

THE CURTIN LAW OFFICE, P.A.

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MINNEAPOLIS, MN 55437

TELEPHONE (612) 832-5500
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July 26, 1995

**CERTIFIED MAIL/
RETURN RECEIPT REQUESTED**

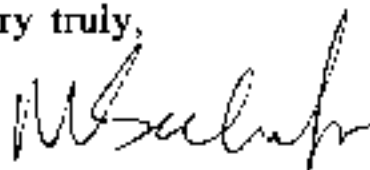
Public Records Office
Federal Election Commission
999 E Street NW
Washington, D.C. 20463

RE: ADVO, Inc. Political Action Committee

Ladies and Gentlemen:

Enclosed for filing with your office on behalf of ADVO, Inc. Political Action Committee please find the July 31 Mid-Year Report of Receipts and Disbursements on FEC Form 3X.

Very truly,



MICHELE D. SEEHAFFER

Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (if full) ADVO, Inc. Political Action Committee a/k/a ADVOPAC	AUG 3 1 4 31 1995
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported One Univac Lane	2. FEC IDENTIFICATION NUMBER CO 196659
CITY, STATE and ZIP CODE Windsor, CT 06095	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 checked="" 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>1/1/95</u> through <u>6/30/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 73,821.73
(b) Cash on Hand at Beginning of Reporting Period	\$ 73,821.73	
(c) Total Receipts (from Line 19)	\$ 21,854.64	\$ 21,854.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 95,676.37	\$ 95,676.37
7. Total Disbursements (from Line 30)	\$ 34,821.31	\$ 34,821.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 60,855.06	\$ 60,855.06
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	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)	\$ 0.00	
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 Vincent Giuliano		
Signature of Treasurer 		Date 7/24/95

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE ADVO, Inc. Political Action Committee a/k/a ADVDPAC		REPORT COVERING PERIOD FROM 1/1/95 TO: 6/30/95	
I. Receipts		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 A)	\$ 7,243.75	\$ 7,243.75	11(a)(i)
ii. Unitemized	13,657.89	13,657.89	11(a)(ii)
ii. Total (add i and a)	20,901.64	20,901.64	11(a)(ii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
c. Total Contributions (add a ii, b and c)	20,901.64	20,901.64	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.)	953.00	953.00	17
18. Transfers from Non-federal Account for Joint Activity			18
19. Total Receipts (add 11c, 12, 13, 14, 15, 16, 17, and 18)	21,854.64	21,854.64	19
20. Total Federal Receipts (subtract line 18 from line 19)	21,854.64	21,854.64	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	571.31	571.31	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	571.31	571.31	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	34,250.00	34,250.00	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, 28c, and 29)	34,821.31	34,821.31	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	34,821.31	34,821.31	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	20,901.64	20,901.64	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	20,901.64	20,901.64	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	571.31	571.31	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	571.31	571.31	37

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS

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

PAGE 1 OF 4

FOR LINE NUMBER 11(a)(i)

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)
ADVO, Inc. Political Action Committee, aka ADVOPAC

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A. Full Name, Mailing Address and ZIP Code Jeff Bander 43 Edelwood Lane Windsor, CT 06095		Name of Employer Advo, Inc.	Date (month, day, year)	Amount of Each Receipt this Period \$300 (one check)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP/GM	Aggregate Year-to-Date > \$ 300	
B. Full Name, Mailing Address and ZIP Code David Bokelman 266 Farmington Drive Lakeside Park		Name of Employer Advo, Inc.	Date (month, day, year)	Amount of Each Receipt this Period \$221 (\$17 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation RVP	Aggregate Year-to-Date > \$ 221	
C. Full Name, Mailing Address and ZIP Code Paul Case 40531 Sunset Court Antioch, IL 60012		Name of Employer Advo, Inc.	Date (month, day, year)	Amount of Each Receipt this Period \$201.50 (\$15.50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Excc.	Aggregate Year-to-Date > \$ 201.50	
D. Full Name, Mailing Address and ZIP Code Kay Clarke 89 River Road East Haddam, CT 06423		Name of Employer Advo, Inc.	Date (month, day, year)	Amount of Each Receipt this Period \$288 (\$24 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Div. Pres.	Aggregate Year-to-Date > \$ 288	
E. Full Name, Mailing Address and ZIP Code Peter Corran 3 Kimberly Drive Manchester, CT 06040		Name of Employer Advo, Inc.	Date (month, day, year)	Amount of Each Receipt this Period \$325 (\$25 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Pres., NAM	Aggregate Year-to-Date > \$ 325	
F. Full Name, Mailing Address and ZIP Code Joseph Durrett 97 Mallard Drive Avon, CT 06001		Name of Employer Advo, Inc.	Date (month, day, year)	Amount of Each Receipt this Period \$650 (\$50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President & CEO	Aggregate Year-to-Date > \$ 650	
G. Full Name, Mailing Address and ZIP Code Vincent Giuliano 26 Hollowbrook Road Windsor, CT 06095		Name of Employer Advo, Inc.	Date (month, day, year)	Amount of Each Receipt this Period \$200 (\$20 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP	Aggregate Year-to-Date > \$ 200	

