

**AVON FUND FOR RESPONSIBLE
GOVERNMENT**

RECEIVED
FEC MAIL
OPERATIONS CENTER

2004 OCT 12 P 3 14

UPS Overnight

October 8, 2004

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Gentlemen:

Enclosed is our October 15 Quarterly Report.

Sincerely,



Josephine Mills
Treasurer

JM:sg
Enc.

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2004 OCT 12 P 3 14

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. AVON FUND FOR RESPONSIBLE GOVERNMENT

ADDRESS (number and street) 1345 AVENUE OF THE AMERICAS NEW YORK NY 10105-0196

2. FEC IDENTIFICATION NUMBER 00112722 3. IS THIS REPORT NEW OR AMENDED (N) OR (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-station year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the Election on Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) (d) 30-Day POST-Election Report for the Election on General (30G) Runoff (30R) Special (30S)

5. Covering Period 07 01 2004 through 09 30 2004

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 JOSEPHINE MILLS

Signature of Treasurer [Handwritten Signature] Date 10 08 2004

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AVON FUND FOR RESPONSIBLE GOVERNMENT

Report Covering the Period: From: 07th 01st 2004 To: 09th 30th 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		24,113.54
(b) Cash on Hand at Beginning of Reporting Period	50,556.09	
(c) Total Receipts (from Line 19)	7,394.82	34,338.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	57,950.91	58,451.95
7. Total Disbursements (from Line 31)	50,169.2	55,179.6
8. Cash on Hand at Close of Reporting Period (subtract line 7 from line 6(d))	5,293.99	5,293.99
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)		

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

HEC Form 2X (Rev. 02/2009)

Page 3

Write or Type Committee Name

AVON FUND FOR RESPONSIBLE GOVERNMENT

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individual/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7,386.72	34,326.74
(ii) Unitemized.....	-	-
(iii) TOTAL (add Lines 11(i) and 11(ii)).....▶	7,386.72	34,326.74
(b) Political Party Committees.....	-	-
(c) Other Political Committees (such as PACs).....	-	-
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	7,386.72	34,326.74
12. Transfers From Affiliated/Other Party Committees.....	-	-
13. All Loans Received.....	-	-
14. Loan Repayments Received.....	-	-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	-	-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	-	-
17. Other Federal Receipts (Dividends, Interest, etc.).....	810	1,167
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	00	00
(b) Levin Funds (from Schedule H6).....	00	00
(c) Total Transfers (add 18(a) and 18(b)).....	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	7,394.82	34,338.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7,394.82	34,338.41

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H1)			
(i) Federal Share			
(ii) Non-Federal Share			
(c) Other Federal Operating Expenditures		1 5 9 2	1 7 9 6
(d) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		5 0 0 0 0 0	5 5 0 0 0 0
24. Independent Expenditures (use Schedule E)			
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))			
29. Other Disbursements			
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share			
(ii) "Levin" Share			
(b) Federal Election Activity Paid Entirely With Federal Funds			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))			
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))		5 0 1 6 9 2	5 5 1 7 9 6
32. Total Federal Disbursements (subtract Line 21(a)(c) and Line 30(a)(ii) from Line 31)		5 0 1 6 9 2	5 5 1 7 9 6

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7 3 8 6 7 2	3 4 3 2 6 7 4
34. Total Contributions Refunds (from Line 26(d))	0 0	0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7 3 8 6 7 2	3 4 3 2 6 7 4
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1 6 9 2	1 7 9 6
37. Offsets to Operating Expenditures (from Line 15, page 3)	-	-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1 6 9 2	1 7 9 6

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 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)

AVON FUND FOR RESPONSIBLE GOVERNMENT

Full Name (Last, First, Middle Initial)

A. GLASER, NANCY

Mailing Address

150 WEST END AVENUE

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing federal political committee.

C

Name of Employer

AVON PRODUCTS, INC.

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 0 0 0 0

Date of Receipt

00 / 00 / 00

Amount of Each Receipt This Period

0 0

Full Name (Last, First, Middle Initial)

B. JUNG, ANDREA

Mailing Address

1021 PARK AVENUE

City

NEW YORK

State

NY

Zip Code

10028

FEC ID number of contributing federal political committee.

