



FEDERAL ELECTION COMMISSION

1325 K STREET N.W.  
WASHINGTON, D.C. 20463

THIS IS THE END OF MUR # 1709

Date Filmed 2/28/85 Camera No. --- 1

Cameraman JRL

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FEDERAL ELECTION COMMISSION

1709

(4) Routine slips

all language pertaining to conciliation negotiations

The above-described material was removed from this file pursuant to the following exemption provided in the Freedom of Information Act; 5 U.S.C. Section 552(b):

- |                                                                                    |                                                                           |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> (1) Classified Information                                | <input type="checkbox"/> (6) Personal privacy                             |
| <input checked="" type="checkbox"/> (2) Internal rules and practices               | <input type="checkbox"/> (7) Investigatory files                          |
| <input checked="" type="checkbox"/> (3) Exempted by other statute                  | <input type="checkbox"/> (8) Banking Information                          |
| <input type="checkbox"/> (4) Trade secrets and commercial or financial information | <input type="checkbox"/> (9) Well Information (geographic or geophysical) |
| <input checked="" type="checkbox"/> (5) Internal Documents                         |                                                                           |

Signed

C. L. Edwards

date

1/23/85

FEC 9-21-77

85040513283

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of )  
 ) MUR 1709  
The Citizens Party )  
Judi Gerhardt, treasurer )

CERTIFICATION

I, Marjorie W. Emmons, Secretary of the Federal Election Commission, do hereby certify that on December 24, 1984, the Commission decided by a vote of 5-0 to take the following actions in MUR 1709:

1. Accept the conciliation agreement attached to the General Counsel's Report signed December 19, 1984.
2. Close the file.

Commissioners Aikens, Elliott, Harris, McGarry and Reiche voted affirmatively in this matter; Commissioner McDonald did not cast a vote.

Attest:

12-26-84

Date

Judy C. Ransom

for Marjorie W. Emmons  
Secretary of the Commission

Received in Office of Commission Secretary:  
Circulated on 48 hour tally basis:

12-20-84, 8:53  
12-20-84, 4:00

85040513284



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

December 28, 1984

Martha S. Ryan, National Co-Chair  
The Citizens Party  
1101 North Highland Street  
Arlington, Virginia 22201

RE: MUR 1709  
The Citizens Party

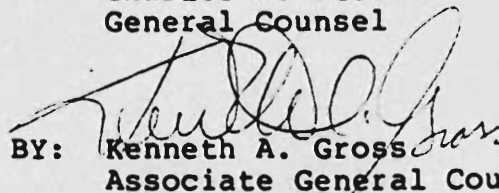
Dear Ms. Ryan:

On December 24, 1984, the Commission accepted the conciliation agreement signed by you, and a civil penalty in settlement of violations of 2 U.S.C. § 434(a)(4)(A), a provision of the Federal Election Campaign Act of 1971, as amended. Accordingly, the file has been closed in this matter, and it will become a part of the public record within thirty days. However, 2 U.S.C. § 437g(a)(4)(B) prohibits any information derived in connection with any conciliation attempt from becoming public without the written consent of the respondent and the Commission. Should you wish any such information to become part of the public record, please advise us in writing.

Enclosed you will find a fully executed copy of the final conciliation agreement for your files.

Sincerely,

Charles N. Steele  
General Counsel

BY:   
Kenneth A. Gross  
Associate General Counsel

Enclosure  
Conciliation Agreement

85040513285

RECEIVED AT THE FEC  
GCC#5960  
84 DEC 14 4:00

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of )  
 )  
The Citizens Party ) MUR 1709  
Judi Gerhardt, Treasurer )

CONCILIATION AGREEMENT

This matter was initiated by the Federal Election Commission (hereinafter "the Commission"), pursuant to information ascertained in the normal course of carrying out its supervisory responsibilities. The Commission found reason to believe that the Citizens Party and its treasurer ("the Respondent") violated 2 U.S.C. § 434(a)(4)(A)(iv) by failing to file the 1983 Mid-Year Report in a timely manner, and 2 U.S.C. § 434(a)(1) for the failure to have the report signed by the treasurer.

