

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE
Oct 6 11 31 AM '94

October 5, 1994

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: October 15, 1994 Quarterly Report
Clipper Ship Voluntary Political Fund (Federal)

Dear Commission:

In connection with the above fund, I am enclosing Form 3X,
Report of Receipts and Disbursements, together with the
detailed summary page and Schedules A and B, for the period
July 1, 1994 through September 30, 1994.

Sincerely,

CLIPPER SHIP VOLUNTARY POLITICAL
FUND



George A. Russell, Jr.
Treasurer

116 Skyline Drive
Westwood, Mass. 02090

GAR:e

Enclosures

cc: The Commonwealth of Massachusetts
Office of the Secretary of State
1719 McCormack Building
One Ashburton Place
Boston, Mass. 02108

940327-5133

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
ADMINISTRATIVE SERVICES CENTER
1111 K STREET, N.W.
WASHINGTON, D.C. 20543
OCT 6 11 32 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>Ch. for Ship Volunteer Club Fund (Federal)</u>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>116 Skyline Drive</u>	2. FEC IDENTIFICATION NUMBER <u>C00072751</u>
CITY, STATE and ZIP CODE <u>Westwood, MA 02090</u>	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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>7-1-94</u> through <u>9-30-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 14,174. ⁴⁴
(b) Cash on Hand at Beginning of Reporting Period	\$ 20,585. ³⁷	
(c) Total Receipts (from Line 19)	\$ 800. ⁰⁰	\$ 13,475. ⁰⁰
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 21,385. ³⁷	\$ 27,649. ⁴⁴
7. Total Disbursements (from Line 30)	\$ 6,500. ⁰⁰	\$ 12,704. ⁰⁷
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 14,885. ³⁷	\$ 14,945. ³⁷
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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 <u>George A. Russell Jr.</u>	
Signature of Treasurer 	Date <u>10-21-94</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 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Clippers Shop Voluntary Political Fund (Federal)		FROM 7-1-94	TO 9-30-94	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	800 ⁰⁰	13,475 ⁰⁰	11(a)(i)
ii.	Unitemized			11(a)(ii)
iii.	Total (add i and ii) >	800 ⁰⁰	13,475 ⁰⁰	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a iii, b and c) >	800 ⁰⁰	13,475 ⁰⁰	11(d)
12.	Transfers From Affiliated/Other Party Committees			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) >	800 ⁰⁰	13,475 ⁰⁰	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	800 ⁰⁰	13,475 ⁰⁰	20
II. Disbursements				
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			21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	6500 ⁰⁰	12,764 ⁰⁰	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6500 ⁰⁰	12,764 ⁰⁰	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	6500 ⁰⁰	12,764 ⁰⁰	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d)	800 ⁰⁰	13,475 ⁰⁰	32
33.	Total Contribution Refunds (from line 28d)	- 0 -	- 0 -	33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	800 ⁰⁰	13,475 ⁰⁰	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	- 0 -	- 0 -	35
36.	Offsets to Operating Expenditures (from line 15)	- 0 -	- 0 -	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	- 0 -	- 0 -	37

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SCHEDULE A

ITEMIZED RECEIPTS

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)

Clery's Voluntary Political Fund (Federal)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah A. Robbins 5 B. Schussel Lane Lincoln, MA 01773	State Street Bank	7/17/94	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Banker	Aggregate Year-to-Date > \$150.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Baker Morin 330 Waverly St Belmont, MA 02178	State Street Bank	9/1/94	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Banker	Aggregate Year-to-Date > \$150.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George J. Davis 26 Carlton St Brookline MA 02146	State Street Bank	7/17/94	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Banker	Aggregate Year-to-Date > \$1500.00	
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)

TOTAL This Period (last page this line number only)

\$800.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

Chicago Ship Voluntary Political Fund

74038151321

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Studs For Congress P.O. Box 513 Spartanburg, SC 29061	Campaign Fund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-20-94	5000.00
Friends for McGuint Box 110 Boone, Iowa	Campaign Fund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-7-94	1,000.00
Democratic Senatorial Campaign Committee 430 South Capitol St., S.E. Washington, D.C. 20003	Campaign Fund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-19-94	5,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

6500.00

Federal Election Commission
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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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Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT


PREPARER

10-6-94
DATE PREPARED

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