

FUND TO KEEP AMERICA #1

September 8, 1994

Mrs. Jan McBride
Reports Analyst
Federal Election Commission

Washington, D.C. 20463

Dear Ms. McBride:

In response to your letter dated August 8th, 1994, attached please find a revised July quarterly report.

If you have any questions regarding the revised information, please let me know. I can be reached at 203-661-6100.

Thank you.



Patricia P. Blake
Treasurer

SEP 12 9 07 AM '94

NOV 10 1994

Jan McBride
Reports Analyst
Reports Analysis Division

Jan McBride
Sincerely,

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

-Your report was not signed. Please amend this filing to include the original signature of the treasurer or the designated assistant treasurer. 2 U.S.C. §434(a)(1)

-Please provide the total for line 6(d), column A of the Summary Page.

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

Dear Mr. Blake:

Reference: July Quarterly Report (4/1/94-6/30/94)

Identification Number: CD0167007

Trish Blake, Treasurer
Fund to Keep America #1
One Pawcat Place, Suite 130
Greenwich, CT 06830

MAE 31 1994



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RG-2

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USE FEC MAILING LABEL
OR
TYPE OR PRINT

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

1. NAME OF COMMITTEE (in full) Fund to Keep America #1	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported One Fourth Place, Suite 130	
CITY, STATE AND ZIP CODE Greenwich, CT 06830	
2. IDENTIFICATION NUMBER 000167007	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

Monthly Report Due On:

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> April 20	<input type="checkbox"/> June 20	<input type="checkbox"/> February 20
<input checked="" type="checkbox"/> July 15 Quarterly Report	<input type="checkbox"/> July 20	<input type="checkbox"/> March 20	<input type="checkbox"/> March 20
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> August 20	<input type="checkbox"/> April 20	<input type="checkbox"/> April 20
<input type="checkbox"/> January 31 Year End Report	<input type="checkbox"/> September 20	<input type="checkbox"/> May 20	<input type="checkbox"/> May 20

Twelfth day report preceding _____ (Type of Election)
 Thirtieth day report following the General Election on _____ in the State of _____

Termination Report
 July 31 Mid Year Report (Non-election Year Only)
 Is the Report an Amendment? YES NO

COLUMN A This Period	COLUMN B Calendar Year-to-Date
Cash on Hand January 1, 19__	\$ 21,052.13
Cash on Hand at Beginning of Reporting Period	\$ 31,052.13
Total Receipts (from Line 1a)	\$ 10,000.00
Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)	\$ 31,052.13
Total Disbursements (from Line 9d)	\$ 0
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	\$ 31,052.13
Debit and Obligations Owed TO the Committee (itemize all on Schedule D and/or Schedule D)	\$ 0
Debit and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0

SUMMARY	
Covering Period	through
4/1/94	6/30/94

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
 Federal Election Commission
 899 E Street, NW
 Washington, DC 20465
 Toll Free 800-424-9530
 Local 202-219-3420

Type or Print Name of Treasurer: **Patricia P. Blake**
 Signature of Treasurer: *Patricia P. Blake*
 Date: _____

**FEDERAL COMMITTEE
OF RECEIPTS AND DISBURSEMENTS**

PAGE 2, REC FORM 3X

(Revised 11/81)

NAME OF COMMITTEE

REPORT COVERING PERIOD

FROM _____ **TO** _____

COLUMN A Total This Period

COLUMN B Calendar Year

11 Contributions (other than loans) from:

a. Individual/Persons Other Than Political Committees

i. Limited (use Schedule A)

ii. Unlimited

iii. Total (add i and ii) >

b. Political Party Committees

c. Other Political Committees (such as PACs)

d. Total Contributions (add a, b and c) >

12 Transfers from Affiliated/Other Party Committees

13 All Loans Received

14 Loan Repayments Received

15 Offsets To Operating Expenses (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 (add 11d, 12, 13, 14, 15, 16, 17, and 18) >

20 Total Federal Receipts (subtract line 18 from line 19) >

II. Disbursements

21 Operating Expenses:

a. Shared Federal/Non-Federal Activity (from Schedule HA)

i. Federal Share

ii. Non-Federal Share

b. Other Federal Operating Expenses

c. Total Operating Expenses (add a, ii, and b) >

22 Transfers to Affiliated/Other Party Committees

23 Contributions to Federal Candidates/Committees and Other Political Committees

24 Independent Expenses (use Schedule E)

25 Coordinated Expenses Made by Party Committees (2 U.S.C. 4410(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) >

III. Net Contributions/Operating Expenses

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 Expenses (add 21 a i and 21 b) >

36 Offsets to Operating Expenses (from line 15)

37 Net Operating Expenditures (subtract line 36 from 35) >

11(a)(1)	0	0
11(a)(2)	0	0
11(a)(3)	0	0
11(a)(4)	10,000.00	0
11(a)(5)	0	0
11(a)(6)	0	0
11(a)(7)	0	0
11(a)(8)	0	0
11(a)(9)	0	0
11(a)(10)	0	0
11(a)(11)	0	0
11(a)(12)	0	0
11(a)(13)	0	0
11(a)(14)	0	0
11(a)(15)	0	0
11(a)(16)	0	0
11(a)(17)	0	0
11(a)(18)	0	0
11(a)(19)	10,000.00	0
11(a)(20)	10,000.00	0
11(a)(21)	0	0
11(a)(22)	0	0
11(a)(23)	0	0
11(a)(24)	0	0
11(a)(25)	0	0
11(a)(26)	0	0
11(a)(27)	0	0
11(a)(28)	0	0
11(a)(29)	0	0
11(a)(30)	0	0
11(a)(31)	0	0
11(a)(32)	10,000.00	0
11(a)(33)	0	0
11(a)(34)	0	0
11(a)(35)	0	0
11(a)(36)	0	0
11(a)(37)	0	0

For each category or sub-category of receipts

FOR LINE NUMBER

If information reported 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)

FUND TO KEEP AMERICA #1

A. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt for this Period	Receipt For:
		Occupation				<input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General
B. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt for this Period	<input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General
C. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt for this Period	<input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General
D. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt for this Period	<input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General
E. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt for this Period	<input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General
F. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt for this Period	<input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General
G. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt for this Period	<input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General
H. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt for this Period	<input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General
I. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt for this Period	<input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General
TOTAL THIS PERIOD (and page the line number only)		Aggregate Year-to-Date			0	
SUBTOTAL of Receipts This Page (optional)		Aggregate Year-to-Date			0	

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 type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 9-13-97
<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	
PREPARED MJS	DATE PREPARED 9-13-97

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