NOW, THEREFORE, the Commission and Respondent, having participated in informal methods of conciliation, prior to a finding of probable cause to believe, do hereby agree as follows:

I. The Commission has jurisdiction over the Respondent, and the subject matter of this proceeding, and this agreement has the effect of an agreement entered pursuant to 2 U.S.C. § 437g(a)(4)(A)(i).

II. Respondent has had a reasonable opportunity to demonstrate that no action should be taken in this matter.

III. Respondent enters voluntarily into this agreement with the Commission.

6  
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8

RECEIVED  
GENERAL COUNSEL  
14 DEC 14 11:12

IV. The pertinent facts in this matter are as follows:

1. Respondent is the party committee for the Citizens Party.
2. Respondent failed to file the 1983 Mid-Year Report in a timely manner.
3. Respondent failed to have the report signed by the treasurer.

V. WHEREFORE, Respondent agrees:

1. Respondent's failure to file a 1983 Mid-Year Report in a timely manner is a violation of 2 U.S.C. § 434(a)(4)(A)(iv).
2. Respondent has filed all the Citizen Party's 1983 reports as required by 2 U.S.C. § 434(a)(4)(A)(iv).
3. Respondent's failure to sign the 1983 Mid-Year Report is a violation of 2 U.S.C. § 434(a)(1).

VI. Respondent will pay a civil penalty to the Treasurer of the United States in the amount of Two Hundred Dollars (\$200.00) pursuant to 2 U.S.C. § 437g(a)(5)(A).

VII. Respondent will pay the Two Hundred Dollar (\$200.00) civil penalty in three (3) payments, starting with a \$50.00 at this time, \$50.00 on or before November 15, 1984, and the balance (\$100.00) on or before December 31, 1984.

VIII. Respondent agrees that it shall not undertake any activity that is in violation of the Federal Election Campaign Act of 1971, as amended, 2 U.S.C. § 431, et seq.

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IX. The Commission, on request of anyone filing a complaint under 2 U.S.C. § 437g(a)(1) concerning the matters at issue herein or on its own motion, may review compliance with this agreement. If the Commission believes that this agreement or any requirement thereof has been violated, it may institute a civil action for relief in the United States District Court for the District of Columbia.

X. This agreement shall become effective as of the date that all parties hereto have executed same and the Commission has approved the entire agreement.

XI. Respondent shall have no more than thirty (30) days from the date this agreement becomes effective to comply with and implement the requirements contained in this agreement and to so notify the Commission.

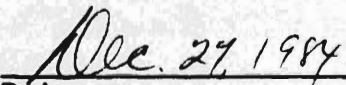
XII. This Conciliation Agreement constitutes the entire agreement between the parties on the matters raised herein, and no other statement, promise, or agreement, either written or oral, made by either party or by agents of either party, that is not contained in this written agreement shall be valid.

FOR THE COMMISSION:

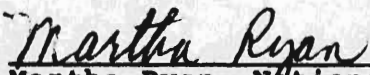
Charles N. Steele  
General Counsel

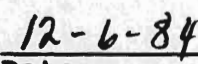
BY:

  
Kenneth A. Gross  
Associate General Counsel

  
Date

FOR THE RESPONDENT:

  
Martha Ryan, National Co-Chair  
The Citizens Party

  
Date

95040513298



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

MEMORANDUM

TO: Office of the Commission Secretary  
FROM: Office of General Counsel *Ca*  
DATE: December 20, 1984  
SUBJECT: MUR 1709 - General Counsel's Report

The attached is submitted as an Agenda document  
for the Commission Meeting of \_\_\_\_\_

Open Session \_\_\_\_\_

Closed Session \_\_\_\_\_

CIRCULATIONS

48 Hour Tally Vote [x]  
Sensitive [x]  
Non-Sensitive [ ]

24 Hour No Objection [ ]  
Sensitive [ ]  
Non-Sensitive [ ]

Information [ ]  
Sensitive [ ]  
Non-Sensitive [ ]

