

**AVON FUND FOR RESPONSIBLE  
GOVERNMENT**

RECEIVED  
FED MAIL  
OPERATIONS CENTER

2004 JUL 14 A 8 25

**LPS Overnight**

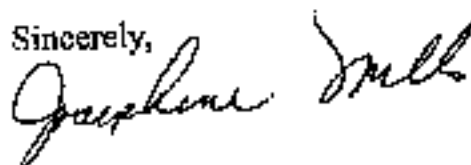
July 12, 2004

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Gentlemen:

Enclosed is our July 15 Quarterly Report.

Sincerely,



Josephine Mills  
Treasurer

JM:sg  
Enc.

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2004 JUL 14 A 8 25

Office Use Only

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

AVON FUND FOR RESPONSIBLE GOVERNMENT

ADDRESS (number and street)

1345 AVENUE OF THE AMERICAS



Check if different than previously reported. (ACG)

NEW YORK

NY

10105

0196

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00112722

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

in the State of

\_\_\_\_

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

in the State of

\_\_\_\_

5. Covering Period

04 / 01 / 2004

through

06 / 30 / 2004

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 JOSEPHINE MILLS

Signature of Treasurer

*Josephine Mills*

Date

07 / 12 / 2004

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**AVON FUND FOR RESPONSIBLE GOVERNMENT**

Report Covering the Period:

From:

04 / 01 / 2004

To:

06 / 30 / 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="float: right;">2004</span>		2411354
(b) Cash on Hand at Beginning of Reporting Period.....	2361519	
(c) Total Receipts (from Line 19).....	2694194	2694359
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5055713	5105713
7. Total Disbursements (from Line 21).....	104	50104
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5055609	5055609
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AVON FUND FOR RESPONSIBLE GOVERNMENT

Report Covering the Period:

From:

04 / 01 / 2004

To:

06 / 30 / 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2 6 9 4 0 0 2	2 6 9 4 0 0 2
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2 6 9 4 0 0 2	2 6 9 4 0 0 2
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	2 6 9 4 0 0 2	2 6 9 4 0 0 2
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....	1 9 2	3 5 7
18. Transfers from Non-Federal and Levin Funds:		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2 6 9 4 1 9 4	2 6 9 4 3 5 9
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2 6 9 4 1 9 4	2 6 9 4 3 5 9

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures Bank Fees .....	104	104
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		500.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	104	50104
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	104	50104

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2 6 9 4 0 0 2	2 6 9 4 0 0 2
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2 6 9 4 0 0 2	2 6 9 4 0 0 2
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1 0 4	1 0 4
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2 6 9 3 8 9 8	2 6 9 3 8 9 8

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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 FUND FOR RESPONSIBLE GOVERNMENT**

**A.** Full Name (Last, First, Middle Initial)  
**GLASER, NANCY**

Mailing Address  
**150 WEST END AVENUE**

City **NEW YORK** State **NY** Zip Code **10023**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AVON PRODUCTS, INC.** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,000.00**

Date of Receipt  
**04 / 11 / 2004**

Amount of Each Receipt this Period  
**1,000.00**

**B.** Full Name (Last, First, Middle Initial)  
**JUNG, ANDREA**

Mailing Address  
**1021 PARK AVENUE**

City **NEW YORK** State **NY** Zip Code **10028**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AVON PRODUCTS, INC** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,000.00**

Date of Receipt  
**04 / 06 / 2004**

Amount of Each Receipt this Period  
**1,000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MATHEWS, C. RICHARD**

Mailing Address  
**14 HORATIO STREET, #11H**

City **NEW YORK** State **NY** Zip Code **10014**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AVON PRODUCTS, INC.** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,000.00**

