

EIGHTH DISTRICT DEMOCRATIC COMMITTEE

P. O. BOX 152 SPRINGFIELD, VIRGINIA 22150

DEC 12 1994

Murgo E. Horner
Chair

Myke Deal
First Vice Chair

Jean Budil
Second Vice Chair

Adam Elbin
Secretary

Joseph B. Wisniewski
Treasurer

December 6, 1994

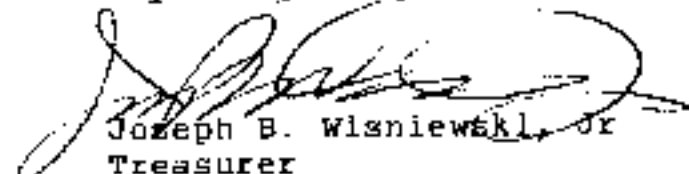
Federal Elections Commission
999 E Street, NW
Washington, D.C. 20463

Identification Number: C00210344

Dear Sir:

Enclosed is FEC Form 3X, Post-General Report. The report covers the activities of the Eighth District Democratic Committee (Party), in Virginia, for the period October 20, 1994 through November 28, 1994.

Very Truly Yours,


Joseph B. Wisniewski, Jr.
Treasurer

Enclosure

cc: State Board of Elections, Virginia
Democratic Party of Virginia, Richmond, VA
Treasurer's File



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) FEDERAL ELECTION COMMISSION 400 PENN. AVE. N.W. WASHINGTON, DISTRICT OF COLUMBIA 20543-1000 PHONE: (202) 452-2500 FAX: (202) 452-2500	2. FEC IDENTIFICATION NUMBER 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
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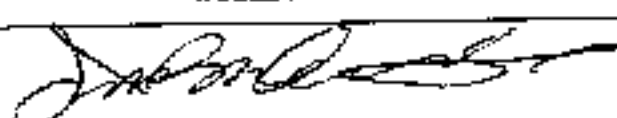
4. TYPE OF REPORT

- (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
11/08/94 in the State of Virginia
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/20/94</u> through <u>11/28/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 744.77
(b) Cash on Hand at Beginning of Reporting Period	\$ 2369.71	
(c) Total Receipts (from Line 19)	\$ 56185.00	\$ 68707.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 58554.71	\$ 69451.77
7. Total Disbursements (from Line 30)	\$ 51070.67	\$ 61967.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7484.04	\$ 7484.04
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 800-424-9630 Local 202-219-3420
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: JOSEPH B WISNIEWSKI JR

Signature of Treasurer: 

Date: 12/05/94

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

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

(revised 1/1/91)

NAME OF COMMITTEE EIGHTH DISTRICT DEMOCRATIC COMMITTEE		REPORT COVERING PERIOD FROM 10/20/94 TO: 11/28/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		14475.00	14975.00
i. Itemized (use Schedule A)		35585.00	36185.00
ii. Unitemized			
iii. Total	(add i and ii) >	50060.00	51160.00
b. Political Party Committees			8750.00
c. Other Political Committees (such as PACs)		6125.00	6125.00
d. Total Contributions	(add a iii, b and c) >	56185.00	66035.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			2672.00
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	56185.00	68707.00
20. Total Federal Receipts	(subtract line 18 from line 19) >	56185.00	68707.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		50920.67	61817.73
b. Other Federal Operating Expenditures		50920.67	61817.73
c. Total Operating Expenditures	(add a.i, ii, and b) >		
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(j)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		150.00	150.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds	(add a, b and c) >	150.00	150.00
29. Other Disbursements			
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	51070.67	61967.73
31. Total Federal Disbursements	(subtract line 21 a.i from line 30) >	51076.67	61967.73
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		56185.00	66035.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)		56185.00	66035.00
35. Total Federal Operating Expenditures	(add 21 a.i and 21 b) >	50920.67	61817.73
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 36 from 35) >	50920.67	61817.73

94032530522

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11a1

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)
EIGHTH DISTRICT DEMOCRATIC COMMITTEE

9
4
0
3
9
5
3
0
6
2
3

A. Full Name, Mailing Address and ZIP Code Elian Alby 7236A Beverly Park Dr Springfield VA 22150	Name of Employer Sprint Occupation Elec Engineer	Date (month, day, year) 10/21/94	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code David & Paige Anderson 314 N Patrick St Alexandria VA 22314	Name of Employer Self Occupation Analyst	Date (month, day, year) 10/21/94	Amount of Each Receipt this Period 1075.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser	Aggregate Year-to-Date > \$ 1075.00		
C. Full Name, Mailing Address and ZIP Code Murray M Bonitt 1310 Cleveland Street Alexandria VA 22302	Name of Employer Retiree Occupation	Date (month, day, year) 10/21/94	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Gail & Sanford Cohen 8200 Riding Ridge Pl McLean VA 22102	Name of Employer Congress Occupation Admin Assistant	Date (month, day, year) 10/21/94	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser	Aggregate Year-to-Date > \$ 1000.00		
E. Full Name, Mailing Address and ZIP Code Mr&Mrs Edward J Connor 6403 Lakeview Dr Falls Church VA 22041	Name of Employer Self Occupation Lawyer/Charity Pres	Date (month, day, year) 10/21/94	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser	Aggregate Year-to-Date > \$ 1000.00		
F. Full Name, Mailing Address and ZIP Code Bernard Pagelson 1412 Key Drive Alexandria VA 22304	Name of Employer Pagelson Schonberger Payne&Deichmeister Occupation Attorney	Date (month, day, year) 10/20/94	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Sen & Mrs Joseph Gartlan 5813 River Dr Mason Neck VA 22079	Name of Employer Retired Occupation State Senator	Date (month, day, year) 10/21/94	Amount of Each Receipt this Period 575.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser	Aggregate Year-to-Date > \$ 575.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Details Summary Page

