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)
The Committee for Responsible Government - Dominion Resources, Inc.

ADDRESS (number and street) Check if different than previously reported
One James River Plaza
P. O. Box 26666

CITY, STATE and ZIP CODE
Richmond, VA 23261

MAR 21 12 39 PM '94

2. FEC IDENTIFICATION NUMBER
C00108209

3. This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ _____(date).

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
X 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 X NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 2-1-94 through 2-28-94		
6.	(a) Cash on Hand January 1, 19 94		$ 79,483.49
	(b) Cash on Hand at Beginning of Reporting Period	$ 86,535.21	
	(c) Total Receipts (from Line 19)	$ 2,959.97	$ 10,022.71
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 89,495.18	$ 89,506.20
7.	Total Disbursements (from Line 30)	$ 2,356.84	$ 2,367.86
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 87,138.34	$ 87,138.34
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
Nancy C. Summerlin

Signature of Treasurer: Nancy C. Summerlin

Date: 3-17-94

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

FEC FORM 3X
(revised 1/1/91)

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

(revised 1/1/91)

NAME OF COMMITTEE The Committee for Responsible Government-Dominion Resources, Inc.

REPORT COVERING PERIOD FROM 2-1-94 TO: 2-28-94

	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)	-0-	-0-
ii. Unitemized	2,808.90	9,696.80
iii. Total (add i and ii) ➤	2,808.90	9,696.80
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c) ➤	2,808.90	9,696.80
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	151.07	325.91
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2,959.97	10,022.71
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2,959.97	10,022.71
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	31.84	42.86
c. Total Operating Expenditures (Add a i, a ii, and c)) ➤	31.84	42.86
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	1,000.00
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (Add a, b and c) ➤	-0-	-0-
29. Other Disbursements	1,325.00	1,325.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2,356.84	2,367.86
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2,356.84	2,367.86
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	2,808.90	9,696.80
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,808.90	9,696.80
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	31.84	42.86
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	31.84	42.86

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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 Committee for Responsible Government-Dominion Resources, Inc.

A. Full Name, Mailing Address and ZIP Code Jefferson National Bank P. O. Box 26362 Richmond, VA 23260	Name of Employer Interest	Date (month, day, year) 2/28/94	Amount of Each Receipt this Period $151.07
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 325.91		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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 ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$151.07

9 4 0 3 8 3 8 0 5 4 5

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

The Committee for Responsible Government-Dominion Resources, Inc.

A. Full Name, Mailing Address and ZIP Code Jefferson National Bank P. O. Box 26362 Richmond, VA 23260	Purpose of Disbursement Account Maintenance Fee Aggregate $21.96 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/28/94	Amount of Each Disbursement This Period $10.94
B. Full Name, Mailing Address and ZIP Code Jefferson National Bank P. O. Box 26362 Richmond, VA 23260	Purpose of Disbursement Check Reorder fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 2/28/94	Amount of Each Disbursement This Period 20.90
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)			
TOTAL This Period (last page this line number only)			$31.84

2 4 0 3 8 3 0 5 4 6

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The Committee for Responsible Government - Dominion Resources, Inc.

A. Full Name, Mailing Address and ZIP Code Tom Davis for Congress '94 P. O. Box 471 Annandale, VA 22003	Purpose of Disbursement Thomas M. Davis, VA Hse Dist 11, Aggregate $1000 Disbursement for: ☐ Primary ☐ General X Other (specify) fundraiser	Date (month, day, year) 2/4/94	Amount of Each Disbursement This Period $1,000.00
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) .....

TOTAL This Period (last page this line number only) $1,000.00

9 4 0 3 8 9 3 5 4 7

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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 Committee for Responsible Government-Dominion Resources, Inc.

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Citizens for Rick Eddins P. O. Box 97762 Raleigh, NC 27624-7762	Purpose of Disbursement Rick Eddins, NC Hse Dist 65, Aggregate $125 Disbursement for: [ ] Primary [ ] General [X] Other (specify) Fundraiser	2/1/94	$125.00
B. Committee to Re-elect Toby Fitch, Jr. 516 S. Lodge St. Wilson, NC 27893	Purpose of Disbursement Milton Fitch NC Hse Dist 70, Aggregate $250. Disbursement for: [ ] Primary [ ] General [X] Other (specify) Fundraiser	2/1/94	250.00
C. Nichols for House 4518 Carteret Drive New Bern, NC 27601-1096	Purpose of Disbursement John M. Nichols, NC Hse Dist 3, Aggregate $200. Disbursement for: [ ] Primary [ ] General [X] Other (specify) Fundraiser	2/1/94	200.00
D. Bill Owens for NC House P. O. Box 503 Elizabeth City, NC 27909	Purpose of Disbursement W. C. Owens, Jr., NC Hse Dist 1, Aggregate $500. Disbursement for: [ ] Primary [ ] General [X] Other (specify) fundraiser	2/1/94	500.00
E. J. K. Sherron for Senate 4208 Six Forks Road Raleigh, NC 27609	Purpose of Disbursement J. K. Sherron NC Senate Dist 14, Aggregate $250 Disbursement for: [ ] Primary [ ] General [X] Other (specify) fundraiser	2/1/94	250.00
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$1,325.00

7 4 J 3 8 1 9 J 5 4 3

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 3-17-94
☐	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

PREPARER

3-21-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 8 3 0 5 4 9