

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

Oct 13 1994

1. NAME OF COMMITTEE
R. Devon Wenger

2. FEC IDENTIFICATION NUMBER
C00003897

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:

- 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

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>4-1-94</u> through <u>6-30-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ <u>2⁰⁰</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>4946</u>	
(c) Total Receipts (from Line 19)	\$ <u>8120⁰⁰</u>	\$ <u>8340⁰⁰</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>816946</u>	\$ <u>8342⁰⁰</u>
7. Total Disbursements (from Line 30)	\$ <u>4206²³</u>	\$ <u>4379³⁷</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>3963²³</u>	\$ <u>3963²³</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 888 E Street, NW Washington, DC 20463 Toll Free 800-424-8530 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
R. Devon Wenger

Date
10-15-94

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

94037323901

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
<i>Fifth Congressional District Democratic Committee of Virginia</i>	FROM <i>4-1-94</i>	TO: <i>6-30-94</i>
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)	<i>1900⁰⁰</i>	<i>1900⁰⁰</i>
ii. Unitemized	<i>6220⁰⁰</i>	<i>6440⁰⁰</i>
iii. Total (add i and ii) >	<i>8120⁰⁰</i>	<i>8340⁰⁰</i>
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a, b and c) >		
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 (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>8120⁰⁰</i>	<i>8340⁰⁰</i>
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>8120⁰⁰</i>	<i>8340⁰⁰</i>
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	<i>4206.23</i>	<i>4379.37</i>
c. Total Operating Expenditures (add a, i, and b) >	<i>4206.23</i>	<i>4379.37</i>
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. 441a(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 (add a, b and c) >	<i>0</i>	<i>0</i>
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>4206.23</i>	<i>4379.37</i>
31. Total Federal Disbursements (subtract line 21 d, ii from line 30) >	<i>4206.23</i>	<i>4379.37</i>
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 32)		
35. Total Federal Operating Expenditures (add 21 a, i and 21 b) >	<i>4206.23</i>	<i>4379.37</i>
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >	<i>4206.23</i>	<i>4379.37</i>

3
 0
 9
 3
 9
 3
 0
 4
 9

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 14 OF 1141
FOR LINE NUMBER

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

94039323993

A. Full Name, Mailing Address and ZIP Code Mrs. Charles Holbert 1314 Pond St. Spartanburg, VA 24426	Name of Employer Retired	Date (month, day, year) 6-6	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code Angie Ware 1624 Gordon Ave. NW Roanoke, VA 24017	Name of Employer Self Employed	Date (month, day, year) 6-20-94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code University Consultants c/o Tommy Jordan 6145 Airport Rd. Roanoke, VA 24017	Name of Employer Norfolk-Southern Railroad	Date (month, day, year) 6-20-94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Supervisor	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

* THESE FUNDS WERE TRANSFERRED TO OUR STATE ACCOUNT 7-7-94

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
FDR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

16TH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

945321304

A. Full Name, Mailing Address and ZIP Code Roanoke United Central Labor Council General Fund 10-85 1529 Williamson Rd Roanoke, Va 24012 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) 5-18	Amount of Each Receipt this Period 500 ⁰⁰ *
B. Full Name, Mailing Address and ZIP Code International Assoc. of Machinist + Aerospace Workers Lodge #165 PO Box 136 Cooper Hill, Va 24079 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) 6-6	Amount of Each Receipt this Period 50 ⁰⁰ *
C. Full Name, Mailing Address and ZIP Code International Brotherhood of Firemen + Oilers Local Union #513 PO Box 630 Vinton, Va 24179 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) 6-8	Amount of Each Receipt this Period \$125 ⁰⁰ *
D. Full Name, Mailing Address and ZIP Code Communications Workers of America, Roanoke local # 2204 Shenandoah Bldg, Suite 600 Roanoke, Va 24011 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) 6-6	Amount of Each Receipt this Period 150 ⁰⁰ *
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)	825 ⁰⁰
TOTAL This Period (last page this line number only)	

* THESE FUNDS WERE TRANSFERRED TO OUR STATE ACCOUNT 7-7-94

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule list for each category of the Detailed Summary Page

PAGE 314 OF FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in full)

10TH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

A. Full Name, Mailing Address and ZIP Code

HEALTH SPECTRUM, INC.
71A WINDEN ROAD Joseph Chopski
RT. 4 CARTER VILLAGE SQUARE
VIENNA, VA 22177

Name of Employer

Health Spectrum

Date (month, day, year)

6-1-94

Amount of Each Receipt this Period

275.00 *

Receipt For: Primary General Other (specify):

Occupation

Pharmacist

Aggregate Year-to-Date > \$

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General Other (specify):

Occupation

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

94039622905

* THESE FUNDS WERE TRANSFERRED TO THE STATE ACCOUNT 7-12-94

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

9TH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE OF VIRGINIA

A. Full Name, Mailing Address and ZIP Code RONALD G. GARDNER, JR. 1202 JEFFERSON AVE, S.E. ROSA, VA. 24481-1907 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) 6 2 94	Amount of Each Receipt this Period 100.00 *
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

94039322906

TOTAL of Receipts This Page (optional) 100.00
 of This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

6TH 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
POSTMASTER ROANOKE, VA. 24019	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 419 AVENUE ROAD NW ROANOKE, VA. 24012-9998	Purpose of Disbursement BULK RATE PERMIT # 196 RENEWAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-16-94	75 ⁰⁰
U.S. POSTAL SERVICE HARRISON BLVD, VA 22801	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-19-94	52 ²⁰
NATURAL BRIDGE HOTEL P.O. Box 57 NATURAL BRIDGE, VA. 24578	Purpose of Disbursement J-J DINNER DEPOSIT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-26-94	250 ⁰⁰
MARGALOU SANDER RT 1 Box 364 Lexington, Va 24450	Purpose of Disbursement REIMBURSEMENT FOR J-J DINNER INVITATIONS & ENVS. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-2-94	412 ¹²
DAVID LAYMAN RT. 2, Box 125 BULLOHAN, VA. 24066	Purpose of Disbursement REIMBURSEMENT FOR PASSAGE J. J. DINNER INVITATIONS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-2-94	406 ³⁰
WILLIAM BLACK 1705 Longworth Bldg Washington, DC 20515	Purpose of Disbursement J-J GUEST EXPENSE - Ann., MEALS & EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-22-94	103 ²¹
FRANK ROMANO 2248 BRIDGE CANE S.W. ROANOKE VA. 24018	Purpose of Disbursement FRANK ENTERTAINMENT AT J. J. DINNER 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 J-J DINNER MEALS, TAX, GRATUITY, ETC. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-27-94	2692 ⁷²

SUBTOTAL of Disbursements This Page (optional)

4168 ⁹⁵

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
NATURAL BRIDGE HOTEL P.O. Box 57 NATURAL BRIDGE, VA 24578	5-16-74 MEETING ROOM Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-27-74	372.50
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

TOTAL of Disbursements This Page (optional) 372.50

TOTAL This Period (last page this line number only) 4206.23

**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

10-15-94-

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

MMR

PREPARER

10-19-94

DATE PREPARED

940339322909