

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 19 3 14 PM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)		052996 N 252	
C00003897 R. DEVON WENGER 6TH CONGRESSIONAL DISTRICT DEM OCRATIC COMMITTEE OF VIRGINIA 507 LEE AVENUE		noted	
HARRISONBURG VA 22801		2. FEC IDENTIFICATION NUMBER C00003897	
3. <input checked="" type="checkbox"/> 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 This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>April 1, 1996</u> through <u>June 30, 1996</u>			
6. (a)	Cash on Hand January 1, 19...		\$ 1442.39
6. (b)	Cash on Hand at Beginning of Reporting Period	\$ 686.64	
6. (c)	Total Receipts (from Line 10)	\$ 6870.29	\$ 7780.29
6. (d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 7556.93	\$ 9222.68
7.	Total Disbursements (from Line 30)	\$ 2943.47	\$ 4609.22
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4613.46	\$ 4313.46
9.	Debts and Obligations Owed TO the Committee (Netize 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 800-424-9590 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Netize 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 <u>R. Devon Wenger</u>		Date <u>7-14-96</u>	
Signature of Treasurer <u>R. Devon Wenger</u>			

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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FEC FORM 3X

(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <b>6th CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VA.</b>	REPORT COVERING PERIOD FROM <b>4-1-96</b> TO <b>6-30-96</b>		
	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)	1475.00	1865.00	11(a)(i)
ii. Unitemized	4939.75	5454.75	11(a)(ii)
iii. Total (add i and ii) >	6414.75		11(a)(iii)
b. Political Party Committees	-		11(b)
c. Other Political Committees (such as PACs)	-		11(c)
d. Total Contributions (add a ii, b and c) >	6414.75	7324.75	11(d)
12. Transfers From Affiliated/Other Party Committees	455.54	455.54	12
13. All Loans Received	-		13
14. Loan Repayments Received	-		14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-		15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-		16
17. Other Federal Receipts (Dividends, Interest, etc.)	-		17
18. Transfers from Nonfederal Account for Joint Activity	-		18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	6870.29	7780.29	19
20. Total Federal Receipts (subtract line 18 from line 19) >	6870.29	7780.29	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-		21(a)(i)
ii. Non-Federal Share	-		21(a)(ii)
b. Other Federal Operating Expenditures	2943.47	3439.22	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	2943.47	3439.22	21(c)
22. Transfers to Affiliated/Other Party Committees	0	1170.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0		23
24. Independent Expenditures (use Schedule E)	0		24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (use Schedule F)	0		25
26. Loan Repayments Made	0		26
27. Loans Made	0		27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0		28(a)
b. Political Party Committees	0		28(b)
c. Other Political Committees (such as PACs)	0		28(c)
d. Total Contribution Refunds (add a, b and c) >	0		28(d)
29. Other Disbursements	0		29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2943.47	4609.22	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2943.47	4609.22	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	6414.75	7324.75	32
33. Total Contribution Refunds (from line 28d)	0		33
34. Net Contributions (other than loans)(subtract line 33 from 32)	0		34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	2943.47	3439.22	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	2943.47	3439.22	37

9801 1033 0000 0000 0000 0000

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 21

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) 8th CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VA

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cabell Brand 701 West Main St. Salem, Va 24153	Recovery Systems	5-3-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	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
Onzlee Ware 1624 Loudon Ave. Roanoke, Va 24017	Law Office of Onzlee Ware	5-3-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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. Devon Wenger 507 Lee Ave. Harrisonburg, Va 22801	House of Oak	5-3-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Co-owner retail store	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda F Wyatt 2543 Round Top Rd. NW Roanoke, Va 24012	West Side Elementary School	5-3-96	225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Teacher	Aggregate Year-to-Date > \$ 225.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffery W. Gray Rt 1 Box 408 Lexington, Va 24450	Columbia Gas Transmission Corp.	4-15-96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Telecommunications firm	Aggregate Year-to-Date > \$ 500.00	
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) .....

1475.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 18

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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
<u>Democratic Party of Virginia 1109 E. Main St. 2nd Floor Richmond, Va 23219</u>	<u>Affiliated Committee</u>	<u>4-13-96</u>	<u>260.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Reimbursement Computer</u>	Occupation: <u>Head Organizer</u>	Aggregate Year-to-Date: <u>\$</u>	
B. Full Name, Mailing Address and ZIP Code <u>Rockbridge County Dem. Committee Jacqueline C. Pleasants, Treas. RR2 BOX 374 Lexington, Va 24450</u>	<u>Affiliated Committee</u>	<u>4-13-96</u>	<u>95.54</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Reimbursement State dues</u>	Occupation: <u>See Page Sch. B line 21b on last report</u>	Aggregate Year-to-Date: <u>\$ 95.54</u>	
C. Full Name, Mailing Address and ZIP Code <u>Salem Democrats Cliffodean Hudson 606 N. Broad St. Salem, Va 24153</u>	<u>Affiliated Committee</u>	<u>4-15-96</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Reimbursement for State dues</u>	Occupation: <u>See Sch B line 21b on last report</u>	Aggregate Year-to-Date: <u>\$</u>	
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: <u>\$</u>	
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: <u>\$</u>	
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: <u>\$</u>	
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: <u>\$</u>	

SUBTOTAL of Receipts This Page (optional) .....  
TOTAL This Period (last page this line number only) ..... 455.54

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF  
1 2  
FOR LINE NUMBER  
21b

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NAME OF COMMITTEE (in Full) **6th CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VA.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Harrisonburg, Va 22801	Mailing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-15-96	2.75 100.00
Postmaster Roanoke, Va 24017	Stamps + Permit Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-16-96 5-07-96 5-29-96	64.00 64.00 85.00
Staples, The Office Super Store 4082 Electric Rd. Roanoke, Va 24018	Copies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-3-96	21.61
If It's Paper Apperson Drive Salem, Va 24153	Paper + Name Tags Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-3-96	32.64
Price Club 1830 Reservoir St. Harrisonburg, Va 22801	Food for Convention Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-10-96	158.91
Holiday Inn Roanoke Airport 3645 Mudlick Road Roanoke, Va 24018	Convention Room + Fund Raising Banquet Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-11-96	1575.78
Curry Copy Center 116 W. Campbell Ave. Roanoke, Va 24016	Plays for Convention + Banquet Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		25.50
The Recorder PO Box 10 Monterey, Va 24465	Invitations Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		412.21
Natural Bridge of Virginia Hotel PO Box 57 Natural Bridge, Va 24578	Meeting Room Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-29-96	171.98

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

2714.38

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 215

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.

**5th CONGRESSIONAL DISTRICT**

NAME OF COMMITTEE (in Full)

**DEMOCRATIC COMMITTEE OF VA**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Liz Stone 1923 Greenwood Rd. SW Roanoke, Va 24015	Entertainment JJ Barquist Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-11-96	150.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Merle Wenger 507 Lee Ave. Harrisonburg, Va 22801	Reimbursement for Food for Convention Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-17-96	79.09
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)

229.09

TOTAL This Period (last page this line number only)

2943.47

**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.

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*7/19/06*

PREPARER

DATE PREPARED

96-03-0166-145921