Other [ ]

DISTRIBUTION

Compliance [x]  
Audit Matters [ ]

Litigation [ ]  
Closed MUR Letters [ ]

Status Sheets [ ]  
Advisory Opinions [ ]

Other (see distribution below) [ ]

85040313289

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of )  
The Citizens Party )  
Judi Gerhardt, Treasurer )

MUR 1709

CERTIFICATION

I, Marjorie W. Emmons, Secretary of the Federal Election Commission, do hereby certify that on July 24, 1984, the Commission decided by a vote of 6-0 to take the following actions in MUR 1709:

1. Accept the respondents' request to enter into conciliation prior to a finding of probable cause to believe.
2. Approve the proposed letter and conciliation agreement submitted with the General Counsel's July 12, 1984 Report.

Commissioners Aikens, Elliott, Harris, McDonald, McGarry and Reiche voted affirmatively in this matter.

Attest:

7-24-84

Date

Marjorie W. Emmons

Marjorie W. Emmons  
Secretary of the Commission

Received in Office of Commission Secretary:  
Circulated on tally vote basis:

7-13-84, 10:15  
7-13-84, 2:00

85040513290



# Citizens Party

Conley Edwards, Jr.  
Office of the General Council  
Federal Election Commission  
1325 K. St. NW  
Washington, D.C. 20463

Sept. 28, 1984

re: MUR case #1709

Dear Mr. Edwards,

Thank you for your information on this date regarding the status of the Citizens' Party.

The organization is at present in a transition status due to the resignation of our former co-chairs, Judi Gerhardt and Willa Kenoyer, and the loss of our staff and office at 2000 P St. in Washington. Much of the information to which they had access is currently unavailable to me, although the other newly elected co-chair, Kirby Edmonds of Ithaca, New York, the Party's attorney, Frank Dunbaugh, and I are diligently attempting to secure all pertinent information.

The reason the party is in this current position is a lack of financial resources, a situation we hope will be temporary.

Any information you could provide with regard to fulfilling the necessary FEC requirements on behalf of the Citizens' Party would be greatly appreciated and should be sent directly to the Party's council; Frank M. Dunbaugh,

744 N. Holly Dr.  
Annapolis, Md. 21401 (301) 757-3402

Additionally, the Party has temporarily moved its mailing address and office to  
P.O. Box 6883  
Ithaca, New York 14851.

I can assure that clarifying matters with your agency will receive a very high priority and if there is any other information I can give you, please feel free to contact me at any time.

Sincerely,

*Martha S. Ryan*

Martha S. Ryan, National Co-Chair  
886 N. Nottingham St.,  
Arlington, Va. 22205

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GCC#S176

34 OCT 1984  
P 3 11

RECEIVED  
GENERAL COUNCIL



**FEDERAL ELECTION COMMISSION**

WASHINGTON, D.C. 20463

July 26, 1984

Judi Gerhardt, Treasurer  
The Citizens Party  
National Party  
2000 D Street, N.W.  
Washington, D.C. 20036

RE: MUR 1709

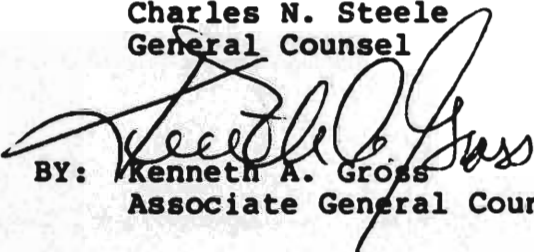
Dear Ms. Gerhardt:

On May 22, 1984, the Commission found reason to believe that your Committee and you, as treasurer, violated 2 U.S.C. §§ 434(a)(4)(A)(iv) and 434(a)(1). At your request, the Commission determined on July 24, 1984, to enter into negotiations directed towards reaching a conciliation agreement in settlement of this matter prior to a finding of probable cause to believe.