C

Name of Employer

AVON PRODUCTS, INC.

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 0 0 0 0

Date of Receipt

00 / 00 / 00

Amount of Each Receipt This Period

0 0

Full Name (Last, First, Middle Initial)

C. MATHEWS, D. RICHARD

Mailing Address

14 HORATIO STREET, #11H

City

NEW YORK

State

NY

Zip Code

10014

FEC ID number of contributing federal political committee.

C

Name of Employer

AVON PRODUCTS, INC.

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 0 0 0 0

Date of Receipt

00 / 00 / 00

Amount of Each Receipt This Period

0 0

SUBTOTAL of Receipts This Page (optional).....

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

0 0

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
AVON FUND FOR RESPONSIBLE GOVERNMENT

A. Full Name (Last, First, Middle Initial)
SUSETKA, WILLIAM

Mailing Address
19 KENNICOTT ROAD

City **POUND RIDGE** State **NY** Zip Code **10676**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 0 0 0 0 0

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period:
0 0

B. Full Name (Last, First, Middle Initial)
HAYCH ALEX, SALLY E.

Mailing Address
127 4TH AVE., #6B

City **NEW YORK** State **NY** Zip Code **10003**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 0 0 0 0 0

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period:
0 0

C. Full Name (Last, First, Middle Initial)
LEVITAN, NANCY

Mailing Address
60 FULION AVENUE

City **RYE** State **NY** Zip Code **10580**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7 5 0 0 0 0

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period:
0 0

SUBTOTAL of Receipts This Page (optional) **0 0**

TOTAL This Period (last page this line number only) **0 0**

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (in Full)
AVON FUND FOR RESPONSIBLE GOVERNMENT

A. Full Name (Last, First, Middle Initial)
WALAS, KATHLEEN

Mailing Address
404 EAST 59TH STREET

City **NEW YORK** State **NY** Zip Code **10022**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 0 0 0 0 0

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **0 0**

B. Full Name (Last, First, Middle Initial)
KROFF, SUSAN

Mailing Address
14 E. 75TH STREET

City **NEW YORK** State **NY** Zip Code **10021**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 0 0 0 0 0

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **0 0**

C. Full Name (Last, First, Middle Initial)
LING, DENNIS

Mailing Address
93 EASTON ROAD

City **WESTPORT** State **CT** Zip Code **06880**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 0 0 0 0 0

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **0 0**

SUBTOTAL of Receipts This Page (optional) **0 0**

TOTAL This Period (last page this line number only)..... **0 0**

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (in Full)

AVON FUND FOR RESPONSIBLE GOVERNMENT

A. Full Name (Last, First, Middle Initial)
LITTLEJOHN, ROBERT F.

Mailing Address
8 BRICK ROW

City **ATHENS** State **NY** Zip Code **12015**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7 5 0 0 0

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **0 0**

B. Full Name (Last, First, Middle Initial)
PAHLCK, HAROLD E.

Mailing Address
36 LEONARD DRIVE

City **WALDWICK** State **NJ** Zip Code **07461**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7 5 0 0 0

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **0 0**

C. Full Name (Last, First, Middle Initial)
GIBSON, JESSICA

Mailing Address
75 PROSPECT STREET, APT. 1D

City **EAST ORANGE** State **NJ** Zip Code **07017**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 0 0 0 0 0

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **0 0**

SUBTOTAL of Receipts This Page (optional) ▶ **0 0**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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NAME OF COMMITTEE (in Full)

AVON FUND FOR RESPONSIBLE GOVERNMENT

Full Name (Last, First, Middle Initial)

A. FRAY, DONALD H.

Mailing Address

827 HUNTLEY DRIVE

City

WEST HOLLYWOOD

State

CA

Zip Code

90069

Date of Receipt

MM / DD / YYYY

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

00

Name of Employer

AVON PRODUCTS, INC.

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100000

Full Name (Last, First, Middle Initial)

B. SCALAMANDRE, JILL

Mailing Address

50 EAST 89TH STREET, APT. 3A

City

NEW YORK

State

NY

Zip Code

10128

Date of Receipt

MM / DD / YYYY

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

00

Name of Employer

AVON PRODUCTS, INC.

