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 (in full)
Red Republic Red Chair

ADDRESS (number and street) ☐ Check if different than previously reported
1000 Northpoint St 305

CITY, STATE and ZIP CODE
San Francisco CA 94109

DEC 12 2 42 ... 01

2. FEC IDENTIFICATION NUMBER
C00275032

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)
12 Day 8 Report Post Primary Election
☐ Termination Report

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 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 10/1/94 through 12/31/94		$ 141.56
6. (a) Cash on Hand January 1, 19 ____	$ 128.62	
(b) Cash on Hand at Beginning of Reporting Period	$ -0-	$ -0-
(c) Total Receipts (from Line 19)	$ 128.62	$ 141.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ -0-	$ 12[illegible].94
7. Total Disbursements (from Line 30)	$ 128.62	$ 128.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ ----	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 500.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Mark Sullivan

Signature of Treasurer

Date 10/12/94

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)

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

(revised 1/1/91)

NAME OF COMMITTEE: Real People For Real Change

REPORT COVERING PERIOD FROM: 10/1/94 TO: 11/23/94

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	0	0	11(a)(i)
i. Itemized (use Schedule A)			11(a)(ii)
ii. Unitemized			11(a)(iii)
iii. Total (add i and ii) ➤			11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			11(d)
d. Total Contributions (add a iii, b and c) ➤			12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	0	0	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0		21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share		12.94	21(b)
b. Other Federal Operating Expenditures		12.94	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤			29
29. Other Disbursements		12.94	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d and 29) ➤	0	12.94	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	0	—	32
33. Total Contribution Refunds (from line 28d)		—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)		—	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	12.94	35
36. Offsets to Operating Expenditures (from line 15)		—	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	12.94	37

4-00173

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SCHEDULE C
(Revised 3/80)

LOANS

Page ___ of ___ for
LINE NUMBER ___
(Use separate schedules for each numbered line)

Name of Committee (in Full): [illegible]

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
[illegible]	$850.00	$50.00	$800.00

Election: Primary General Other (specify):

Terms: Date Incurred [illegible] Date Due N/A Interest Rate N/A %(apr) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: Primary General Other (specify):

Terms: Date Incurred ___ Date Due ___ Interest Rate ___ %(apr) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

SUBTOTALS This Period This Page (optional) .....

TOTALS This Period (last page in this line only) $800.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

9 4 0 3 9 1 2 3 3 9 5

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED 12/8/94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

pky 12/13/94

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 5 2 0 3 9 6