PAGE 2 OF 3
FOIL LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)
EIGHTH DISTRICT DEMOCRATIC COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomson M Hirst 1353 Windy Hill Rd McLean VA 22102	Hirst & Co Occupation: Developer	10/21/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser	Aggregate Year-to-Date > \$ 500.00		
Barbara J Howell 501 Slaters Lane Alexandria VA 22314	Dept of Navy Occupation: Prog Analyst	10/21/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser	Aggregate Year-to-Date > \$ 500.00		
Robert Josephs 1125 15th St NW Washington DC 20005	Mortgage Bankers of America Occupation: Legal Counsel	10/21/94	750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser	Aggregate Year-to-Date > \$ 750.00		
Jim Kasica & Donna Kasica 1212 N Evergreen St Arlington VA 22205	Veda Inc Occupation: Analyst/Treasurer	10/21/94	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser	Aggregate Year-to-Date > \$ 1000.00		
Eugene Krizek 2201 White Oaks Drive Alexandria VA 22306	Christian Relief Service Occupation: President	10/21/94	750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser	Aggregate Year-to-Date > \$ 750.00		
Danny Le Blanc 3315 W Broad St Richmond VA 23230	VA State APL-CIO Occupation: Executive	10/21/94	1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser	Aggregate Year-to-Date > \$ 1500.00		
Frank Leone 4810 N Fairfax Dr Arlington VA 22203	LEGAL SERVICES Occupation: Attorney	10/21/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) _____

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

9 4 0 3 9 3 0 0 2 4

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)
EIGHTH DISTRICT DEMOCRATIC COMMITTEE

A. Full Name, Mailing Address and ZIP Code Michael Nardolilli 1314 N Harrison St Arlington VA 22205		Name of Employer Self	Date (month, day, year) 10/21/94	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser		Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Marie Ridder 1219 Crest Lane McLean VA 22101		Name of Employer Retired	Date (month, day, year) 10/21/94	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser		Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Francis X Riley 9906 King George Dr Manassas VA 22110		Name of Employer Retired	Date (month, day, year) 10/21/94	Amount of Each Receipt this Period 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser		Occupation	Aggregate Year-to-Date > \$ 750.00	
D. Full Name, Mailing Address and ZIP Code Kay & Albert Roslyn 4550 Seminary Rd Alexandria Va		Name of Employer Self	Date (month, day, year) 10/21/94	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser		Occupation Dentist	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code Johnny Swanson III PO Box 2609 Springfield VA 22152		Name of Employer Retired	Date (month, day, year) 10/21/94	Amount of Each Receipt this Period 575.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser		Occupation	Aggregate Year-to-Date > \$ 575.00	
F. Full Name, Mailing Address and ZIP Code John Theberge 10301 Lawyers Rd Vienna VA 22181		Name of Employer KUPAK ROCK	Date (month, day, year) 10/21/94	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser		Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Tim Weithman 1609 N Utah St Arlington VA 22207		Name of Employer Retired	Date (month, day, year) 10/21/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser		Occupation	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

14475.00

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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 11c

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NAME OF COMMITTEE (in Full)

EIGHTH DISTRICT DEMOCRATIC COMMITTEE

940526

<p>A. Full Name, Mailing Address and ZIP Code American Postal Workers Union PAC 1300 L Street NW Washington DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser</p>	<p>Name of Employer PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2500.00</p>	<p>Date (month, day, year) 10/20/94</p>	<p>Amount of Each Receipt this Period 2500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code ARCHIPAC-The American Institute of Architects 1735 New York Ave NW Washington DC 20006</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser</p>	<p>Name of Employer PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 750.00</p>	<p>Date (month, day, year) 10/20/94</p>	<p>Amount of Each Receipt this Period 750.00</p>
<p>C. Full Name, Mailing Address and ZIP Code KUPAK ROCK PAC 1107 Connecticut Ave NW Washington DC 20038</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/21/94</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Bricklayers Union PAC 815 - 15th Street NW Washington DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser</p>	<p>Name of Employer PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 150.00</p>	<p>Date (month, day, year) 10/20/94</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>E. Full Name, Mailing Address and ZIP Code COPE, AFL-CIO 815 16th Street NW Washington DC 20006</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser</p>	<p>Name of Employer PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/21/94</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Moran For Congress 5115 H Franconia Rd Alexandria VA 22310</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser</p>	<p>Name of Employer Campaign Committee</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 10/20/94</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Virginia Partisans PAC PO Box 20633 Alexandria VA 22320</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser</p>	<p>Name of Employer PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 725.00</p>	<p>Date (month, day, year) 10/20/94</p>	<p>Amount of Each Receipt this Period 725.00</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

6125.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full) **EIGHTH DISTRICT DEMOCRATIC COMMITTEE**

940329

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms Marilyn Now Rte 10 Box 940 Mechanicsville VA 23111	Rebate - Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Fund Raiser	11/04/94	150.00
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):	
TOTAL This Period (last page this line number only)	150.00

**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

12-8-94

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

SLS

PREPARER

12-13-94

DATE PREPARED

9403323330