

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)

DEMOCRATIC COUNTY COMMITTEE
COUNTY OF WALKER
COUNTY SEATTLE MUNICIPAL ADMINISTRATION
1000 1st Ave
207 WADSWORTH AVENUE 2ND FL
NEW YORK NY 10021

FEDERAL ELECTION COMMISSION
ADMINISTRATIVE
Oct 18 12 07 PM '94

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

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. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 13,718.98
(b) Cash on Hand at Beginning of Reporting Period	\$ 6,171.99	
(c) Total Receipts (from Line 1B)	\$ 13,830.00	\$ 26,880
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,001.99	\$ 40,578.98
7. Total Disbursements (from Line 3D)	\$ 9,513.51	\$ 30,110.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 10,488.48	\$ 10,488.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	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)	\$	

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: Ronald G. Weir

Signature of Treasurer: [Signature] Date: 10/14/94

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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FEC FORM 3X
(revised 9/93)

9 4 0 3 9 5 1 2 3 2 8

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO:	
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)	13,830	26,480	11(a)(i)
ii. Unitemized	0	400	11(a)(ii)
iii. Total (add i and ii) >	13,830	26,880	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	13,830	26,880	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	13,830	26,880	19
20. Total Federal Receipts (subtract line 18 from line 19) >	13,830	26,880	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	8,513.51	26,610.50	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	8,513.51	26,610.50	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000	3,500	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9,513.51	30,110.50	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	9,513.51	30,110.50	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	13,830	26,880	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	13,830	26,880	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	8,513.51	26,610.50	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	8,513.51	26,610.50	37

9 4 0 3 9 3 1 2 3 2 9

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(2) / 1

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)

ROUNDTABLE POLITICAL ACTION COMMITTEE

94039312330

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. Daniel Abraham 777 South Flagler Dr. West Palm Beach, FL 33400	Shin-Fast Foods	8/8/94	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Blumenthal 200 Central Park South New York, NY 10019	Self	7/20/94	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Securities	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman Rubrow 181-06 Tuleh Rd Jamaica Estates, NY 11432	Self	8/12/94	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate	Aggregate Year-to-Date > \$ 1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martiny Halbfinger 1165 Park Avenue New York, NY 10128	Paine Webber	8/4/94	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. V.P.	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
Martin Kimmel 40 Kimm Development 445 Park Ave. New York, NY 10022	KIMCO Dental	9/30/94	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Mark 625 Park Avenue New York, NY 10021	Mark Asset Management	8/12/94	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Nash 46 Odyssey Partners 31 West 52nd St. New York, NY 10019	Odyssey Partners	8/4/94	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 7,000

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 13
FOR LINE NUMBER 11 (41)

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NAME OF COMMITTEE (in Full)

ROUND TABLE POLITICAL ACTION COMMITTEE

9403231231

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cindy Siskin 300 E. 58th St. New York, NY 10022	Phoenix Mutual	8/12/94	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sales	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Ed Steinberg 454 West Park Ave. Long Beach, NY 11561	Stein-Fest International	8/8/94	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice Chairman	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Swanson 99 River Road Cos Cob, CT 06807	Polina Partners	8/12/94	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lewis Tupper 181-18 Tudor Rd. Jamaica Estates, NY 11432	Fest Fest Systems	8/14/94 9/30/94	720 360 1080
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 2080	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ed Gordon 4 Orchard Lane Kings Park, NY 11754	C.D. Lawson	8/12/94	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chief Economist	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rafael Zuhad 1050 Park Avenue New York, NY 10128	Mark Asset Management	7/20/94	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: S. V.P.	Aggregate Year-to-Date > \$ 1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Geller 372A Fifth St Brooklyn, NY 11215	Self	9/30/94	750
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): In Kind Rent	Occupation: Political Candidate	Aggregate Year-to-Date > \$ 2,250	

SUBTOTAL of Receipts This Page (optional) 6830

TOTAL This Period (last page this line number only) 13830

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF
FOR LINE NUMBER 216

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)

ROUNDTABLE POLITICAL ACTION COMMITTEE

2
3
8
2
1
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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
PHL P. O. Box 370036 Boston, MA 02241	Life Insurance - letter Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/94	704.89
B. Full Name, Mailing Address and ZIP Code Gary Geller 372A Fifth St. Brooklyn NY 11215	Purpose of Disbursement reimbursement for political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/5/94	75.40
C. Full Name, Mailing Address and ZIP Code Gary Geller 372A Fifth St. Brooklyn, NY 11215	Purpose of Disbursement Admin. Service for Sub Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/5/94	2250
D. Full Name, Mailing Address and ZIP Code Gary Geller 372A Fifth St Brooklyn, NY 11215	Purpose of Disbursement reimbursement for political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1/94	76.73
E. Full Name, Mailing Address and ZIP Code Gary Geller 372A Fifth St. Brooklyn NY 11215	Purpose of Disbursement Admin. Service for Sub Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/94	2,250
F. Full Name, Mailing Address and ZIP Code Gary Geller 372A Fifth St Brooklyn NY 11215	Purpose of Disbursement reimbursement for political Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/94	67.86
G. Full Name, Mailing Address and ZIP Code Gary Geller 372A Fifth St Brooklyn NY 11215	Purpose of Disbursement Admin. Service for Sub Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/94	2250
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 Gary Geller 372A Fifth St. Brooklyn NY 11215	Purpose of Disbursement Rent - in kind for printer Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/94	750

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

8,424.88

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)

RUNDOLF POLITICAL ACTION COMMITTEE

94039312333

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Karl Casper P.O. Box 812 Bismarck, ND 58502	Service (ND)	8/8/94	1,000
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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,000

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

10-18-94
DATE PREPARED

9403312834