Date of Receipt  
**04 / 12 / 2004**

Amount of Each Receipt this Period  
**1,000.00**

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

**3,000.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

**AVON FUND FOR RESPONSIBLE GOVERNMENTS**

Full Name (Last, First, Middle Initial) <b>A. SUSETKA, WILLIAM</b>		Date of Receipt 04 / 19 / 2004	
Mailing Address 19 KINNICUTT ROAD		Amount of Each Receipt this Period 1 0 0 0 0 0	
City POUND RIDGE,	State NY	Zip Code 10676	
FEC ID number of contributing federal political committee C			
Name of Employer AVON PRODUCTS, INC.		Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1 0 0 0 0 0	

Full Name (Last, First, Middle Initial) <b>B. HAIGH ALEX, SALLY E.</b>		Date of Receipt 04 / 19 / 2004	
Mailing Address 127 4TH AVE., #6B		Amount of Each Receipt this Period 1 0 0 0 0 0	
City NEW YORK	State NY	Zip Code 10003	
FEC ID number of contributing federal political committee C			
Name of Employer AVON PRODUCTS, INC.		Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1 0 0 0 0 0	

Full Name (Last, First, Middle Initial) <b>C. LEVITAN, NANCY</b>		Date of Receipt 04 / 19 / 2004	
Mailing Address 60 FULTON AVENUE		Amount of Each Receipt this Period 7 5 0 0 0	
City RYE	State NY	Zip Code 10580	
FEC ID number of contributing federal political committee C			
Name of Employer AVON PRODUCTS, INC.		Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 7 5 0 0 0	

SUBTOTAL of Receipts This Page (optional) .....	2 7 5 0 0 0
TOTAL This Period (last page this line number only) .....	.....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)  
**AVON FUND FOR RESPONSIBLE GOVERNMENT**

Full Name (Last, First, Middle Initial) <b>A. WALAS, KATHLEEN</b>		Date of Receipt <b>04 / 19 / 2004</b>	
Mailing Address <b>404 EAST 55TH STREET</b>		Amount of Each Receipt this Period <b>1 0 0 0 0 0</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10022</b>	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1 0 0 0 0 0</b>		

Full Name (Last, First, Middle Initial) <b>B. KROFF, SUSAN</b>		Date of Receipt <b>05 / 03 / 2004</b>	
Mailing Address <b>14 E. 75TH STREET,</b>		Amount of Each Receipt this Period <b>2 0 0 0 0 0</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10021</b>	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2 0 0 0 0 0</b>		

Full Name (Last, First, Middle Initial) <b>C. LING, DENNIS</b>		Date of Receipt <b>05 / 03 / 2004</b>	
Mailing Address <b>93 EASTON ROAD</b>		Amount of Each Receipt this Period <b>1 0 0 0 0 0</b>	
City <b>WESTPORT</b>	State <b>CT</b>	Zip Code <b>06880</b>	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1 0 0 0 0 0</b>		

SUBTOTAL of Receipts This Page (optional) .....	<b>4 0 0 0 0 0</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AVON FUND FOR RESPONSIBLE GOVERNMENT**

Full Name (Last, First, Middle Initial) <b>A. LITTLEJOHN, ROBERT F.</b>		Date of Receipt <b>04 / 29 / 2004</b>	
Mailing Address <b>8 BRICK ROW</b>		Amount of Each Receipt this Period <b>7,500.00</b>	
City <b>ATHENS</b>	State <b>NY</b>	Zip Code <b>12015</b>	
FEC ID number of contributing federal political committee <b>C</b>			
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>7 5 0 0 0</b>		

Full Name (Last, First, Middle Initial) <b>B. PAHLCK, HAROLD E.</b>		Date of Receipt <b>05 / 06 / 2004</b>	
Mailing Address <b>36 LEONARD DRIVE</b>		Amount of Each Receipt this Period <b>7 5 0 0 0</b>	
City <b>WALDWICK</b>	State <b>NJ</b>	Zip Code <b>07463</b>	
FEC ID number of contributing federal political committee <b>C</b>			
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>7 5 0 0 0</b>		