SUBTOTAL of Receipts This Page (optional) \$2245.50

TOTAL This Period (last page this line number only) \$2245.50

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS

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

PAGE 2 OF 4
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
ADVO. Inc. Political Action Committee, aka ADVOPAC

A. Full Name, Mailing Address and ZIP Code Raymond Hansen Apt. 6134 Bigelow Commons Enfield, CT	Name of Employer Advo, Inc. Occupation Sr. VP	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period \$269.75 (\$20.75 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5269.75		
B. Full Name, Mailing Address and ZIP Code John Healy 91 Green Hill Road Longmeadow, MA 01106	Name of Employer Advo. Inc. Occupation Director	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period \$208 (\$16 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 208		
C. Full Name, Mailing Address and ZIP Code Marc Hoy 5 Cardinal Road Simsbury, CT 06070	Name of Employer Advo, Inc. Occupation Vice President	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period \$201.50 (\$15.50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 201.50		
D. Full Name, Mailing Address and ZIP Code Robert Kamerschen 204 Parade Hill Road New Canaan, CT 06840	Name of Employer Advo. Inc. Occupation CEO	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period \$949 (\$73 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 949		
E. Full Name, Mailing Address and ZIP Code Richard Kinch 48 Spruce Run Ramsey, NJ 07446	Name of Employer Advo. Inc. Occupation Exec	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period \$221 (\$17 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 221		
F. Full Name, Mailing Address and ZIP Code William Korowitz 45 Tollgate Road S. Glastonbury, CT 06073	Name of Employer Advo, Inc. Occupation Exec.	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period \$208 (\$16 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 208		
G. Full Name, Mailing Address and ZIP Code Fred Leick 61 College Ave. Annapolis, MD 21401	Name of Employer Advo. Inc. Occupation Div. Pres.	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period \$260 (\$20 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260		

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SUBTOTAL of Receipts This Page (optional)	\$2317.25
TOTAL This Period (last page this line number only)	\$2317.25

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (In Full)
 ADVO, Inc. Political Action Committee, aka ADVOPAC

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A. Full Name, Mailing Address and ZIP Code Myron Lubin 16417 North 55th Place Scottsdale, AZ 85254 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Advo, Inc.	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt This Period \$520 (\$40 per pay period)
	Occupation General Manager	Aggregate Year-to-Date > \$ 520	
B. Full Name, Mailing Address and ZIP Code Debbie Meadows 13530 North 95th Way Scottsdale, AZ 85260 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Advo, Inc.	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt This Period \$325 (\$25 per pay period)
	Occupation Manager	Aggregate Year-to-Date > \$ 325	
C. Full Name, Mailing Address and ZIP Code Stephanie Molnar 6304 Raritan Drive Columbia, MD 21045 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Advo, Inc.	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt This Period \$221 (\$17 per pay period)
	Occupation RVP	Aggregate Year-to-Date > \$ 221	
D. Full Name, Mailing Address and ZIP Code Larry Morris 15 Lucy Way Simsbury, CT 06070 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Advo, Inc.	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt This Period \$455 (\$35 per pay period)
	Occupation Chief Financial Officer	Aggregate Year-to-Date > \$ 455	
E. Full Name, Mailing Address and ZIP Code Edwin Pearl 2426 Leslie Detroit, MI 48238 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Advo, Inc.	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt This Period \$315 (\$15 per pay period)
	Occupation Manager	Aggregate Year-to-Date > \$ 315	
F. Full Name, Mailing Address and ZIP Code Dan Sherr 19 Conk Street Washington Depot, CT 06956 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Advo, Inc.	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt This Period \$260 (\$20 per pay period)
	Occupation Vice President	Aggregate Year-to-Date > \$ 260	
G. Full Name, Mailing Address and ZIP Code Frank Tulz 25085 Rolling Green Barrington, IL 60010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Advo, Inc.	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt This Period \$325 (\$25 per pay period)
	Occupation General Manager	Aggregate Year-to-Date > \$ 325	

SUBTOTAL of Receipts This Page (optional)
TOTAL This Period (last page this line number only) \$2491.00

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (In Full)
 ADVO, Inc. Political Action Committee, aka ADVOPAC

A. Full Name, Mailing Address and ZIP Code J. Thomas Van Berken 42 Longview Road Avon, CT 06001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Advo, Inc. Occupation Manager Aggregate Year-to-Date > \$ 260	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period \$260 (\$20 per pay period)
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$260.00
TOTAL This Period (last page this line number only)	\$7243.75

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

OTHER FEDERAL RECEIPTS

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NAME OF COMMITTEE (In Full)

