

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)
**6th CONGRESSIONAL DISTRICT
 DEMOCRATIC COMMITTEE OF VA.**

ADDRESS (number and street) Check if different than previously reported
 215 PEPPER WING
 5-7 1/2 AVENUE

CITY, STATE and ZIP CODE
 HARRISONburg, VA 22801

2. FEC IDENTIFICATION NUMBER
 C 00003997

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

REC'D
 ADM'D
 JUL 13 12 20 AM '94

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

THIS COMMITTEE SEPARATED THE
 LISTING OF MULTICANDIDATE STATES FROM
 TO 1-1-94

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>4-1-94</u> through <u>6-30-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ <u>2 60</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>49 46</u>	
(c) Total Receipts (from Line 19)	\$ <u>8120 00</u>	\$ <u>8340 00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>8169 46</u>	\$ <u>8342 60</u>
7. Total Disbursements (from Line 30)	\$ <u>4266 43</u>	\$ <u>4374 31</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>3903 03</u>	\$ <u>3968 29</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>- 0 -</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 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)	\$ <u>- 0 -</u>	

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
R. Devon Wenger

Signature of Treasurer
[Signature]

Date
7-15-94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

940591098

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

(revised 1/1/91)

NAME OF COMMITTEE <u>G 2ND CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA</u>	REPORT COVERING PERIOD FROM <u>4-1-94</u> TO <u>6-30-94</u>	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	<u>4650⁰⁰</u>	<u>4650⁰⁰</u>
ii. Unitemized	<u>3470⁰⁰</u>	<u>3690⁰⁰</u>
iii. Total	<u>8120⁰⁰</u>	<u>8340⁰⁰</u>
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions	<u>8120⁰⁰</u>	<u>8340⁰⁰</u>
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts	<u>8120⁰⁰</u>	<u>8340⁰⁰</u>
20. Total Federal Receipts	<u>8120⁰⁰</u>	<u>8340⁰⁰</u>
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4):		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	<u>4206.23</u>	<u>4379.37</u>
c. Total Operating Expenditures	<u>4206.23</u>	<u>4379.37</u>
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441c(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. 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	<u>- 0 -</u>	<u>- 0 -</u>
29. Other Disbursements		
30. Total Disbursements	<u>4206.23</u>	<u>4379.37</u>
31. Total Federal Disbursements	<u>4206.23</u>	<u>4379.37</u>
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from line 32)		
35. Total Federal Operating Expenditures	<u>4206.23</u>	<u>4379.37</u>
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures	<u>4206.23</u>	<u>4379.37</u>

940391399

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules 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)

67th CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Devon Wenger 507 Lee Ave. Harrisonburg, Va 22801	Self-Employed	6-2-94	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retail	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
Warren B. Campbell 5711 Malvern Rd. NW Roanoke, Va 24012	Double Envelope Co.	6-16-94	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Estimator	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
Roger L. Shuler Rt 2 Box 109 E. Keton, Va 22827	Merck	5-31-94	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Millwright Pipefitter	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
Elliott S. Schewel 4316 Gorman Drive Lynchburg, Va 24503	State of Virginia	5-31-94	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation State Senator	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
Frank W. Nolan Rt 1 Box 215, VAR 1 778 Grottoes, Va 24441	Self-Employed	6-2-94	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer	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
Mrs. Charles Halbert 1314 Pond St. Covington, Va 24426	Retired	6-6	\$200.00
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
Sam Garrison 1232 WASENA AVE. Roanoke, Va 24015	Self-Employed	6-8	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lawyer	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 950.00

TOTAL This Period (last page this number only)

34337109000

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
2 OF 7
FOR LINE NUMBER
11A

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)

