

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

Oct 19 11 51 AM '94

1. NAME OF COMMITTEE (in full)  
00000000  
R. Devon Wenger  
 ted

2. FEC IDENTIFICATION NUMBER  
00003897

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

*This committee satisfied the criteria of multi-candidate status*  
 Monthly Report Due On: period 10-1-94  
 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 <u>7-1-94</u> through <u>9-30-94</u>		
6. (b) Cash on Hand January 1, 19 <u>94</u>		\$ <u>2<sup>00</sup></u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>3963<sup>23</sup></u>	
(c) Total Receipts (from Line 1B)	\$ <u>255<sup>00</sup></u>	\$ <u>8595<sup>00</sup></u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>4218<sup>23</sup></u>	\$ <u>8597<sup>60</sup></u>
7. Total Disbursements (from Line 3D)	\$ <u>1945.52</u>	\$ <u>6324.89</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>2272.71</u>	\$ <u>2272.71</u>

9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	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 -	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Margaret R. Kwatek Secretary Public, in for

Type or Print Name of Treasurer  
R. Devon Wenger

Signature of Treasurer  
R. Devon Wenger Date 10-15-94

Margaret R. Kwatek N.P. 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.

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# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(rev. 11/79)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
<i>6th Congressional District Democratic Committee</i>	FROM <i>7-1-94</i>	TO <i>9-30-94</i>
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	- 0 -	1900 <sup>00</sup>
ii. Unitemized	255 <sup>00</sup>	6695 <sup>00</sup>
iii. Total (add i and ii) >	255 <sup>00</sup>	8595 <sup>00</sup>
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, 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) >	255 <sup>00</sup>	8595 <sup>00</sup>
20. Total Federal Receipts (subtract line 18 from line 19) >	255 <sup>00</sup>	8595 <sup>00</sup>
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	245.52	4624.89
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees	500 <sup>00</sup>	500.00
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. 441(j)(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) >		
29. Other Disbursements	1200 <sup>00</sup>	1200.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1945.52	6324.89
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	1945.52	6324.89
<b>III. Net Contributions/Operating Expenditures</b>		
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) >	245.52	4624.89
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >	245.52	4624.89

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 7 OF 13  
FOR LINE NUMBER 21b

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)**

6<sup>th</sup> Congressional District Democratic Committee of Virginia

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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
Natural Bridge Hotel PO Box 57 Natural Bridge, Va 24578	6-16-94 meeting room Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/94	37.28
B. Full Name, Mailing Address and ZIP Code Phyllis Wimmer 2509 Rosalind Ave., SW ROANOKE, VA 24014	reimbursement for stamps (postage) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-12-94	21.75
C. Full Name, Mailing Address and ZIP Code Natural Bridge Hotel PO Box 57 Natural Bridge, Va 24578	meeting room 7-11-94 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		26.63
D. Full Name, Mailing Address and ZIP Code Onzlee Ware 1624 Loudon Ave, NW ROANOKE VA, 24017	reimbursement of stamps (postage) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-12-94	58.00
E. Full Name, Mailing Address and ZIP Code Natural Bridge Hotel PO Box 57 Natural Bridge, Va 24578	meeting room 7-18-94 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-17-94	37.28
F. Full Name, Mailing Address and ZIP Code Natural Bridge Hotel PO Box 57 Natural Bridge, Va 24578	meeting room 8-17-94 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-7-94	37.28
G. Full Name, Mailing Address and ZIP Code Onzlee Ware 1624 Loudon Ave, NW ROANOKE, VA 24017	reimbursement for envelope Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-94	27.30
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) .....

245.52

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 13  
FOR LINE NUMBER 22

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Roanoke City Democratic Committee c/o Angela Ware 1624 Loudon Ave NW Roanoke 24017	Phone Banking CIV 99 Candidates Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	9-19	500 <sup>00</sup>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General 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 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 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 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 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 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 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 Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SUBTOTAL of Disbursements This Page (optional) .....	500 <sup>00</sup>
TOTAL This Period (last page if is line number only) .....	

Contributions made during the previous reporting period were mistakenly put in the Federal rather than the State account as indicated on our last report.

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page  
 PAGE 3 OF 3  
 FOR LINE NUMBER 29

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

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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
<u>6th District Democratic Comm. State Acct. # 7087-1299</u>	<u>Transfer of fund from Fed acct VA 897 Roundtable</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>7-7-94</u>	<u>500<sup>00</sup></u>
<u>6th District Democratic Committee State Acct # 7087-1299</u>	<u>Transfer Fed acct VA 4571 Fireman Union</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>7-7-94</u>	<u>125<sup>00</sup></u>
<u>6th District Democratic Committee State Acct # 7087-1299</u>	<u>Transfer Fed acct Machinist Union Det 162</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>7-7-94</u>	<u>50<sup>00</sup></u>
<u>6th District Democratic Committee State Acct # 7087-1299</u>	<u>Transfer from Fed acct CWA # 2209</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>7-7-94</u>	<u>150<sup>00</sup></u>
<u>6th District Democratic Committee State Acct # 7087-1299</u>	<u>Transfer from Fed acct Natl. Spadun VA 395</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>7-7-94</u>	<u>275<sup>00</sup></u>
<u>6th District Democratic Committee State Acct # 7087-1299</u>	<u>Transfer from Federal Fed acct: Travelers 3194</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>7-12-94</u>	<u>100<sup>00</sup></u>
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) ..... 1200<sup>00</sup>

TOTAL This Period (last page this line number only) ..... 1200<sup>00</sup>

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.

94039322915

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