

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

APR 19 12 15 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) P-252  
6th Congressional District Democratic Committee of Va  
 ADDRESS (number and street)  Check if different than previously reported  
507 Lee Ave.  
 CITY, STATE and ZIP CODE  
Harrisonburg, Va 22801

2. FEC IDENTIFICATION NUMBER  
C00003897  
 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 \_\_\_\_\_  
 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>Jan. 1, 1996 through March 30, 1996</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ <u>1442.39</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>1442.39</u>	
(c) Total Receipts (from Line 19)	\$ <u>910.00</u>	\$ <u>910.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>2352.39</u>	\$ <u>2352.39</u>
7. Total Disbursements (from Line 30)	\$ <u>1665.75</u>	\$ <u>1665.75</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>686.64</u>	\$ <u>686.64</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	For further information contact: Federal Election Commission 900 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-9420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	

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  
R. Devon Wenger  
 Signature of Treasurer  
R. Devon Wenger  
 Date  
April 14, 1996

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

9 8 7 6 5 4 3 2 1

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
<i>6th Congressional District Democratic Committee of Virginia</i>		FROM	TO	
		COLUMN A	COLUMN B	
<b>I. Receipts</b>		Total This Period	Calendar Year	
<b>11. Contributions (other than loans) From:</b>				
<b>a. Individual/Persons Other Than Political Committees</b>				
i. Itemized (use Schedule A)		390.00	390.00	11(a)(i)
ii. Unitemized		520.00	520.00	11(a)(ii)
iii. Total (add i and ii) >		910.00	910.00	11(a)(iii)
<b>b. Political Party Committees</b> 11(b)				
<b>c. Other Political Committees (such as PACs)</b> 11(c)				
d. Total Contributions (add a iii, b and c) >				11(d)
<b>12. Transfers From Affiliated/Other Party Committees</b> 12				
<b>13. All Loans Received</b> 13				
<b>14. Loan Repayments Received</b> 14				
<b>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)</b> 15				
<b>16. Refunds of Contributions Made to Federal Candidates and Other Political Committees</b> 16				
<b>17. Other Federal Receipts (Dividends, Interest, etc.)</b> 17				
<b>18. Transfers from Nonfederal Account for Joint Activity</b> 18				
<b>19. Total Receipts</b> (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		910.00	910.00	19
<b>20. Total Federal Receipts</b> (subtract line 18 from line 19) >		910.00	910.00	20
<b>II. Disbursements</b>				
<b>21. Operating Expenditures:</b>				
<b>a. Shared Federal/Non-Federal Activity (from Schedule H4)</b>				
i. Federal Share				21(a)(i)
ii. Non-Federal Share				21(a)(ii)
b. Other Federal Operating Expenditures		495.75	495.75	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >		495.75	495.75	21(c)
<b>22. Transfers to Affiliated/Other Party Committees</b>		1170.00	1170.00	22
<b>23. Contributions to Federal Candidates/Committees and Other Political Committees</b> 23				
<b>24. Independent Expenditures (use Schedule E)</b> 24				
<b>25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)</b> 25				
<b>26. Loan Repayments Made</b> 26				
<b>27. Loans Made</b> 27				
<b>28. Refunds of Contributions To:</b>				
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)
<b>29. Other Disbursements</b> 29				
<b>30. Total Disbursements</b> (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		1665.75	1665.75	30
<b>31. Total Federal Disbursements</b> (subtract line 21 a ii from line 30) >		1665.75	1665.75	31
<b>III. Net Contributions/Operating Expenditures</b>				
<b>32. Total Contributions (other than loans)(from line 11d)</b>		910.00	910.00	32
<b>33. Total Contribution Refunds (from line 28d)</b>				33
<b>34. Net Contributions (other than loans)(subtract line 33 from 32)</b>				34
<b>35. Total Federal Operating Expenditures</b> (add 21 a i and 21 b) >		495.75	495.75	35
<b>36. Offsets to Operating Expenditures (from line 15)</b>				36
<b>37. Net Operating Expenditures</b> (subtract line 36 from 35) >		495.75	495.75	37

Any information copied from such Reports and Statements may not be 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)

6th Congressional District Democratic Committee of Virginia

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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
W. P. Ramsey PO Box 311 Buena Vista, Va 24416	Self-employed	2-12-96	390.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Sales	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) .....

TOTAL This Period (last page this line number only) ..... 390.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 216

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**NAME OF COMMITTEE (in Full)**

6th Congressional District Democratic Committee of Virginia

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Onzlee Ware 1624 Gordon Ave NW Roanoke, Va 24017	Reimbursement for Stamps Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-17-96	64.80
B. Full Name, Mailing Address and ZIP Code Natural Bridge Hotel PO Box 57 Natural Bridge, Va 24578	Purpose of Disbursement Meeting Room Rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-19-96 3-27-96	Amount of Each Disbursement This Period 74.56 85.22
C. Full Name, Mailing Address and ZIP Code Democratic Party of Virginia 1108 E. Main St. 2nd Floor Richmond, Va 23219	Purpose of Disbursement State Party Due for Salem, Covington, Highland, Etc Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-27-96 3-11-96	Amount of Each Disbursement This Period 157.32 114.65
D. 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
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) .....

495.75

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
*6th Congressional District Democratic Committee of Virginia*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Democratic Party of Virginia 1108 E. Main St. 2nd Floor Richmond, Va 23219</i>	<i>Transfer funds for JJ Dinnes</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1-17-96</i>	<i>\$1170.00</i>
B. 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
C. 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
D. 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
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

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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	<i>\$1170.00</i>

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

4-15-96

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

MSM  
PREPARER

4-19-96  
DATE PREPARED

9 5 0 3 0 7 4 3 5 8 6