REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

Sorted

2. FEC IDENTIFICATION NUMBER

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

5. SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
Covering Period 7-1-93 through 12-31-93		
(a) Cash on Hand January 1, 1993		$ 369.05
(b) Cash on Hand at Beginning of Reporting Period 7-1-93	$ 920.22	
(c) Total Receipts (from Line 19)	$ 81.00	$ 685.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 1001.22	$ 1054.95
7 Total Disbursements (from Line 30)	$ 354.35	$ 408.08
8 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 646.87	$ 646.87
9 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10 Debts and Obligations Owed BY 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

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
Judith CLEMENT-LEE

Signature of Treasurer
Judith Clement-Lee

Date
1-23-94

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)

24038751253

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

(revised 1-1-91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM 7-1-93 TO: 12-31-93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		701.90
i. Itemized (use Schedule A)		
ii. Unitemized	15.00	13.95
iii. Total ...(add i and ii) ➤	15.00	13.95
b. Political Party Committees		
c. Other Political Committees (such as PACs)	66.00	667.24
d. Total Contributions ...(add a iii, b and c) ➤	81.00	681.19
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.)	0	4.71
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts ...(add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	81.00	
20. Total Federal Receipts ...(subtract line 18 from line 19) ➤	81.00	685.90
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	354.35	406.02
c. Total Operating Expenditures ...(Add a i, a ii, and b) ➤	354.35	406.02
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
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. Individuals/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		
30. Total Disbursements ...(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	354.35	406.02
31. Total Federal Disbursements ...(subtract line 21a i from line 30) ➤	354.35	406.02
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	81.00	685.90
33. Total Contribution Refunds (from line 28d)	0	
34. Net Contributions (other than loans)(subtract line 33 from 32)	81.00	685.90
35. Total Federal Operating Expenditures ...(add 21a i and 21 b) ➤	354.35	406.02
36. Offsets to Operating Expenditures (from line 15)	0	
37. Net Operating Expenditures ...(subtract line 36 from 35) ➤	354.35	685.90

HEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11B

y 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 rposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY 3RD RING DISTRICT WISCONSIN

A. Full Name, Mailing Address and ZIP Code WISCONSIN DEMOCRATIC PARTY 122 STATE ST MADISON, WIS 53703-2273	Name of Employer	Date (month, day, year) August 3 1993	Amount of Each Receipt this Period 600
Receipt For: ☐ Primary ☐ General ☐ 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
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) ..... >

TOTAL This Period (last page this line number only) ..... > 600

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER 11B

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)

DEMOCRATIC PARTY 3RD DIST. - WISCONSIN

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STEMPF PRINTING 123 W MAIN, PO BOX 190 SPARTA, WISCONSIN 54656	MISC Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	AUGUST 31 1993	56 98
B. Full Name, Mailing Address and ZIP Code TREAS- TED, ALEXANDER, LAY 3RD VIDEO-TIST-AIE RIVER FALLS WIS 54022	Purpose of Disbursement OPERATING EXPENSES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) SEPT 7 1993	Amount of Each Disbursement This Period 13 61
C. Full Name, Mailing Address and ZIP Code GARY RASMUSSEN CHAIR - 3RD C.D DEM. PTY W 2 BOX 179 LONEVILLE, WIS 54725	Purpose of Disbursement OPERATING EXPENSES PRINTING PRINTING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) SEPT 8 1993	Amount of Each Disbursement This Period 191 76
D. Full Name, Mailing Address and ZIP Code GARY RASMUSSEN CHAIR - 3RD C.D. DEM. PTY W 2 BOX 179 LONEVILLE, WIS 54725	Purpose of Disbursement OPERATING EXPENSES TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) OCT. 25 1993	Amount of Each Disbursement This Period 20 00
E. Full Name, Mailing Address and ZIP Code POTHOLY W 2 BOX 231 MENOMONIE, WIS 54751	Purpose of Disbursement MISC Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) OCT 24 1993	Amount of Each Disbursement This Period 72. 00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ 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: ☐ Primary ☐ 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: ☐ Primary ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 374 35

TOTAL This Period (last page this line number only) 374 35

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 1-24-94
☐	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

SCB.

PREPARER

1-27-94

DATE PREPARED

FEC FORM 70 2 (12/92)

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