



FEDERAL ELECTION COMMISSION  
1111 Constitution Avenue, N.W.  
Washington, D.C. 20543

# CLEAN WATER ACTION

October 21, 1994

Mr. Stephen Cohen  
Reports Analyst  
Reports Analysis Division  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

RE: Clean Water Action/Vote Environment  
1320 18th Street, NW  
Suite 300  
Washington, DC 20036-1811

FEC ID #C00251942

Dear Mr. Cohen:

Please find enclosed the 12 Day Pre-Election Report for our Clean Water Action/Vote Environment PAC FEC ID # C00251942.

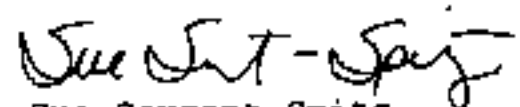
A new Treasurer, Assistant Treasurer and Bookkeeper have been appointed for this PAC, effective October 22, 1994. They are as follows:

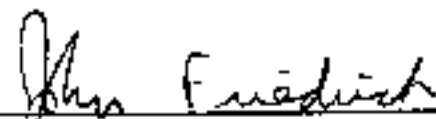
Treasurer: John Friedrich  
Assistant Treasurer: Anita Uyehara-McCartin  
Bookkeeper: Anita Uyehara-McCartin

Both John and Anita are employees of Clean Water Action and can be reached at the address on this letterhead. They can both be reached at (202) 457-1286, John at extension 129, and Anita at extension 110.

It is my understanding per page 6 of the FEC Campaign Guide, that the above information officially changes these officers.

Sincerely,

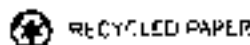
  
Sue Sergent-Spitz  
Treasurer

  
John Friedrich

  
Anita Uyehara-McCartin

NATIONAL OFFICE

1320 18th Street, N.W. ■ Washington, DC 20036-1811 ■ 202/457-1286 ■ FAX 202/457-0287



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9

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

Oct 27 1 07 PM '94

1. NAME OF COMMITTEE (in full) <b>Clean Water Action/Vote Environment</b>		2. FEC IDENTIFICATION NUMBER <b>COO251942</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1320 18th Street, N.W.</b>		
CITY, STATE and ZIP CODE <b>Washington, DC 20036-1811</b>		

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 (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 General  
(Type of Election)  
election on 11/08/94 in the State of District of Columbia

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>10/01/94</u> through <u>10/19/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 4,000.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 7,733.58	
(c) Total Receipts (from line 18)	\$ 0.00	\$ 5,103.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 7,733.58	\$ 9,103.04
7. Total Disbursements (from Line 20)	\$ 3,081.23	\$ 4,450.69
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 4,652.35	\$ 4,652.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 B 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)	\$ 0.00	

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 <b>Sue Sargent-Spitz</b>	Date <b>10/24/94</b>
Signature of Treasurer <i>Sue Sargent-Spitz</i>	

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 9/93)

94039401850

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE <b>Clean Water Action/Vote Environment</b>	REPORT COVERING PERIOD	
	FROM: 10/01/94	TO: 10/19/94
<b>I. Receipts</b>	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees:		
i. Itemized (Use Schedule A1).....	9.00	1,250.00
ii. Unitemized.....	0.00	50.00
iii. Total..... (add i and ii) >	9.00	1,300.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	3,750.00
d. Total Contributions..... (add all i, b and c) >	0.00	5,050.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other PACs.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	53.84
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	0.00	5,103.84
20. Total Federal Receipts..... (subtract line 18 from line 19) >	0.00	5,103.84
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4):		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	600.00	677.14
c. Total Operating Expenditures..... (Add ii, iii, and b) >	600.00	677.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other PACs.....	1,681.23	2,973.55
24. Independent Expenditures (see Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds..... (Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	800.00	800.00
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,081.23	4,450.69
31. Total Federal Disbursements..... (Subtract line 21 all from line 30) >	3,081.23	4,450.69
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans) (from line 11d).....	0.00	5,050.00
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	0.00	5,050.00
35. Total Federal Operating Expenditures..... (add 21 a and 21 b) >	600.00	677.14
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	600.00	677.14

940185

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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)  
**Clean Water Action/Vote Environment**

94057401852

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Clean Water Action 1320 18th Street, NW Washington, DC 20036-1811	Elections Report Card for CWA Newsletter Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/12/94	600.00
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 Disb. this Period
C. 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 Disb. this Period
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period
SUB TOTAL of Disbursements this page (Optional).....>			600.00
TOTAL this Period (Last page this line number only).....>			600.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
**Clean Water Action/Vote Environment**