Full Name (Last, First, Middle Initial) <b>C. GIBSON, JESSICA</b>		Date of Receipt <b>05 / 06 / 2004</b>	
Mailing Address <b>75 PROSPECT STREET, APT. 1D</b>		Amount of Each Receipt this Period <b>1 0 0 0 0 0</b>	
City <b>EAST ORANGE,</b>	State <b>NJ</b>	Zip Code <b>07017</b>	
FEC ID number of contributing federal political committee <b>C</b>			
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1 0 0 0 0 0</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2 5 0 0 0 0</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

AVON FUND FOR RESPONSIBLE GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. FREY, DONALD H.</b>		Date of Receipt 05 / 03 / 2004
Mailing Address 827 HUNTLEY DRIVE		Amount of Each Receipt this Period 1 0 0 0 0 0
City WEST HOLLYWOOD	State Zip Code CA 90069	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 0 0 0 0 0
Name of Employer AVON PRODUCTS, INC.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 0 0 0 0 0	

Full Name (Last, First, Middle Initial) <b>B. SCALAMANDRE, JILL</b>		Date of Receipt 05 / 12 / 2004
Mailing Address 50 EAST 89TH STREET, APT. 3A		Amount of Each Receipt this Period 1 0 0 0 0 0
City NEW YORK	State Zip Code NY 10128	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 0 0 0 0 0
Name of Employer AVON PRODUCTS, INC.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 0 0 0 0 0	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
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).....▶	2 0 0 0 0 0
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AVON FUND FOR RESPONSIBLE GOVERNMENT**

**A.** Full Name (Last, First, Middle Initial)  
LUO, XIAOCHUN

Mailing Address  
47 ROBERTS ROAD

City NEW CITY State NY Zip Code 10956

FEC ID number of contributing federal political committee: C

Name of Employer AVON PRODUCTS, INC. Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 80000

Date of Receipt: 05 / 13 / 2004

Amount of Each Receipt this Period: 80000

**B.** Full Name (Last, First, Middle Initial)  
KUTA, ADAM

Mailing Address  
23 FAIRWEATHER DRIVE

City NORWALK State CT Zip Code 06851

FEC ID number of contributing federal political committee: C

Name of Employer AVON PRODUCTS, INC. Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 75000

Date of Receipt: 05 / 13 / 2004

Amount of Each Receipt this Period: 75000

**C.** Full Name (Last, First, Middle Initial)  
SCHLESINGER, ALISON JILL

Mailing Address  
501 E. 87TH STREET

City NEW YORK State NY Zip Code 10128

FEC ID number of contributing federal political committee: C

Name of Employer AVON PRODUCTS, INC. Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100000

Date of Receipt: 05 / 20 / 2004

Amount of Each Receipt this Period: 100000

**SUBTOTAL** of Receipts This Page (optional) ..... 255000

**TOTAL** This Period (last page this line number only) ..... 255000

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AVON FUND FOR RESPONSIBLE GOVERNMENT

Full Name (Last, First, Middle Initial) <b>A. KLEMANN, GILBERT</b>		Date of Receipt 06 / 04 / 2004
Mailing Address 25 HOPE FARM ROAD		Amount of Each Receipt this Period 1 000 000
City GREENWICH,	State Zip Code CT 06830	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1 000 000
Name of Employer AVON PRODUCTS INC.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. LEEDS, TINA</b>		Date of Receipt 06 / 04 / 2004
Mailing Address 201 E. 66TH STREET		Amount of Each Receipt this Period 750 00
City NEW YORK,	State Zip Code NY 10021	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 750 00
Name of Employer AVON PRODUCTS, INC.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PENINGER, ALISA M.</b>		Date of Receipt 06 / 18 / 2004
Mailing Address 200 EDEN BRIDGE PLACE		Amount of Each Receipt this Period 666 66
City ALPHARETTA	State Zip Code GA 30022	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 666 66
Name of Employer AVON PRODUCTS, INC.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	1 816 66
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (in Full)  
**AVON FUND FOR RESPONSIBLE GOVERNMENT**

