

# 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) Avon Products, Inc. Fund for Responsible Government	2. FEC IDENTIFICATION NUMBER C00112722
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9 West 57th Street	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE New York, NY 10019	

## 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 Line 11(a)ii-Itemized Receipts

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/94</u> through <u>6/30/94</u>		
6 (a) Cash on Hand January 1, 19_____		\$
(b) Cash on Hand at Beginning of Reporting Period	\$	
(c) Total Receipts (from Line 10)	\$	\$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$	\$
7. Total Disbursements (from Line 30)	\$	\$
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$	\$
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street NW Washington, DC 20483 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)	\$	

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	
Signature of Treasurer	Date 10/6/94

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

**FEC FORM 3X**

(revised 9/93)

F64AN101

94039262730

**SCHEDULE A**

**PAYROLL DEDUCTION  
ITEMIZED RECEIPTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER  
11(a)(ii)

★ ★ AMENDED PORTION

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 PRODUCTS, INC. FUND FOR RESPONSIBLE GOVERNMENT

94059262731\*\*

A. Full Name, Mailing Address and ZIP Code Audrey L. Yantis-Lucas 885 West End Avenue, Apt. 7B New York, NY 10025	Name of Employer Avon Products, Inc. 9 West 57th Street New York, NY 10019  Occupation Executive	Date (month, day, year) 6/30/94	Amount of Each Receipt this Period (\$200.00)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00	
** B. Full Name, Mailing Address and ZIP Code Thomas V. Flood 24 Water Street Old Tappan, NJ 07675	Name of Employer "  Occupation "	Date (month, day, year) 6/30/94	Amount of Each Receipt this Period (\$200.00)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00	
** C. Full Name, Mailing Address and ZIP Code Lynelle P. Kirby 1045 Park Avenue New York, NY 10028	Name of Employer "  Occupation "	Date (month, day, year) 6/30/94	Amount of Each Receipt this Period (\$200.00)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):		Aggregate Year-to-Date > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	(\$600.00)
<b>TOTAL</b> This Period (last page this line number only) .....	(\$1,790.00)

**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

*10-6-91*

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

*JMH*  
PREPARER

*10-12-91*  
DATE PREPARED

94039262732