6TH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAMALOU WADSWORTH Rt #1 Box 364 Lexington Va 24450	Rockbridge Co. High School	7-14-74	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Teacher + College prof 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
ELIZABETH WILKINSON HER 32, Box 101A Lynchburg, Va. 24501	Augusta Hospital Corporation	6-2-74	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Nurse / Pharmacist Aggregate Year-to-Date > \$	6-20-74	30.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHYLLIS A. WILKINSON 2501 BUSINESS AVENUE, SW ROANOKE, VA. 24014	Retired	6-2-74	125.00
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
DAVID V. WILKINSON Rt. 1, Box 123 BUCHANAN VA 24006	C + P Telephone	6-2-74	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Service Technician 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
UNDECK WARR 1624 GARDNER AVE, NW ROANOKE, VA. 24017	SELF EMPLOYED	5-18-74 6-6-74 6-20-74	125.00 200.00 210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY 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
HARRY G. DUEL 115 S. LYNCHBURG ST. SPRINGFIELD VA 24401	American Safety Razor	6-20-74	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Operator 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
JOHN S. EDWARDS 3145 FOREST RD, SW ROANOKE, VA. 24015	SELF EMPLOYED	6-20-74	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (in round)	1375.00
TOTAL This Period (last page this line number only)	

3403101301

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page.

PAGE 3 OF 12
FORM NO. 1048
11A

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)

60TH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
5 CAMPUS HALLWAY P.O. Box 201 SWANNO, VA. 24022	SELF-EMPLOYED Occupation: HOTEL SERVICE RETIRED	6-20-94	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
W. P. Ramsey PO Box 311 Buena Vista, Va 24416 (24416)	SELF-EMPLOYED Occupation: REAL ESTATE AGENT	6-20-94	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
VIN VA. BY CONSTITUTION 4/2 TOMMY JORDAN 6045 AIRPORT ROAD PULASKY, VA. 24489-6971	NOT EMPLOYED Retired	6-20-94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Edward Menaker 157 Brook Ct Waynesboro, Va 22980-539	Retired	6-6-94	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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):	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):	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (including 1) 625.00

TOTAL This Period (last page this form carries only)

94037101302

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports and Statements may not be added 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)			
<u>6TH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA</u>			
A. Full Name, Mailing Address and ZIP Code <u>R. Craig Deeds</u> <u>House of Delegates Account</u> <u>P.O. Box 36</u> <u>Warm Springs, Va 24484</u>	Name of Employer <u>Self-employed</u> Occupation <u>State Delegate + Attorney</u> Aggregate Year-to-Date <u>> \$</u>	Date (month, day, year) <u>6-16-94</u>	Amount of Each Receipt this Period <u>125⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
B. Full Name, Mailing Address and ZIP Code <u>A. Victor Thomas</u> <u>Campaign Account</u> <u>1301 Orange Ave, NW</u> <u>Roanoke, VA 24012</u>	Name of Employer <u>Self-Employed</u> Occupation <u>Store Owner + State Delegate</u> Aggregate Year-to-Date <u>> \$</u>	Date (month, day, year) <u>6-16-94</u>	Amount of Each Receipt this Period <u>125.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
C. Full Name, Mailing Address and ZIP Code <u>Friends of Dick Cranwell Committee</u> <u>C. Richard Cranwell</u> <u>P.O. Box 454</u> <u>Vienna, Va 24179</u>	Name of Employer <u>Self-employed</u> Occupation <u>State Delegate + Attorney</u> Aggregate Year-to-Date <u>> \$</u>	Date (month, day, year) <u>6-20-94</u>	Amount of Each Receipt this Period <u>125⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
D. Full Name, Mailing Address and ZIP Code <u>Woodrum for House</u> <u>Clifton Woodrum</u> <u>P.O. Box 1371</u> <u>Roanoke, Va 24007</u>	Name of Employer <u>Self-Employed</u> Occupation <u>State Delegate + Attorney</u> Aggregate Year-to-Date <u>> \$</u>	Date (month, day, year) <u>6-2-94</u>	Amount of Each Receipt this Period <u>125⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
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 <u>> \$</u>	
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 <u>> \$</u>	
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 <u>> \$</u>	

SUBTOTAL of Receipts This Page (optional)	<u>500⁰⁰</u>
TOTAL This Period (last page this line number only)	