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100000

Full Name (Last, First, Middle Initial)

C. LUC, XIACHUN

Mailing Address

47 ROBERTS ROAD

City

NEW CITY

State

NY

Zip Code

10956

Date of Receipt

MM / DD / YYYY

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

00

Name of Employer

AVON PRODUCTS, INC.

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

800000

SUBTOTAL of Receipts This Page (optional)

00

TOTAL This Period (last page this line number only)

00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
AVON FUND FOR RESPONSIBLE GOVERNMENT

A. Full Name (Last, First, Middle Initial)
KUTA, ADAM

Mailing Address
23 FAIRWEATHER DRIVE

City **NORWALK** State **CT** Zip Code **06851**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7 5 0 0 0

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **0 0**

B. Full Name (Last, First, Middle Initial)
SCHLESINGER, ALISON JILL

Mailing Address
501 E. 87TH STREET

City **NEW YORK** State **NY** Zip Code **10128**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 0 0 0 0 0 0

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **0 0**

C. Full Name (Last, First, Middle Initial)
KLEMAN, GILBERT

Mailing Address
25 HOPE FARM ROAD

City **GREENWICH** State **CT** Zip Code **06830**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 0 0 0 0 0

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **0 0**

SUBTOTAL of Receipts This Page (optional) **0 0**

TOTAL This Period (last page this line number only) **0 0**

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)				PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
13	14	15	16		17

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NAME OF COMMITTEE (In Full)
AVON FUND FOR RESPONSIBLE GOVERNMENT

Full Name (Last, First, Middle Initial)
A. LEES, TINA

Mailing Address
201 E. 66TH STREET

City **NEW YORK** State **NY** Zip Code **10021**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7 5 0 0 0

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **0 0**

Full Name (Last, First, Middle Initial)
B. PENINGER, ALISA M.

Mailing Address
200 EDEN BRIDGE PLACE

City **ALPHARETTA** State **GA** Zip Code **30022**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 9 9 9 7

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **2 3 3 3 1**

Payroll Deduction
\$33.33 BiWeekly

Full Name (Last, First, Middle Initial)
C. BRANCH, DARYL WAYNE

Mailing Address
535 WOODBROOK WAY

City **LAWRENCEVILLE** State **GA** Zip Code [] [] []

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6 0 0 0 3

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **4 6 6 6 9**

Payroll Deduction
\$66.67 BiWeekly

SUBTOTAL of Receipts This Page (optional): **7 0 0 0 0**

TOTAL This Period (list page this line number only): **7 0 0 0 0**

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 11d 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)

AVON FUND FOR RESPONSIBLE GOVERNMENT

Full Name (Last, First, Middle Initial)

A. VALONE, RICHARD J.

Mailing Address

3 OLDE LYME RD.

City

WINCHESTER

State

MA

Zip Code

01890

FEC ID number of contributing federal political committee.

C

Name of Employer

AVON PRODUCTS, INC.

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4 5 0 0 0

Date of Receipt

MM	DD	YYYY

Amount of Each Receipt this Period

3 5 0 0 0

Payroll Deduction
\$50.00 BiWeekly

Full Name (Last, First, Middle Initial)

B. KORDOWSKI, KATHLEEN A.

Mailing Address

14 JACOB ROAD

City

WASHINGTON TOWNSHIP

State

NI

Zip Code

06640-1030

FEC ID number of contributing federal political committee.

C

Name of Employer

AVON PRODUCTS, INC.

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 9 9 9 7

Date of Receipt

MM	DD	YYYY

Amount of Each Receipt this Period

2 3 3 3 1

Payroll Deduction
\$33.33 BiWeekly

Full Name (Last, First, Middle Initial)

C. SIMON, KENNETH J.

Mailing Address

5 WAYNE VALLEY ROAD

City

ARMONK

State

NY

Zip Code

10506

FEC ID number of contributing federal political committee.

C

Name of Employer

AVON PRODUCTS, INC.

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4 5 0 0 0

Date of Receipt

MM	DD	YYYY

Amount of Each Receipt this Period

3 5 0 0 0

Payroll Deduction
\$50.00 BiWeekly

SUBTOTAL of Receipts This Page (optional) ▶

9 3 3 3 1

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)

AVON FUND FOR RESPONSIBLE GOVERNMENT

A. Full Name (Last, First, Middle Initial)
TORREGROSSA, ANDREW T.

Mailing Address
1 ORCHARD LANE

City
RYE

State
NY

Zip Code
10580

FEC ID number of contributing federal political committee
C

Name of Employer
AVON PRODUCTS, INC.

