

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
FEC MAIL ROOM

For Other Than An Authorized Committee
(Summary Page)

2000 OCT 16 A 3:21

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In Full) C00003897 090600 N 282 CLARA J CROUCH 6TH CONGRESSIONAL DISTRICT DEM OCRATIC COMMITTEE OF VIRGINIA PD BOX 13894 ROANOKE VA 24038	2. FEC IDENTIFICATION NUMBER C00003897 3. <input 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 Monthly Report Due On:
- July 15 Quarterly Report February 20 June 20 October 20
 October 15 Quarterly Report March 20 July 20 November 20
 January 31 Year End Report April 20 August 20 December 20
 July 31 Mid Year Report (Non-election Year Only) May 20 September 20 January 31
- Termination Report
- 12-Day Pre-Election Report for the _____ (Type of Election)
 election on _____ in the State of _____
- 30-Day Post-Election 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>7/1/2000</u> through <u>9/30/2000</u>		
6. (a) Cash on Hand January 1, 1998 <u>2000</u>		\$ 2,365.74
(b) Cash on Hand at Beginning of Reporting Period	\$ 768.78	
(c) Total Receipts (from Line 19)	\$ 7,835.05	\$ 7,985.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 8,603.83	\$ 10,350.79
7. Total Disbursements (from Line 30)	\$ 4,709.84	\$ 6,456.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,893.99	\$ 3,893.99
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 988 E Street, NW Washington, DC 20463 Toll Free 800-424-6530 Local 202-694-1100
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 Clara J. Crouch	Date 10/13/2000
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

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DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM SX

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
6th Congressional District Democratic Committee of Virginia	FROM 7/1/2000	TO 9/30/2000	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$2,500.00	\$2,510.00	11(a)(i)
ii. Unitemized	4,940.05	4,940.05	11(a)(ii)
iii. Total (add i and ii) >	7,440.05	7,450.05	11(a)(iii)
b. Political Party Committees	395.00	395.00	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a ii, b and c) >	-0-	-0-	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	7,835.05	7,985.05	19
20. Total Federal Receipts (subtract line 18 from line 19) >	7,835.05	7,985.05	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	4,709.84	6,456.80	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	4,709.84	6,456.80	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-	28(d)
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,709.84	6,456.80	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	4,709.84	6,456.80	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7,835.05	7,985.05	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,835.05	7,985.05	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	4,709.84	6,456.80	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	4,709.84	6,456.80	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11, s, i,

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)

6th Congressional District Democratic Committee of Virginia

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cabell Brand 701 W. Main Street Salem, VA 24153	Retired	8/4/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): JJ Dinner	Occupation	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Richard Cranwell P. O. Box 459 Vinton, VA 24179	Self	9/8/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): JJ Dinner	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Creigh Deeda P. O. Drawer D Hot Springs, VA 24445	Self	7/18/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): JJ Dinner	Occupation Attorney	Aggregate Year-to-Date > \$ 260.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John S. Edwards P. O. Box 1179 Roanoke, VA 24006	Self	8/4/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): JJ Dinner	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Donald McEachin P. O. Box 1321 Richmond, VA 23218	Self	8/4/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): JJ Dinner	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilford Ramsey 70 Robindale Court Buena Vista, VA 24416	Self	8/4/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): JJ Dinner	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Victor Thomas 1301 Orange Avenue, NE Roanoke, VA 24012	Self	8/22/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): JJ Dinner	Occupation Grocer	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) \$2,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11 a. i.

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NAME OF COMMITTEE (in Full)

6th Congressional District Democratic Committee of Virginia

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark R. Warner 210 N. Union Street, Suite 300 Alexandria, VA 22314	Self	8/4/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): JJ Dinner	Occupation Telecommunications	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clifton A. Woodrum P. O. Box 990 Roanoke, VA 24005	Self	7/18/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): JJ Dinner	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
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)	\$ 500.00
TOTAL This Period (last page this line number only)	\$2,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 b.

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NAME OF COMMITTEE (In Full)

6th Congressional District Democratic Committee of Virginia

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harrisonburg Democratic Committee 15 Ashleigh Drive Waynesboro, VA 22980		8/4/00	\$ 55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): State Convention	Occupation	Aggregate Year-to-Date > \$ 55.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lynchburg Democratic Committee P. O. Box 1363 Lynchburg, VA 24505		7/18/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): State Convention	Occupation	Aggregate Year-to-Date > \$ 50.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lynchburg Democratic Committee P. O. Box 1363 Lynchburg, VA 24505		9/19/00	230.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Materials	Occupation	Aggregate Year-to-Date > \$ 280.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roanoke City Democratic Committee 2736 Beverly Boulevard, SW Roanoke, Virginia 24015		7/18/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): State Convention	Occupation	Aggregate Year-to-Date > \$ 25.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Staunton Democratic Committee 103 Hudson Avenue Staunton, VA 24401		7/18/00	35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): State Convention	Occupation	Aggregate Year-to-Date > \$ 35.00	
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)

\$395.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21 b.

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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
Natural Bridge Hotel P. O. Box 57 Natural Bridge, VA 24578	Meeting Room Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Mgt. Rm. Exp.	7/18/00	\$ 43.40
Dull's Catering P. O. Box 437 Verona, VA 24482	Food for Hospitality Suite Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) State Convention	7/18/00	192.18
Holiday Inn Tanglewood 4468 Starkey Road, SW Roanoke, VA 24014	Food for JJ Dinner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) JJ Dinner	7/22/00	1,723.42
First Virginia Bank-Southwest P. O. Box 7585 Roanoke, VA 24019	Checks Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Office Expense	8/15/00	15.00
Sandra Ryals 3645 Mudlick Road Roanoke, VA 24018	Reimbursement for copies, stamps and supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Office Expense	8/21/00	106.92
Acme Business Machines 3727 Challenger Avenue Roanoke, VA 24012	Repair Fax Machine Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Office Expense	8/21/00	63.68
Democratic Party of Virginia 4620 Lee Highway, Suite 214 Arlington, VA 22207	Printing JJ Invitations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) JJ Dinner	9/7/00	296.54
Natural Bridge Hotel P. O. Box 57 Natural Bridge, VA 24578	Meeting Room Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Mgt. Rm. Exp.	9/8/00	86.80
Natural Bridge Hotel P. O. Box 57 Natural Bridge, VA 24578	Meeting Room Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Mgt. Rm. Exp.	9/27/00	43.40

SUBTOTAL of Disbursements This Page (optional)

\$2,571.34

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 21 b.

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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
Coalition of Labor Union Women 1202 Jamison Avenue, SE Roanoke, VA 24013	Dinner Program Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Ad	9/27/00	\$ 100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Virginia Coordinated Campaign 5834A North Kings Highway Alexandria, VA 22303	Signs, Bumper Stickers, Literature, etc. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/00	2,038.50
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)


\$2,138.50

TOTAL This Period (last page this line number only)

\$4,709.84

**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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10/15/00
<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
<input type="checkbox"/> Electronic Filing	
 PREPARER	10/16/00 DATE PREPARED