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)

C00325843 060499 N 224
~~DOUGLAS MCAGHEN~~ JEFF MCQUARY
RAINBOW ALLIANCE
PO BOX 44163
INDIANAPOLIS IN 46244

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 2 2 06 PM '99

2. FEC IDENTIFICATION NUMBER
C00325845

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election 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 1-1-99 through 6-30-99		
6.	(a) Cash on Hand January 1, 1999		$ 416.12
	(b) Cash on Hand at Beginning of Reporting Period	$ 416.12	
	(c) Total Receipts (from Line 19)	$ 2,251.00	$ 2,251.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 2,667.12	$ 2,667.12
7.	Total Disbursements (from Line 30)	$ 767.97	$ 767.97
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1,899.15	$ 1,899.15
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10.	Debts and Obligations Owed BY 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 202-694-1100

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
Jeffrey S. McQuary

Signature of Treasurer
Jeffrey S. McQuary

Date
30 July 99

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

FEC FORM 3X
(revised 9/93)

FE94N064

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

(revised 1/1/91)

NAME OF COMMITTEE: The Rainbow Alliance

REPORT COVERING PERIOD FROM: 1-1-99 TO: 6-30-99

	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)	1,600.00	1,600.00	11(a)(i)
ii. Unitemized	651.00	651.00	11(a)(ii)
iii. Total (add i and ii) ➤	2,251.00	2,251.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	2,251.00	2,251.00	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) ➤	2,251.00	2,251.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2,251.00	2,251.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share	767.97	767.97	21(b)
b. Other Federal Operating Expenditures	767.97	767.97	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤			28
29. Other Disbursements	767.97	767.97	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	767.97	767.97	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2,251.00	2,251.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,251.00	2,251.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	767.97	767.97	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	767.97	767.97	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11a 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): The Rainbow Alliance

A. Craig Selover, 13701 Eglin Drive, Carmel, IN	Name of Employer: Delta Faucet Co.	Date (month, day, year): 1-14-99	Amount of Each Receipt this Period: 200.00
Receipt For: ☐ Primary ☐ General ☑ Other (specify): fundraising	Occupation: Mgr	Aggregate Year-to-Date > $ 200.00	
B. Jeff Todd, 315 N. Senate Ave, Indianapolis IN 46204	Name of Employer: United Way of Indiana	Date (month, day, year): 2-7-99	Amount of Each Receipt this Period: 200.00
Receipt For: ☐ Primary ☐ General ☑ Other (specify): fundraising	Occupation: Assoc. Dir	Aggregate Year-to-Date > $ 200.00	
C. Marla Stevens, 7205 Orinoco Ave., Indianapolis, IN 46227	Name of Employer: LGBT Fairness Coalition	Date (month, day, year): 2-7-99	Amount of Each Receipt this Period: 200.00
Receipt For: ☐ Primary ☐ General ☑ Other (specify): fundraising	Occupation: Lobbyist	Aggregate Year-to-Date > $ 200.00	
D. Phyllis DeMass, 7205 Orinoco Ave, Indianapolis, IN 46227	Name of Employer: Indiana Life Ins. Co.	Date (month, day, year): 2-7-99	Amount of Each Receipt this Period: 200.00
Receipt For: ☐ Primary ☐ General ☑ Other (specify): fundraising	Occupation: Accountant	Aggregate Year-to-Date > $ 200.00	
E. Michael Landick, 934 N. Park Ave, Indianapolis, IN 46202	Name of Employer: Self-employed	Date (month, day, year): 3-29-99	Amount of Each Receipt this Period: 200.00
Receipt For: ☐ Primary ☐ General ☑ Other (specify): fundraising	Occupation: Consultant	Aggregate Year-to-Date > $ 200.00	
F. Jeff Mc Quary, 225 E. North St. #3002, Indianapolis, IN 46202	Name of Employer: Indiana Attorney General	Date (month, day, year): 4-18-99	Amount of Each Receipt this Period: 200.00
Receipt For: ☐ Primary ☐ General ☑ Other (specify): fundraising	Occupation: Attorney	Aggregate Year-to-Date > $ 200.00	
G. Douglas Meagher, 1238 Central Ave, Indianapolis, IN 46202	Name of Employer: Bosckmann, Carr & Shanks, P.C.	Date (month, day, year): 4-14-99	Amount of Each Receipt this Period: 200.00
Receipt For: ☐ Primary ☐ General ☑ Other (specify): fundraising	Occupation: Attorney	Aggregate Year-to-Date > $ 200.00	

SUBTOTAL of Receipts This Page (optional) 1,400.00

TOTAL This Period (last page this line number only) .....

FE2AN12

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a i

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NAME OF COMMITTEE (In Full)
The Rainbow Alliance

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mark St. John, 1525 N. Park Ave. #1, Indianapolis, IN 46202	Ind. Coalition on Housing and Homeless / Exec. Dir	4-19-94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): Fundraising	Aggregate Year-to-Date $ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 200.00

TOTAL This Period (last page this line number only) 1,600.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 216

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)
The Rainbow Alliance

A. Full Name, Mailing Address and ZIP Code Justice Parde Festival 5826 N. Oxford St. Indianapolis, IN 46220	Purpose of Disbursement Vendor Rental Disbursement for: ☐ Primary ☐ General ☑ Other (specify) Fundraising	Date (month, day, year) 5-24-99	Amount of Each Disbursement This Period 205.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 205.00

TOTAL This Period (last page this line number only) 205.00

PEBAN121

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 7/30/99
☐	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
☐	Electronic Filing	

SN
PREPARER

8/2/99
DATE PREPARED

(4/98)