Full Name (Last, First, Middle Initial) <b>A. BRANCH, DARYL WAYNE</b>		Date of Receipt <b>06 / 18 / 2004</b>
Mailing Address <b>535 WOODBROOK WAY</b>		Amount of Each Receipt (This Period) <b>1,333.34</b>
City <b>LAWRENCEVILLE</b>	State Zip Code <b>GA</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>1,333.34</b>
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. VALONE, RICHARD J.</b>		Date of Receipt <b>06 / 18 / 2004</b>
Mailing Address <b>3 OLDE LYNE RD.</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>WINCHESTER</b>	State Zip Code <b>MA 01890</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>100.00</b>
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. KORDOWSKI, KATHLEEN A.</b>		Date of Receipt <b>06 / 18 / 2004</b>
Mailing Address <b>34 JACOB ROAD</b>		Amount of Each Receipt this Period <b>66.66</b>
City <b>WASHINGTON TOWNSHIP</b>	State Zip Code <b>NJ 06640-1030</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>66.66</b>
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AVON FUND FOR RESPONSIBLE GOVERNMENT**

A. Full Name (Last, First, Middle Initial) <b>SIMON, KENNETH J.</b>		Date of Receipt <b>06 / 18 / 2004</b>
Mailing Address <b>5 WAYNE VALLEY ROAD</b>		Amount of Each Receipt this Period <b>1 0 0 0 0</b>
City <b>ARMONK</b>	State Zip Code <b>NY 10504</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>1 0 0 0 0</b>
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) <b>TORREGROSSA, ANDREW T.</b>		Date of Receipt <b>06 / 18 / 2004</b>
Mailing Address <b>1 ORCHARD LANE</b>		Amount of Each Receipt this Period <b>6 6 6 6</b>
City <b>RYE</b>	State Zip Code <b>NY 10580</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>6 6 6 6</b>
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) <b>SANTINI, ANTHONY</b>		Date of Receipt <b>06 / 18 / 2004</b>
Mailing Address <b>10 KINGS GRANT WAY</b>		Amount of Each Receipt this Period <b>1 0 0 0 0</b>
City <b>BRJARCLIFF MANOR</b>	State Zip Code <b>NY 10510</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>1 0 0 0 0</b>
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2 6 6 6 6</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**AVON FUND FOR RESPONSIBLE GOVERNMENT**

Full Name (Last, First, Middle Initial) <b>A. OWEN, JOHN F.</b>		Date of Receipt 06 / 18 / 2004
Mailing Address 11 COLONEL THOMAS LANE		Amount of Each Receipt this Period 1 3 3 3 4
City BEDFORD	State Zip Code NY 10506	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date 1 3 3 3 4
Name of Employer AVON PRODUCTS, INC.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CORTI, ROBERT J.</b>		Date of Receipt 06 / 18 / 2004
Mailing Address 749 HUNT LANE		Amount of Each Receipt this Period 1 3 3 3 4
City MANHASSET	State Zip Code NY 11030	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date 1 3 3 3 4
Name of Employer AVON PRODUCTS, INC.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CONNOLLY, BRIAN C.</b>		Date of Receipt 06 / 18 / 2004
Mailing Address 7 CROYSSEN ROAD		Amount of Each Receipt this Period 1 3 3 3 4
City MORRISTOWN	State Zip Code NJ 07960	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date 1 3 3 3 4
Name of Employer AVON PRODUCTS, INC.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	4 0 0 0 2
TOTAL This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AVON FUND FOR RESPONSIBLE GOVERNMENT**

**A.** Full Name (Last, First, Middle Initial)  
**BOTTOMS, NEREYDA L.**

Mailing Address  
**224 E. 52ND STREET, #23**

City **NEW YORK,** State **NY** Zip Code **10022**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AVON PRODUCTS, INC.** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1 3 3 3 4**

