

USE FEC MAILING LABEL
TYPE OR PRINT

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee (Summary Page)

1. NAME OF COMMITTEE (in full)
 Direct Marketing Association
 Political Action Committee

ADDRESS (number and street) Check if different than previously reported
 1101 17th Street, N.W., Suite 705
 CITY, STATE AND ZIP CODE
 Washington, DC 20036

2. IDENTIFICATION NUMBER
 000235309

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)
 election on _____ in the State of _____
 Twelfth day report preceding _____ (Type of Election)
 Third day report following the General Election on _____ in the State of _____
 Termination Report

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Governing Period	08/01/94 through 08/31/94	
6.	(a) Cash on Hand January 1, 1994		\$ 7,055.75
	(b) Cash on Hand at Beginning of Reporting Period	\$ 12,549.32	
	(c) Total Receipts (from Line 19)	\$ 1,600.00	
	(d) Subtotal (add Lines b(d) and e(c) for Column A and Lines b(a) and e(c) for Column B)	\$ 14,149.32	
7.	Total Disbursements (from Line 30)	\$ 3,993.57	\$ 9,124.94
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 10,155.81	\$ 10,155.81
9.	Debts and Obligations Owed TO the Committee (Minimize all on Schedule C and/or Schedule D)	\$ 0	
10.	Debts and Obligations Owed BY the Committee (Minimize 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.

Type or Print Name of Treasurer
 Richard A. Burton

Signature of Treasurer
Richard A. Burton

Date
 9/16/94

For further information contact
 Federal Election Commission
 899 E Street, NW
 Washington, DC 20483
 Toll Free 800-424-9530
 Local 202-219-3420

RECEIVED
 FEDERAL ELECTION COMMISSION
 SEP 19 4 06 PM '94

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the detailed summary Page 1

PAGE OF FOR LINE NUMBER 11(A)(1)

Any information copied from such Report: and statements may not be so 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)

Direct Marketing Association Political Action Committee

Amount of Each Receipt this Period 1,000.00	Date (month, day, year) 8/8/97	Name of Employer Olan Mills, Inc.	Occupation Chairman of the Board	A. Full Name, Mailing Address and ZIP Code Olan Mills, II P.O. Box 23756 Chatterbox, IN 37422-3456 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):
Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
Amount of Each Receipt this Period 1,000.00	Date (month, day, year)	Name of Employer	Occupation	H. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
Aggregate Year-to-Date \$ 1,000.00				
Aggregate Year-to-Date \$				
Aggregate Year-to-Date \$				
Aggregate Year-to-Date \$				
Aggregate Year-to-Date \$				

TOTAL This Period (set page the line number only)

SUBTOTAL of Receipts This Page (optional)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21(b)

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)

Direct Marketing Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Riggs National Bank 1800 M Street, N.W. Washington, DC 20036	New Checks and Deposit Slips	8/17/94	16.13
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)			217.13
TOTAL This Period (use Page this line number only)			217.13

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in full)

Direct Marketing Association Political Action Committee

Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period	A. Full Name, Mailing Address and ZIP Code
Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 1994	8/9/94	1,000.00	Jim Moran for Congress P.O. Box 2518 Alexandria, VA 22301
Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1994	8/10/94	500.00	Condé for Congress 300 Capitol Mall, Suite 350 Sacramento, CA 95814
In-kind contribution: Allocation Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	8/17/94	250.00 (MEMO)	Powercourt Restaurant 520 North Capitol Street, N.W. Washington, DC 20001
Purpose of Disbursement In-kind contribution (Powercourt Rest.) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 1994	8/17/94	250.00	Steny Hoyer for Congress 9200 Basil Court, Suite 202 Landover, MD 20785
Purpose of Disbursement In-kind contributions: Allocations Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	8/30/94	1,750.75	The New York Hilton 1335 Avenue of the Americas New York, NY 10019
Purpose of Disbursement In-kind contribution (The New York Hilton) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 1994	8/30/94	875.38	Friends for Hyman '94 6100 Alton Avenue Las Vegas, NV 89107
Purpose of Disbursement In-kind contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1994	8/30/94	875.37	Korcy for U.S. Senate 1819 South 125th Avenue Omaha, NE 68114
Purpose of Disbursement In-kind contribution Allocation Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	8/31/94	275.63 (MEMO)	The Ability Group 1730 Rhode Island Avenue, NW, Ste 704 Washington, DC 20036
Purpose of Disbursement In-kind contribution (The Ability Group) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 1994	8/31/94	275.63	Steny Hoyer for Congress 9200 Basil Court, Suite 202 Landover, MD 20785

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3,776.38	SUBTOTAL of Disbursements This Page (optional)
3,776.38	TOTAL This Period (last page this line number only)

24039-21231

<p>Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS</p> <p>The Commission has added this page to the end of this filing to indicate how it was received.</p>	
<input checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 9-20-94
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
and/or DATE OF RECEIPT	
PREPARER JWH	DATE PREPARED 9-20-94