23  
 5  
 18  
 40  
 3  
 2  
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 3

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DC PCV non member comm Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	45.10 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DC PCV non member comm - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	45.10 (Memo In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	Belmar Non member comm Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	215.00 (In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	Belmar Non member comm - Frank Pallone U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	215.00 (Memo In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Belmar non member comm Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	215.00 (In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	Belmar non member comm - Frank R. Lautenberg U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	215.00 (Memo In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	Belmar non member mt Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	7.14 (In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	Belmar non member mt - Frank Pallone U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	7.14 (Memo In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	MINPCV Non-Mbr. Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	117.90 (In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>	600.14
TOTAL this Period (Last page this line number only).....>	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 9

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

**Clean Water Action/Vote Environment**

94032401354

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>The Wynia Campaign</b> 1916 University Avenue St. Paul, MN 55104	<b>MNPCV Non-Mbr. Communication - Ann Wynia U.S. SENATE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	117.90 (Memo In-Kind)
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Mbr Communication</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	17.40 (In-Kind)
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Mbr Communication - BOB Mitchell U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	17.40 (Memo In-Kind)
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Mbr Literature</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	3.76 (In-Kind)
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Mbr Literature - BOB Mitchell U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	3.76 (Memo In-Kind)
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Mbr Communication</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	18.50 (In-Kind)
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Mbr Communications - BOB Mitchell U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	18.50 (Memo In-Kind)
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Mbr. Literature</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	3.75 (In-Kind)
<b>BOB MITCHELL</b> 3401 E. Saginaw Suite 106 Lansing, MI 48912	<b>MIFCV Non-Mbr. Literature - BOB Mitchell U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	3.75 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>

43.41

TOTAL this Period (Last page this line number only).....>



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

**Clean Water Action/Vote Environment**

94039401856

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Organ, Peterson - Ann Wynia U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	51.72 (Memo In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Organ, Crowe Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	59.50 (In-Kind)
The Wynia Campaign 1916 University Avenue St. Paul, MN 55104	Organ, Crowe - Ann Wynia U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/01/94	59.50 (Memo In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	30.70 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Communication - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	30.70 (Memo In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	2.69 (In-Kind)
Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	DCFCV Non-Member Literature - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	2.69 (Memo In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	NEPCV Non-Member Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	6.80 (In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	NEPCV Non-Member Literature - Thomas H. Andrews U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	6.80 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>

99.69

TOTAL this Period (Last page this line number only).....>



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 9  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)  
**Clean Water Action/Vote Environment**

94032401857

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101</b>	<b>NHECV Non-Member Communication</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	27.20 (In-Kind)
<b>Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101</b>	<b>NHECV Non-Member Communication - Thomas H. Andrews U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	27.20 (Memo In-Kind)
<b>BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912</b>	<b>MIFCV Non-Mbr Communication</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	16.10 (In-Kind)
<b>BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912</b>	<b>MIFCV Non-Mbr Communication - BOB Mitchell U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	16.10 (Memo In-Kind)
<b>BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912</b>	<b>MIFCV Non-Mbr Literature</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	3.50 (In-Kind)
<b>BOB MITCHELL 3401 E. Saginaw Suite 106 Lansing, MI 48912</b>	<b>MIFCV Non-Mbr Literature - BOB Mitchell U.S. HOUSE</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/02/94	3.50 (Memo In-Kind)
<b>Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102</b>	<b>NJPCV Communication to Non-Members</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/03/94	62.50 (In-Kind)
<b>Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102</b>	<b>NJPCV Communication to Non-Members - Frank R. Lautenberg</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/03/94	62.50 (Memo In-Kind)
<b>Rep. Frank Pallone 546 Broadway Room 119 Long Branch, NJ 07740</b>	<b>NJPCV Non-Member Communication</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/03/94	62.50 (In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>

171.80

TOTAL this Period (Last page this line number only).....>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 9  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)  
**Clean Water Action/Vote Environment**