Date of Receipt  
**06 / 18 / 2004**

Amount of Each Receipt this Period  
**1 3 3 3 4**

**B.** Full Name (Last, First, Middle Initial)  
**SPECTOR, JANICE L.**

Mailing Address  
**6 VARJCK STREET**

City **NEW YORK** State **NY** Zip Code **10013**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AVON PRODUCTS, INC.** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**6 6 6 6**

Date of Receipt  
**06 / 18 / 2004**

Amount of Each Receipt this Period  
**6 6 6 6**

**C.** Full Name (Last, First, Middle Initial)  
**JOHANSEN, RENEE W.**

Mailing Address  
**28 MORRIS AVE., UNIT DD**

City **SUMMIT** State **NJ** Zip Code **07901**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AVON PRODUCTS, INC.** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1 0 0 0 0**

Date of Receipt  
**06 / 18 / 2004**

Amount of Each Receipt this Period  
**1 0 0 0 0**

**SUBTOTAL** of Receipts This Page (optional) ..... **3 0 0 0 0**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AVON FUND FOR RESPONSIBLE GOVERNMENT**

Full Name (Last, First, Middle Initial)  
**A. MIGNONE, LOUIS P.**

Mailing Address  
**248 WOLFPIT AVENUE**

City State Zip Code  
**NORWALK CT 06851**

FEC ID number of contributing federal political committee.  
**C**

Name of Employer Occupation  
**AVON PRODUCTS, INC. EXECUTIVE**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**1 3 3 3 4**

Date of Receipt  
**06 18 2004**

Amount of Each Receipt this Period  
**1 3 3 3 4**

Full Name (Last, First, Middle Initial)  
**B. PAHWA, ASHOK**

Mailing Address  
**1 DEER RUN**

City State Zip Code  
**RYE BROOK NY 10573**

FEC ID number of contributing federal political committee.  
**C**

Name of Employer Occupation  
**AVON PRODUCTS, INC. EXECUTIVE**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**1 0 6 6 6**

Date of Receipt  
**06 18 2004**

Amount of Each Receipt this Period  
**1 0 6 6 6**

Full Name (Last, First, Middle Initial)  
**C. BOSWELL, GINA R.**

Mailing Address  
**30 NORTH STREET**

City State Zip Code  
**RYE NY 10580**

FEC ID number of contributing federal political committee.  
**C**

Name of Employer Occupation  
**AVON PRODUCTS, INC. EXECUTIVE**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**1 3 3 3 4**

Date of Receipt  
**06 18 2004**

Amount of Each Receipt this Period  
**1 3 3 3 4**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3 7 3 3 4**

**TOTAL** This Period (last page this time number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AVON FUND FOR RESPONSIBLE GOVERNMENT**

**A.** Full Name (Last, First, Middle Initial)  
**TOLLIVER, ROOSEVELT**

Mailing Address  
**640 COBBLESTONE LANE**

City State Zip Code  
**STONE MOUNTAIN GA 30087**

FEC ID number of contributing federal political committee  
**C**

Name of Employer Occupation  
**AVON PRODUCTS, INC. EXECUTIVE**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**7,500.00**

Date of Receipt  
**05 / 27 / 2004**

Amount of Each Receipt this Period  
**7,500.00**

**B.** Full Name (Last, First, Middle Initial)  
**FLEMING, JOHN**

Mailing Address  
**200 MILL CROSSING**

City State Zip Code  
**WEST COLLEYVILLE TX 76034**

FEC ID number of contributing federal political committee  
**C**

Name of Employer Occupation  
**AVON PRODUCTS, INC. EXECUTIVE**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,000.00**

Date of Receipt  
**05 / 04 / 2004**

Amount of Each Receipt this Period  
**1,000.00**

**C.** Full Name (Last, First, Middle Initial)  
**REGGIARDO, VANESSA**

Mailing Address  
**808 BROADWAY**

City State Zip Code  
**NEW YORK NY 10003**

FEC ID number of contributing federal political committee  
**C**

Name of Employer Occupation  
**AVON PRODUCTS, INC. EXECUTIVE**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**7,500.00**