Enclosed is a conciliation agreement that the Commission has approved in settlement of this matter. If you agree with the provisions of the enclosed agreement, please sign and return it, along with the civil penalty, to the Commission. In light of the fact that conciliation negotiations, prior to a finding of probable cause to believe, are limited to a maximum of 30 days, you should respond to this notification as soon as possible. If you have any questions or suggestions for changes in the agreement, or if you wish to arrange a meeting in connection with a mutually satisfactory conciliation agreement, please contact Conley Edwards, Jr. at (202) 523-4000.

Sincerely,

Charles N. Steele  
General Counsel

BY:   
Kenneth A. Gross  
Associate General Counsel

Enclosure  
Conciliation Agreement

83040513292



# FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

## MEMORANDUM

TO: Office of the Commission Secretary  
FROM: Office of General Counsel *ack*  
DATE: July 13, 1984  
SUBJECT: MUR 1709 - GC Rpt.

The attached is submitted as an Agenda document  
for the Commission Meeting of \_\_\_\_\_

Open Session \_\_\_\_\_

Closed Session \_\_\_\_\_

### CIRCULATIONS

48 Hour Tally Vote [x]  
Sensitive [x]  
Non-Sensitive [ ]

24 Hour No Objection [ ]  
Sensitive [ ]  
Non-Sensitive [ ]

Information [ ]  
Sensitive [ ]  
Non-Sensitive [ ]

Other [ ]

### DISTRIBUTION

Compliance [x]  
Audit Matters [ ]

Litigation [ ]  
Closed MUR Letters [ ]

Status Sheets [ ]  
Advisory Opinions [ ]

Other (see distribution below) [ ]

85040513293

**SENSITIVE**  
BEFORE THE FEDERAL ELECTION COMMISSION

RECEIVED  
OFFICE OF THE  
COMMISSION SECRETARY

In the Matter of  
The Citizens Party  
Judi Gerhardt, Treasurer

MUR 1709

84 JUL 13 AIO : 15

**GENERAL COUNSEL'S REPORT**

On May 22, 1984, the Commission found reason to believe that the Citizens Party and Scott Sherman (hereinafter "the Respondents"), as treasurer of the Citizens Party, violated 2 U.S.C. § 434(a)(4)(A)(iv) by failing to file a 1983 Mid-Year Report in a timely manner, and 2 U.S.C. § 434(a)(1) for the failure to have the report signed by the treasurer. This matter was generated internally as a result of a referral from the Reports Analysis Division to the Office of General Counsel. Judi Gerhardt is now the treasurer, having succeeded Scott Sherman. In accord with Commission policy, Judi Gerhardt will be named as successor treasurer. The Citizens Party was established on December 20, 1979, as the national committee for the Citizens Party.

During the 1983-1984 election cycle, the Respondents failed to file the 1983 Mid-Year Report in a timely manner. The report was due on July 31, 1983; however, it was not received until January 30, 1984, approximately one hundred eighty-three (183) days late.

On June 7, 1984, this Office was contacted by the Respondents in response to the Commission's findings. During this communication, Respondents were informed of their options in this matter and that the reports must be filed in a timely manner

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in the future in order to avoid any further late filer notices  
and/or possible civil penalties.

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RECOMMENDATIONS

85040513296

6/ '84

Dear Mr. Edwards,

Here is a signed letter per  
your phone request. The first  
letter was initialed by me .

*S. Sherman*

85040513297



# Citizens Party

National Office

000 P Street NW ☐ Suite 200 ☐ Washington, DC 20036

85040513

Conley Edwards, Jr.  
Office of the General Counsel  
Federal Election Commission  
1325 K St NW  
Washington, DC 20463



DEFEAT MUSCHIE  
DEFEAT M  
SUPPORT MD



# The Citizens Party

RECEIVED BY THE FEC  
GOC#3833  
84 JUN 26 A8:52

6/7/84

Conley Edwards, Jr.  
Office of the General Counsel  
Federal Election Commission  
1325 K St. NW  
Washington, DC 20463

Citizens Party Inc.  
C0011762

re: MUR 1709

Dear Mr. Edwards,

1. This letter follows-up our telephone conversation of June 7, 1984 discussing timely submission of the Citizens's Party FEC mid-year report due July 31, 1983.