Occupation
EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 9 9 9 7

Date of Receipt

Month: Year: Day:

Amount of Each Receipt this Period

2 3 3 3 1

Payroll Deduction
\$33.33 BiWeekly

B. Full Name (Last, First, Middle Initial)
SANTINI, ANTHONY

Mailing Address
10 KINGS GRANT WAY

City
FRIARLIFE MANOR

State
NY

Zip Code
10510

FEC ID number of contributing federal political committee
C

Name of Employer
AVON PRODUCTS, INC.

Occupation
EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4 5 0 0 0

Date of Receipt

Month: Year: Day:

Amount of Each Receipt this Period

3 5 0 0 0

Payroll Deduction
\$50.00 BiWeekly

C. Full Name (Last, First, Middle Initial)
OWEN, JOHN P.

Mailing Address
11 COLONEL THOMAS LANE

City
BEDFORD

State
NY

Zip Code
10506

FEC ID number of contributing federal political committee
C

Name of Employer
AVON PRODUCTS, INC.

Occupation
EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$ 5 0 0 1

Date of Receipt

Month: Year: Day:

Amount of Each Receipt this Period

4 1 6 6 7

Payroll Deduction
**\$66.67 BiWeekly
changed to \$149.99
per month in September**

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number) ▶

9 9 9 9 8

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)

AVON FUND FOR RESPONSIBLE GOVERNMENT

Full Name (Last, First, Middle Initial)

A. CORTI, ROBERT J.

Mailing Address

749 HUNT LANE

City

MANHASSETT

State

NY

Zip Code

11030

FEC ID number of contributing
federal political committee.

C

Name of Employer

AVON PRODUCTS, INC.

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

6 0 0 0 3

Date of Receipt

MM	DD	YY

Amount of Each Receipt this Period

4 6 6 6 9

Payroll Deduction
\$66.67 BiWeekly

Full Name (Last, First, Middle Initial)

B. CONNOLLY, BRIAN C.

Mailing Address

7 CROYSER ROAD

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer

AVON PRODUCTS, INC.

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

6 0 0 0 3

Date of Receipt

MM	DD	YY

Amount of Each Receipt this Period

4 6 6 6 9

Payroll Deduction
\$66.67 BiWeekly

Full Name (Last, First, Middle Initial)

C. BOTTOMS, HEREDIA L.

Mailing Address

224 E. 52ND STREET, #23

City

NEW YORK

State

NY

Zip Code

10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

AVON PRODUCTS, INC.

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

6 0 0 0 3

Date of Receipt

MM	DD	YY

Amount of Each Receipt this Period

4 6 6 6 9

Payroll Deduction
\$66.67 BiWeekly

SUBTOTAL of Receipts This Page (optional)

1 4 0 0 0 7

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AVON FUND FOR RESPONSIBLE GOVERNMENT

A. Full Name (Last, First, Middle Initial)
SPECTOR, JANICE L.

Mailing Address
6 VARIK STREET

City **NEW YORK** State **NY** Zip Code **10013**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
29297

Date of Receipt
[] [] []

Amount of Each Receipt this Period
23333

Payroll Deduction
\$33.33 Bi Weekly

B. Full Name (Last, First, Middle Initial)
JOHANSEN, RENEE W.

Mailing Address
28 MORRIS AVE., UNIT DD

City **SUMMIT** State **NJ** Zip Code **07901**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45000

Date of Receipt
[] [] []

Amount of Each Receipt this Period
35000

Payroll Deduction
\$50.00 Bi Weekly

C. Full Name (Last, First, Middle Initial)
MIGNONE, LOUIS P.

Mailing Address
248 WOLFPIET AVENUE

City **NORWALK** State **CT** Zip Code **06851**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60003

Date of Receipt
[] [] []

Amount of Each Receipt this Period
46669

Payroll Deduction
\$66.67 Bi Weekly

SUBTOTAL of Receipts This Page (optional) **105000**

TOTAL This Period (total pay) This line number only

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AVON FUND FOR RESPONSIBLE GOVERNMENT

