

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
MAIL ROOM

Oct 24 12 37 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Avon Products, Inc. Fund for Responsible Government

ADDRESS (number and street) Check if different than previously reported
9 West 57th Street

CITY, STATE AND ZIP CODE
New York, NY 10019

2. FEC IDENTIFICATION NUMBER
C00112722

3. 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 (for a committee that reports)
- Termination Report
- (b) Is this Report an Amendment? YES NO

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 or _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covered Period <u>4/1/94</u> through <u>6/30/94</u>		
6. (a) Cash on Hand January 1, 1994		\$ 14,759.64
(b) Cash on Hand at Beginning of Reporting Period	\$ 25,685.58	
(c) Total Receipts (from Line 1c)	\$ 1,320.44	\$ 18,266.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 27,505.02	\$ 33,026.02
7. Total Disbursements (from Line 3d)	\$ 2,600.00	\$ 8,120.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 24,905.02	\$ 24,906.02
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 20463 Toll Free 800-426-6830 Local 202-219-3400
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
Mary Ann Dirzis

Signature of Treasurer *Mary Ann Dirzis* Date 10/18/94

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)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/7/91)

NAME OF COMMITTEE: **Avon Products, Inc. Fund for Responsible Government** REPORT COVERING PERIOD FROM: **4/1/94** TO: **6/30/94**

		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11	Contributions (other than loans) From:		
12	a. Individual/Persons Other Than Political Committees		
	Itemized (use Schedule A)	\$ 1,503.00	\$ 17,303.00
	Unitemized	280.00	897.00
	Total (add a i.)	1,783.00	18,200.00
13	b. Political Party Committees		
14	c. Other Political Committees (such as PACs)		
	Total Contributions (add a i, b and c)	1,783.00	18,200.00
17	17 Transfers From Affiliated/Other Party Committees		
18	18 At Loans Received		
19	19 Loan Repayments Received		
20	20 Offsets To Operating Expenditures (refunds, rebates, etc.)		
21	21 Refunds of Contributions Made to Federal Candidates and Other Political Committees	17.44	66.38
22	22 Other Federal Receipts (Dividends, Interest, etc.)		
23	23 Transfers from Nonfederal Account for Joint Activity		
24	24 Total Receipts (add lines 11, 12, 13, 14, 15, 16, 17, and 18)	\$ 1,920.44	\$ 18,266.38
25	25 Total Federal Receipts (subtract line 16 from line 24)		
II. Disbursements			
26	26 Operating Expenditures:		
	a. Shared Federal/Non-Federal Activity (from Schedule H-1)		
	Federal Share		
	Non-Federal Share		
	b. Other Federal Operating Expenditures		
	c. Total Operating Expenditures (add a i, a ii, and b)	- 0 -	20.00
27	27 Transfers to Affiliated/Other Party Committees		
28	28 Contributions to Federal Candidates/Committees and Other Political Committees	\$ 2,500.00	\$ 8,100.00
29	29 Independent Expenditures (use Schedule E)		
30	30 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
31	31 Loan Repayments Made		
32	32 Loans Made		
33	33 Refunds of Contributions To:		
	a. Individual/Persons Other Than Political Committees		
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)		
	d. Total Contribution Refunds (add a, b and c)		
34	34 Other Disbursements		
35	35 Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	\$ 2,500.00	\$ 8,120.00
36	36 Total Federal Disbursements (subtract line 21 a ii from line 35)		
III. Net Contributions/Operating Expenditures			
37	37 Total Contributions (other than loans) from line 11d		
38	38 Total Contribution Refunds (from line 28d)		
39	39 Net Contributions (other than loans) (subtract line 38 from line 37)		
40	40 Total Federal Operating Expenditures (add 21 a i and 21 b)		
41	41 Offsets to Operating Expenditures (from line 19)		
42	42 Net Operating Expenditures (subtract line 41 from line 40)		

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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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Martin 51 Soireview Road Ridgefield, CT 06877	Campaign Contribution	4/4/94	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$	
B. 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 > \$	
C. 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 > \$	
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) \$250.00

TOTAL This Period (last page this line number only)

MATS 10/18/94

23
3
4
5
6
7
8
9
0
1
2

PAYROLL DEDUCTION
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

AVON PRODUCTS, INC.

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	Date (month, day, year) 6/30/94	Amount of Each Receipt this Period \$ 140.00 (\$20 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 200.00	

B. 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 > \$	

C. 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 > \$	

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 > \$	

MAT 10/18/94

SUBTOTAL of Receipts This Page (optional)	\$ 140.00
TOTAL This Period (last page this line number only)	\$ 1,503.00

2 4 3 3 3 6 7 3 4

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full):

AVON PRODUCTS, INC. FUND FOR RESPONSIBLE GOVERNMENT

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
Hon. Nydia Velazquez Committee to Re-elect Nydia Velazquez 141 W. 94th Street New York, NY 10025	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/94	\$ 100.00
Hon. Pete Stark Pete Stark Re-Election Committee 555 New Jersey Avenue, N.W., Ste 201 Washington, DC 20001	" " Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/09/94	\$1,000.00
Hon. Charles S. Robb Robb for Senate Committee 3 E. 54th St., 3th Floor New York, NY 10022	" " Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/94	\$1,000.00
Hon. Connie Morella Friends of Connie Morella P.O. Box 5945 Bethesda, MD 20824	" " Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/01/94	\$ 500.00
B. 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 Page
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 Page
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 Page
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 Page
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 Page

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page the line number only)

\$2,600.00

20
30
40
50
60
70
80
90
100
110
120

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.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10-18-94

<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
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<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
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<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT

MMR PREPARER	10-24-94 DATE PREPARED
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