940394010050

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Non-Member Communication - Frank Pallone U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/03/94	62.50 (Memo In-Kind)
B. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	Purpose of Disbursement DCFCV Non-Mem Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	22.80 (In-Kind)
C. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	Purpose of Disbursement DCFCV Non-Mem Communication - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	22.80 (Memo In-Kind)
D. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	Purpose of Disbursement DC FCV Non member lit Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	1.98 (In-Kind)
E. Full Name, Mailing Address and Zip Code Byrne for Congress Committee P.O. Box 2612 Falls Church, VA 22042	Purpose of Disbursement DC FCV Non member lit - Leslie L. Byrne U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	1.98 (Memo In-Kind)
F. Full Name, Mailing Address and Zip Code Ellen Schwartz	Purpose of Disbursement SF FCN Non member lit Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	5.50 (In-Kind)
G. Full Name, Mailing Address and Zip Code Ellen Schwartz	Purpose of Disbursement SF FCN Non member lit - Ellen Schwartz U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	5.50 (Memo In-Kind)
H. Full Name, Mailing Address and Zip Code Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Purpose of Disbursement Portsmouth FCV Comm to non-members Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	8.00 (In-Kind)
I. Full Name, Mailing Address and Zip Code Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Purpose of Disbursement Portsmouth FCV Comm to non-members - Thomas H. Andrews Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	8.00 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>

**38.28**

TOTAL this Period (Last page this line number only).....>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
**Clean Water Action/Vote Environment**

94037401859

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Portsmouth FCV Comm to non-members Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	2.00 (In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Portsmouth FCV Comm to non-members - Thomas H. Andrews Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	2.00 (Memo In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJ FVC Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	100.00 (In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJ FVC Nonmember communication - Frank Pallone U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	100.00 (Memo In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	NJPCV Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	100.00 (In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	NJPCV Nonmember communication - Frank R. Lautenberg U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	100.00 (Memo In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Nonmember lit Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	2.94 (In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Nonmember lit - Frank Pallone U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/09/94	2.94 (Memo In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Portsmouth FCV Comm to non-members Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	5.00 (In-Kind)

SUB TOTAL of Disbursements this page (Optional).....	212.94
TOTAL this Period (Last page this line number only).....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
**Clean Water Action/Vote Environment**

94037401860

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Portsmouth FCV Comm to non-members - Thomas H. Andrews U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	8.00 (Memo In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Portsmouth FCV Lit to nonmembers Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	2.00 (In-Kind)
Friends of Tom Andrews Station A P.O. Box 4400 Portland, ME 04101	Portsmouth FCV Lit to nonmembers - Thomas H. Andrews U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	2.00 (Memo In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	100.00 (In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Nonmember communication - Frank Pallone U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	100.00 (Memo In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	NJPCV Nonmember communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	100.00 (In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	NJPCV Nonmember communication - Frank R. Lautenberg U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	100.00 (Memo In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Nonmember literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	4.20 (In-Kind)
Rep. Frank Pallone 540 Broadway Room 119 Long Branch, NJ 07740	NJPCV Nonmember literature - Frank Pallone U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	4.20 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>  
206.20

TOTAL this Period (Last page this line number only).....>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
**Clean Water Action/Vote Environment**

9403401861

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	NJPCV Nonmember Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	4.20 (In-Kind)
Sen. Frank Lautenberg Suite 1001 Gateway One, Gateway CTR. Newark, NJ 07102	NJPCV Nonmember Literature - Frank R. Lautenberg U.S. SENATE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/16/94	4.20 (Memo In-Kind)
Lynn Rivers 1945 Pauline Blvd Ann Arbor, MI 48103	MI Nonmember Communication Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/19/94	11.10 (In-Kind)
Lynn Rivers 1945 Pauline Blvd Ann Arbor, MI 48103	MI Nonmember Communication - Lynn Rivers U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/19/94	11.10 (Memo In-Kind)
Lynn Rivers 1945 Pauline Blvd Ann Arbor, MI 48103	MI FCV Nonmember Literature Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/19/94	1.90 (In-Kind)
Lynn Rivers 1945 Pauline Blvd Ann Arbor, MI 48103	MI FCV Nonmember Literature - Lynn Rivers U.S. HOUSE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/19/94	1.90 (Memo In-Kind)
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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....> **17.20**

TOTAL this Period (Last page this line number only).....>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)  
**Clean Water Action/Vote Environment**

94032401862

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
System Dynamics 1320 18th St., NW Washington, DC 20006	MD List - New Political Districts Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/14/94	800.00
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 Disb. this Period
C. 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 Disb. this Period
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	800.00
TOTAL this Period (Last page this line number only).....>	800.00

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

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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

  
PREPARER

10/28/94  
DATE PREPARED

94037401363