94037-0-903

* THESE FUNDS WERE TRANSFERRED TO THE STATE ACCOUNT 7-8-74

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7
FOR LINE NUMBER 11A1

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)

67th CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

9403910:304

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roanoke United Central Labor Council General Fund 10-85 1524 Williams Rd Roanoke, Va 24012		5-18	500.00 *
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
International Assoc. of Machinist + Aerospace workers Lodge #165 PO Box 136 Cooper Hill, Va 24079		6-6	50.00 *
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
International Brotherhood of Fireman + Oilers Local Union #513 P.O. Box 670 Vienna, Va 24179		6-8	125.00 *
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
Communications Workers of America Roanoke local # 2204 Shenandoah Bldg. Suite 600 Roanoke, Va 24011		6-6	150.00 *
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)	\$25.00
TOTAL This Period (last page this line number only)	

* Title Funds Were Transferred To ...
STATE ACCOUNT 7-10-74

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 7
FOR LINE NUMBER 11A1

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)

6TH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

A. Full Name, Mailing Address and ZIP Code Kathleen Kelly Performance Fundations Newport News #5177 1206 Tidewater Road, P.O. Norfolk, VA 23513-1169	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 6-2-74	Amount of Each Receipt this Period 100.00 *
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
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
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
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
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
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

24032101905

SUBTOTAL of Receipts This Period (optional)	100.00
TOTAL This Period (last page is the number only)	

* THESE FUNDS WERE TRANSFERRED TO THE STATE ACCOUNT 11/8/14

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 217 OF 217 FOR LINE NUMBER 11A.

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)

60TH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HEALTH SPECTRUM, INC. 714 WINDSOR ROAD ATLANTA, GEORGIA 30328 6/1/14 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Health Spectrum Pharmacist Aggregate Year-to-Date > \$	6/1/14	275.00 *
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 > \$		

94057101906

SUBTOTAL of Receipts This Page (column 1)	275.00
TOTAL This Period (last page of this line number only)	4650.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 218

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)

16TH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PASCAINSON 203000, VA. 24017	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-12-94	2.29
U.S. POSTAL SERVICE 417 RUTHERFORD AVE NW RUSHING, VA 24062-7749	PURPOSE OF DISBURSEMENT BOOK MAKE POINT #191 REIMBURSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-16-94	75.00
U.S. POSTAL SERVICE HARRISONBURG, VA 22801	PURPOSE OF DISBURSEMENT POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-17-94	52.20
NATURAL BRIDGE HOTEL P.O. BOX 57 NATURAL BRIDGE, VA 24578	PURPOSE OF DISBURSEMENT T-T DISBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-26-94	250.00
MONROE SANDER RT 1 BOX 364 LEXINGTON, VA 24450	PURPOSE OF DISBURSEMENT REIMBURSEMENT FOR T-T Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-2-94	412.12
PAUL LAYMAN RT 2 BOX 121 BUCHANAN, VA 24066	PURPOSE OF DISBURSEMENT REIMBURSEMENT FOR T-T Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-2-94	406.56
WILLIAM GERRI 1705 Longworth Bldg Washington, DC 20515	PURPOSE OF DISBURSEMENT T-T EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-22-94	103.21
FRANK ROMAN 2205 RICHMOND AVE NW ANNAPOLIS, VA 24018	PURPOSE OF DISBURSEMENT T-T DISBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-22-94	175.00
NATURAL BRIDGE HOTEL P.O. BOX 57 NATURAL BRIDGE, VA 24578	PURPOSE OF DISBURSEMENT T-T DISBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-22-94	2692.73

SUBTOTAL of Disbursement This Page (optional)

7168.25

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 2
FOR LINE NUMBER 213

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)

6TH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

20090329

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NATIONAL ALLIANCE HOTEL P.O. BOX 57 NINTONVILLE, VA. 24578	STATE BY HORTON'S ROOM Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-27-98	372.88
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	372.88
TOTAL This Period (last page this line number only)	4266.23

**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

7/15/94

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

J.A.D.
 PREPARER

7/18/94
 DATE PREPARED

94057101909