

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

1 NAME OF COMMITTEE (in full) OHIO DEMOCRATIC PARTY FEDERAL CAMPAIGN ACCT.	FEC IDENTIFICATION NUMBER C00016899
ADDRESS (number and street) 37 WEST BROAD STREET, SUITE 430	<input type="checkbox"/> This committee qualified as a multi-candidate committee DURING THIS Reporting Period on:
CITY, STATE and ZIP CODE COLUMBUS, OHIO 43215	

4. TYPE OF REPORT

- a. April 15 Quarterly Report Monthly Report Due On:
- July 15 Quarterly Report ___ Feb.20 ___ Jun.20 ___ Oct.20
 October 15 Quarterly Report ___ Mar.20 ___ Jul.20 ___ Nov.20
 January 15 Year End Report ___ Apr.20 ___ Aug.20 ___ Dec.20
 July 31 Mid Year Report (Non-election Year Only) ___ May.20 ___ Sep.20 ___ Jan.20
 Termination Report
- Twelfth day report preceding the _____ election on _____ in the State of Ohio
 Thirtieth day report following the General Election on May 4, 1993 in the State of Ohio
- b. Is this Report an Amendment? Yes No

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SUMMARY	This Period	Calendar YTD
5 Covering Period May 25, 1993 through June 30, 1993		
6 (a) Cash on Hand January 1, 1993		\$268,545.74
(b) Cash on Hand at Beginning of Reporting Period	\$208,651.53	
(c) Total Receipts (from Line 19)	\$26,212.18	\$439,137.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$234,863.71	\$707,682.77
7 Total Disbursements (from Line 30)	\$69,732.49	\$542,551.55
8 Cash on Hand at Close of Report Period (subtract Line 7 from Line 6(d))	\$165,131.22	\$165,131.22
9 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	

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

STEVEN P. MARKS, ASSISTANT TREASURER

Signature of Treasurer *Steven P. Marks*

Date *4/14/93*

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
(Rev. 9/93)

METHOD OF ALLOCATION FOR SHARED FEDERAL
AND NON-FEDERAL ADMINISTRATIVE EXPENSES
AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE

OHIO DEMOCRATIC PARTY FEDERAL CAMPAIGN ACCOUNT

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) %
 PRESIDENTIAL YEAR (65%)
 ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) %
 OR
 FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$ %

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$ %

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

	NUMBER OF POINTS
1. PRESIDENT <input type="checkbox"/> (1 POINT)	
2. U.S. SENATE <input checked="" type="checkbox"/> (1 POINT)	1
3. U.S. CONGRESS <input checked="" type="checkbox"/> (1 POINT)	1
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)	2
5. GOVERNOR <input checked="" type="checkbox"/> (1 POINT)	1
6. OTHER STATEWIDE OFFICE(S) <input checked="" type="checkbox"/> (1 OR 2 POINTS)	2
7. STATE SENATE <input checked="" type="checkbox"/> (1 POINT)	1
8. STATE REPRESENTATIVE <input checked="" type="checkbox"/> (1 POINT)	1
9. LOCAL CANDIDATES <input checked="" type="checkbox"/> (1 OR 2 POINTS)	1
10. EXTRA NON-FEDERAL POINT <input checked="" type="checkbox"/> (1 POINT)	1
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)	7
12. TOTAL POINTS (LINE 4 PLUS LINE 11)	9

FEDERAL ALLOCATION - LINE 4 DIVIDED BY LINE 12 22 %

9 4 0 3 8 9 1 2 3 1 8

ALLOCATION RATIOS

NAME OF COMMITTEE

OHIO DEMOCRATIC PARTY FEDERAL CAMPAIGN ACCOUNT

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

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4
3
8
2
3
1
9

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
<p>ADMINISTRATIVE / VOTER DRIVE</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	22	78
<p>FR 93</p> <p>ACTIVITY IS: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	100	0
<p>STATE DINNER 1993</p> <p>ACTIVITY IS: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	100	0
<p>CHAIRMAN'S CIRCLE 1993</p> <p>ACTIVITY IS: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	100	0
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**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

4-15-94

First Class Mail

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DATE OF RECEIPT

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DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

JM II
 PREPARER

4-15-94
 DATE PREPARED

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