2. Also find enclosed a copy of said mid-year report for your inspection. It was originally submitted on the 25th of January 1984. Subsequently, Carol Caldwell, Reports Analyst, requested that a number of items be detailed as listed on the detailed summary page, and also that a number of discrepancies be resolved. These items were attended to and submitted for her inspection on May 18, 1984.

3. Please be advised that effective June 1, 1984 Scott Sherman is no longer Treasurer for the Citizens Party Inc. The new treasurer effective that date is:

Judi Gerhardt  
889 Brownwood Ave SE (home address)  
Atlanta, GA 30316

4. Please direct any future correspondence regarding the Citizens Party Inc. to her attention at the national office of the Citizens Party located at:

Citizens Party Inc.  
Judi Gerhardt, Treasurer  
2000 P St NW Ste #200  
Washington, DC 20036

Sincerely,



# The Citizens Party

January 25, 1984

Carol Caldwell  
Reports Analyst  
Reports Analysis Division  
Federal Election Commission  
1325 K Street NW  
Washington, DC 20463

Dear Ms Caldwell:

Enclosed please find our mid-year 1983 and year end 1983 report for the Citizens Party, (C00117762).

Also enclosed is a letter serving as an Amended Statement of Organization regarding the position of Treasurer.

I apologize for the delay in filing these forms. If there are any questions, please feel free to contact me.

Thank you very much.

Sincerely,

Wendy Adler  
National Director

85040513300



# The Citizens Party

5/18/84

Carol Caldwell  
FEC  
Washington, DC 29463

re: Citizens Party  
Id #: C00117762

Mid year report amendments and corrections (1/1/83-6/30/83)

Dear Carol,

Please find enclosed amendments to our mid-year report detailing corrections requested by you.

1. The report is now signed.
2. The total amount of contributions has been defined more specifically. Unitemized contributions totalled \$26,300.50 for the period. Total for line 11 remains the same at 28,200.50.
3. Schedule A has been amended to document entries for lines 12 and 13. These are for any interparty transfers and also identifies income sources from loans received (although this information is already provided on schedule C).
4. Line 19 shows the correct total for operating expenditures at \$34763.66. The original schedule B included a \$5,000.00 loan repayment to Richard LaRue. The original schedule B is therefore adusted by this \$5,000 reducing the total from \$38,605.94 to \$33605.94.
5. Schedule B has an additional page defining the loan repayment to Richard LaRue of \$5000 per your inquiry about line #24 on the detailed summary page.
6. The final item you brought to our attention referenced the total amount for loans received documented on Schedule C. We did receive \$14800 in loans during the period, but also made the \$5000 loan repayment to Mr. LaRue. This accounts for the total being \$9800 at the end of the period as you may have totalled on Schedule C.

Thank you for bringing these discrepancies to our attention as we wish to maintain our records to your satisfaction.

Sincerely



Scott Sherman

8504051301



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

30 March 1984 RQ-2

Scott Sherman, Treasurer  
The Citizens Party  
2000 P Street, NW, #200  
Washington, DC 20036

Identification Number: C00117762

Reference: Mid-Year Report (1/1/83-6/30/83)

Dear Mr. Sherman:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Your report was not signed. Please amend this filing to include the original signature of the treasurer or the designated assistant treasurer. (2 U.S.C. 434(a))

-The total amount of contributions itemized on Schedule A plus the total amount of unitemized contributions reported on the Detailed Summary Page should equal the total reported on Line 11(a) of the Detailed Summary Page. Please amend either Schedule A or the Detailed Summary figures to correct this discrepancy. (11 CFR 104.3(a))

-Please provide a Schedule A to support the entry on Line 12 of the Detailed Summary Page. All transfers from affiliates received by your committee must be itemized on Schedule A, regardless of the amount. (2 U.S.C. 434(b)(3)(D))

-Please provide a Schedule A to support the entry of \$14,800 reported on Line 13 and/or 14 of the Detailed Summary Page. All loans and loan repayments received by your committee must be itemized on Schedule A, regardless of the amount loaned or repaid. (2 U.S.C. 434(b)(3)(E) & (5)(D))

-On Line 19 of the Detailed Summary Page your report discloses \$34,763.66 in Operating Expenditures. However, Schedule B shows that amount to be \$38,605.94. Please amend your report to clarify the discrepancy.

