

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
ADMINISTRATIVE DIVISION

APR 20 12 00 PM '94

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
Direct Marketing Association  
Political Action Committee

ADDRESS (number and street)  Check if different than previously reported  
1101 17th Street, N.W., Suite 705

CITY, STATE and ZIP CODE  
Washington, DC 20036

2. FEC IDENTIFICATION NUMBER  
000235309

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	COLUMN B
5. Covering Period 03/01/94 through 03/31/94		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <sup>94</sup>		\$ 4,055.75
(b)	Cash on Hand at Beginning of Reporting Period	\$ 2,416.51	
(c)	Total Receipts (from Line 18)	\$ 1,850.00	\$ 1,850.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4,266.51	\$ 5,905.75
7.	Total Disbursements (from Line 30)	\$ 1,928.99	\$ 3,568.23
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,337.52	\$ 2,337.52
9.	Debts and Obligations Owed TO 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 202-219-8420
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	

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 Ass't Treasurer Mark A. Micali

Signature of Treasurer Ass't Treasurer *Mark A. Micali* Date 4/19/94

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

24 J 3 8 9 5 0 5 7 4

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Direct Marketing Association Political Action Committee		FROM 03/01/94	TO 03/31/94
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	0	0	
ii. Unitemized	0	0	
iii. Total (add i and ii) >	0	0	
b. Political Party Committees	0	0	
c. Other Political Committees (such as PACs)	0	0	
d. Total Contributions (add a ii, b and c) >	0	0	
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	1,850.00	1,850.00	
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	
18. Transfers from Nonfederal Account for Joint Activity	0	0	
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,850.00	1,850.00	
20. Total Federal Receipts (subtract line 18 from line 19) >	1,850.00	1,850.00	
<b>II. Disbursements</b>			
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	3.99	6.35	
c. Total Operating Expenditures (add a i, ii, and b) >	3.99	6.35	
22. Transfers to Affiliated/Other Party Committees	0	0	
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,925.00	3,561.88	
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. Individual/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	0	0	
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >	1,928.99	3,568.23	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,928.99	3,568.23	
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	0	0	
33. Total Contribution Refunds (from line 28d)	0	0	
34. Net Contributions (other than loans)(subtract line 33 from 32)	0	0	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	3.99	6.35	
36. Offsets to Operating Expenditures (from line 15)	0	0	
37. Net Operating Expenditures (subtract line 36 from 35) >	3.99	6.35	

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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)

Direct Marketing Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeff Bingaman for Senate 1504 San Pedro, NE Albuquerque, NM 87110	Refund of 12/09/93 Contribution: \$1,000 -- General 1994	3/25/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DeConcini '94 Committee 5039 N. 19th Avenue, #3 Phoenix, AZ 85021	Refund of 09/10/93 Contributions: \$500-- Primary-1994: \$350--General	3/14/94	850.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation 1994	Aggregate Year-to-Date > \$ 850.00	
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) 1,850.00

TOTAL This Period (last page this line number only) 1,850.00

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21(b)

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**NAME OF COMMITTEE (In Full)**

Direct Marketing Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Riggs National Bank 1800 M Street, NW Washington, DC 20036	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/31/94	3.99
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

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

3.99

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

3.99

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 Direct Marketing Association Political Action Committee

3 4 0 3 8 7 5 0 5 7 3

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Henry Hyde for Congress P.O. Box 332 Des Plaines, IL 60016	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994	3/1/94	500.00
LaRocco for Congress P.O. Box 1553 Boise, ID 83701	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994	3/29/94	250.00
L.F. Payne for Congress P.O. Box 6580 Charlottesville, VA 22906	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994	3/16/94	500.00
LaColline Restaurant 400 North Capitol Street, NW Washington, DC 20001	Food for Jim Sasser Senate/TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994	3/16/94	(MEMO) 675.00 IN-KIND
Friends of Jim Sasser 1722 Eye Street, NW Washington, DC 20006	In-Kind Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994	3/16/94	675.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1,925.00
<b>TOTAL</b> This Period (last page this line number only) .....	1,925.00

**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 checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 4-20-94
<input type="checkbox"/> First Class Mail	POSTMARKED
<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
           [Signature]	           4-20-94
PREPARER	DATE PREPARED

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