A. Full Name (Last, First, Middle Initial)
PAHWA, ASHOK

Mailing Address
DEER RUN

City **RYE BROOK** State **NY** Zip Code **10573**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **6 2 6 6 4**

Date of Receipt
[] [] []

Amount of Each Receipt This Period
3 1 9 9 8

Payroll Deduction
\$53.33 Bi Weekly
last deduction on Sept. 10

B. Full Name (Last, First, Middle Initial)
BOSWELL, GINA R.

Mailing Address
30 NORTH STREET

City **RYE** State **NY** Zip Code **10580**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **6 0 9 0 3**

Date of Receipt
[] [] []

Amount of Each Receipt This Period
4 6 6 6 9

Payroll Deduction
\$66.67 Bi Weekly

C. Full Name (Last, First, Middle Initial)
TOLLIVER, ROOSEVELT

Mailing Address
640 COBBLESTONE LANE

City **STONE MOUNTAIN** State **GA** Zip Code **30087**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **7 5 0 0 0**

Date of Receipt
[] [] []

Amount of Each Receipt This Period
0 0

SUBTOTAL of Receipts This Page (optional) **7 8 6 6 7**

TOTAL This Period (last page this line number only) **7 8 6 6 7**

7 8 6 6 7

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER. (check only one)		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (No FUR)

AVON FUND FOR RESPONSIBLE GOVERNMENT

A. Full Name (Last, First, Middle Initial)
ELSSER, DEBORAH A.

Mailing Address
101 W. 81ST STREET, #720

City: NEW YORK State: NY Zip Code: 10024

FEC ID number of contributing federal political committee: C

Name of Employer: AVON PRODUCTS, INC. Occupation: EXECUTIVE

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 75000

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: 00

B. Full Name (Last, First, Middle Initial)
TOTI, ROBERT

Mailing Address
7 BIRCHDALE KEEPERS WALK

City: VIRGINIA WATER State: SURREY Zip Code: GU254RU U.K.

FEC ID number of contributing federal political committee: C

Name of Employer: AVON PRODUCTS, INC. Occupation: EXECUTIVE

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 200000

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: 00

C. Full Name (Last, First, Middle Initial)
EDELMAN, HARKLET

Mailing Address
P.O. BOX 98

City: SOUTH KENT State: CT Zip Code: 06785

FEC ID number of contributing federal political committee: C

Name of Employer: AVON PRODUCTS, INC. Occupation: EXECUTIVE

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 60003

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: 46669

Payroll Deduction
\$66.67 BiWeekly

SUBTOTAL of Receipts This Page (optional) 46669

TOTAL This Period (leaf page this box; number only) 46669

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (in Full)
AVON FUND FOR RESPONSIBLE GOVERNMENT

A. Full Name (Last, First, Middle Initial)
ROSSI JR., ANGELO J.

Mailing Address
1 PHEASANT'S RIDGE

City **NOETH GREENVILLE** State **DR** Zip Code **19807**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6 0 0 0 3

Date of Receipt
[] / [] / []

Amount of Each Receipt this Period
4 6 6 6 9

Payroll Deduction
\$66.67 BiWeekly

B. Full Name (Last, First, Middle Initial)
FORD, JEAN D.

Mailing Address
15 W. 72ND STREET, 10E

City **NEW YORK** State **NY** Zip Code **10023**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4 5 0 0 0

Date of Receipt
[] / [] / []

Amount of Each Receipt this Period
3 5 0 0 0

Payroll Deduction
\$50.00 BiWeekly

C. Full Name (Last, First, Middle Initial)
TUNNACIFFEE, JOHN F.

Mailing Address
25 GLACIER DRIVE

City **WEST WINDSOR** State **NJ** Zip Code **08550**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **AVON PRODUCTS, INC.** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 9 9 9 7

Date of Receipt
[] / [] / []

Amount of Each Receipt this Period
2 3 3 3 1

Payroll Deduction
\$33.33 Bi Weekly

SUBTOTAL of Receipts This Page (optional) ▶

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

1 0 5 0 0 0

7 3 8 6 7 2

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>10-8-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JA</i> PREPARER (5/2004)	<i>10-10-04</i> DATE PREPARED