Date of Receipt  
**05 / 23 / 2004**

Amount of Each Receipt this Period  
**7,500.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **2,500.00**

**TOTAL** This Period (last page this line number only) ..... **2,500.00**

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AVON FUND FOR RESPONSIBLE GOVERNMENT**

Full Name (Last, First, Middle Initial) <b>A. TEAL, JANICE</b>		Date of Receipt <b>05 / 03 / 2004</b>	
Mailing Address <b>93 EASTON ROAD</b>		Amount of Each Receipt this Period <b>1 0 0 0 . 0 0</b>	
City <b>WESTPORT</b>	State <b>NY</b>	Zip Code <b>06880</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>1 0 0 0 . 0 0</b>	
Name of Employer <b>AVON PRODUCTS, INC.</b>		Occupation <b>EXECUTIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. EISSER, DEBORAH A.</b>		Date of Receipt <b>05 / 03 / 2004</b>	
Mailing Address <b>101 W. 81ST STREET, #720</b>		Amount of Each Receipt this Period <b>7 5 0 0 . 0 0</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10024</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>7 5 0 0 . 0 0</b>	
Name of Employer <b>AVON PRODUCTS, INC.</b>		Occupation <b>EXECUTIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. TOTH, ROBERT</b>		Date of Receipt <b>05 / 03 / 2004</b>	
Mailing Address <b>7 BIRCHDALE KEEPERS WALK</b>		Amount of Each Receipt this Period <b>2 0 0 0 . 0 0</b>	
City <b>VIRGINIA WATER, VA</b>	State <b>SURREY</b>	Zip Code <b>GU254RU</b>	<b>U.K.</b>
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>2 0 0 0 . 0 0</b>	
Name of Employer <b>AVON PRODUCTS, INC.</b>		Occupation <b>EXECUTIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>3 7 5 0 . 0 0</b>
<b>TOTAL This Period (last page this line number only)</b> .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)  
**AVON FUND FOR RESPONSIBLE GOVERNMENT**

Full Name (Last, First, Middle Initial) <b>A. EDELMAN, HARRIET</b>		Date of Receipt <b>06 / 18 / 2004</b>
Mailing Address <b>550 LONG MOUNTAIN ROAD</b>		Amount of Each Receipt this Period <b>1 3 3 3 4</b>
City <b>NEW MILFORD</b>	State Zip Code <b>CT 06776</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>1 3 3 3 4</b>
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ROSSI JR., ANGELO J.</b>		Date of Receipt <b>06 / 18 / 2004</b>
Mailing Address <b>1 PHEASANT'S RIDGE</b>		Amount of Each Receipt this Period <b>1 3 3 3 4</b>
City <b>NORTH GREENVILLE</b>	State Zip Code <b>DE 19807</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>1 3 3 3 4</b>
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. FORD, JEAN D.</b>		Date of Receipt <b>06 / 18 / 2004</b>
Mailing Address <b>15 W. 72ND STREET, 10K</b>		Amount of Each Receipt this Period <b>1 0 0 0 0</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10023</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>1 0 0 0 0</b>
Name of Employer <b>AVON PRODUCTS, INC.</b>	Occupation <b>EXECUTIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3 6 6 6 8</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**AVON FUND FOR RESPONSIBLE GOVERNMENT**

**A.** Full Name (Last, First, Middle Initial)  
**TUNNACLIFFE, JOHN F.**

Mailing Address  
**25 GLACIER DRIVE**

City **WEST WINDSOR** State **NJ** Zip Code **08550**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AVON PRODUCTS, INC.** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**6 6 6 6**

Date of Receipt  
**06 / 18 / 2004**

Amount of Each Receipt this Period  
**6 6 6 6**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional) ..... **6 6 6 6**

**TOTAL** This Period (last page this line number only) ..... **2 6 9 4 0 0 2**

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC 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"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>7/13/04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>ja</i> PREPARER	<i>7/14/04</i> DATE PREPARED