., 9th Floor New York, NY 10022	" " Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/94	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Hon. Connie Morella Friends of Connie Morella P.O. Box 5945 Bethesda, MD 20824	" " Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/01/94	\$ 500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	\$2,600.00

**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.

<input checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT <i>10/21/94</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>E.S.</i>	<i>10/21/94</i>
PREPARER	DATE PREPARED

94039041295