ADVO, Inc. Political Action Committee, aka ADVOPAC

030312809

A. Full Name, Mailing Address and ZIP Code Fleet Bank One Constitution Plaza Hartford, CT 06115-1600 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer savings account interest income Occupation: Aggregate Year-to-Date > \$	Date (month, day, year) 01/31/95 02/28/95 03/31/95	Amount of Each Receipt this Period \$168.96 \$144.90 \$160.14
B. Full Name, Mailing Address and ZIP Code Fleet Bank (continued) One Constitution Plaza Hartford, CT 06115-1600 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer (continued) Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 04/28/95 05/31/95 06/30/95	Amount of Each Receipt this Period \$154.60 \$172.65 \$151.75
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$953

SCHEDULE B

ITEMIZED DISBURSEMENTS

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)
 ADVO, Inc. Political Action Committee, aka ADVOPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Andover, MA 05501	1994 Income Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/95	\$522
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 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 Disbursement 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 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)	\$522

2003032912800

SCHEDULE B

ITEMIZED DISBURSEMENTS

CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER PACs

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

ADVO, Inc. Political Action Committee, aka ADVOPAC

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Coverdell Gould Gov. Comm. 3091 Maple Drive, Suite 200 Atlanta, GA 30305	Contrib. to Paul Coverdell, Senate Cand., GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/11/95	\$1,000
B. Full Name, Mailing Address and ZIP Code National Republican Cong. Committee 320 First Street SE Washington, D.C. 20003	Purpose of Disbursement Contrib. to Nat'l Rep. Congress. Comm. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/25/95	\$5,000
C. Full Name, Mailing Address and ZIP Code Dem. Senatorial Campaign Comm. 1430 South Capital Street SE Washington, D.C. 20003	Purpose of Disbursement Contrib. to Dem. Senatorial Campaign Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/16/95	\$5,000
D. Full Name, Mailing Address and ZIP Code Gephardt in Congress Committee 507 Capitol Court NE, Ste 100 Washington, D.C. 20002	Purpose of Disbursement Contrib. to Richard Gephardt, House Cand., MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/21/95	\$2,000
E. Full Name, Mailing Address and ZIP Code Ackerman for Congress 7424 Miller Fall Road Deerwood, MD 20855	Purpose of Disbursement Contrib. to Gary Ackerman, House Cand., NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1/95	\$1,000
F. Full Name, Mailing Address and ZIP Code Citizens for Kasich 208 G Street NE Washington, D.C. 20002	Purpose of Disbursement Contrib. to John Kasich, House Cand., OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/95	\$1,000
G. Full Name, Mailing Address and ZIP Code Hoyer for Congress Committee 7905 Malcolm Road, Suite 102 Clinton, MD	Purpose of Disbursement Contrib. to Steny Hoyer, House Cand., MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/95	\$500
H. Full Name, Mailing Address and ZIP Code AMMA-PAC 1333 F Street NW, Suite 710 Washington, D.C. 20004	Purpose of Disbursement Contrib. to AMMA-PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/19/95	\$250
I. Full Name, Mailing Address and ZIP Code Friends of Chris Dodd 203 C Street NE Washington, D.C. 20002	Purpose of Disbursement Contrib. to Chris Dodd, Senate Cand., CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/19/95	\$2000

SUBTOTAL of Disbursements This Page (optional)

\$17,750

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER PACs

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

ADVO, Inc. Political Action Committee, aka ADVDPAC

2
0
2
8
1
2
9
3
0
3
7

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barbara Kennelly for Congress PO Box 2884 Washington, D.C. 20031	Contrib. to Barbara Kennelly House Cand., CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/19/95	\$1,000
B. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Cong. Rohrabacher PO Box 823 Huntington Beach, CA 92648-9983	Contrib. to Dana Rohrabacher House Cand., CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/3/95	\$500
C. Full Name, Mailing Address and ZIP Code Dem. Cong. Dinner Committee PO Box 2884 Washington, D.C. 20013	Contrib. to Dem. Cong. Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/3/95	\$3,000
D. Full Name, Mailing Address and ZIP Code Friends of Senator Carl Levin PO Box 2393 Washington, D.C. 20013	Contrib. to Carl Levin, Senate Cand., MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/95	\$1,000
E. Full Name, Mailing Address and ZIP Code Friends of Jim Saxton PO Box 795 Mount Holy, NJ 08060	Contrib. to Jim Saxton, House Cand., NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/95	\$500
F. Full Name, Mailing Address and ZIP Code Friends of Rosa DeLauro 501 Capitol Ct NE, Suite 200 Washington, D.C. 20002	Contrib. to Rosa DeLauro, House Cand., CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/95	\$500
G. Full Name, Mailing Address and ZIP Code Dole for President PO Box 1025 Merrifield, VA 22116-9850	Contrib. to Bob Dole, President Cand., KS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/95	\$5,000
H. Full Name, Mailing Address and ZIP Code Committee to Elect McHugh PO Box 70052 Washington, D.C.	Contrib. to John McHugh, House Cand., NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/95	\$5,000
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)

\$16,500

TOTAL This Period (last page this line number only)

\$34,250

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.

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POSTMARKED

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Postmark Illegible

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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

jsb
PREPARER

8-3-95
DATE PREPARED

3
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