85040513302

*paid & repaid to Rich  
Lekue*

LINE 24

-Please provide a Schedule B to support the entry of \$5,000 reported on Line 24 of the Detailed Summary Page. All loans repaid by your committee must be itemized on Schedule B, regardless of the amount. (2 U.S.C. 434(b)(6)(B)(iii))

LINE 13

-Schedule C discloses \$9,800 in loans received this period. However, Line 13 of the Detailed Summary Page discloses \$14,800 in loans received. Please clarify this discrepancy.

An amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 523-4048.

Sincerely,

*Carol Caldwell*

Carol Caldwell  
Reports Analyst  
Reports Analysis Division

85040513303

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Political Committee Other Than an Authorized Committee

*COPY*

(Summary Page)

ALIGN AREA

ALIGN AREA

1. Name of Committee (In Full)

**Citizen's Party Inc.**

Address (Number and Street)

**2000 P St. NW ste. 200**

City, State and ZIP Code

**Washington, DC 20036**

☐ Check here if address is different than previously reported.

2. FEC Identification Number

**C 00117762**

3. ☐ This committee qualified as a multicandidate committee during this Reporting Period on \_\_\_\_\_ (Date)

4. TYPE OF REPORT (Check appropriate boxes)

(a) ☐ April 15 Quarterly Report ☐ October 15 Quarterly Report

☐ July 15 Quarterly Report ☐ January 31 Year End Report

☒ July 31 Mid Year Report (Non-Election Year Only)

☐ Monthly Report for \_\_\_\_\_

☐ 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 \_\_\_\_\_

☐ Termination Report

(b) Is this Report an Amendment?

☐ YES

☒ NO

**SUMMARY**

5. Covering Period 1/1/83 through 6/30/83

6. (a) Cash on hand January 1, 19 83

(b) Cash on Hand at Beginning of Reporting Period

(c) Total Receipts (from Line 18)

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)

7. Total Disbursements (from Line 28)

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))

9. Debts and Obligations Owed TO The Committee  
(Itemize all on Schedule C or Schedule D)

10. Debts and Obligations Owed BY the Committee  
(Itemize all on Schedule C or Schedule D)

**COLUMN A**  
This Period

**COLUMN B**  
Calendar Year-to-Date

|             |            |
|-------------|------------|
|             | \$ 763.11  |
| \$ 763.11   |            |
| \$ 45080.25 | \$45080.25 |
| \$ 45843.36 | \$45843.36 |
| \$ 39763.66 | \$39763.66 |
| \$ 6079.70  | \$ 6079.70 |
| \$          |            |
| \$ 97333.77 |            |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Scott Sherman  
Type or Print Name of Treasurer

Scott Sherman  
SIGNATURE OF TREASURER

Date

5/18/84

For further information contact:

Federal Election Commission

Toll Free 800 424 9530

Local 202 523 4068

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. § 4371.

All previous versions of FEC FORM 3 and FEC FORM 3a are obsolete and should no longer be used.

FEC FORM 3X (3/80)

95040513304

**DETAILED SUMMARY PAGE  
of Receipts and Disbursements  
(Page 2, FEC FORM 3X)**

Name of Committee (In Full)

**CITIZENS PARTY INC**

Report Covering the period:

From: **1/1/83** To: **6/30/83**

|                                                                                                                  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year To-Date |       |
|------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|-------|
| <b>I. RECEIPTS</b>                                                                                               |                               |                                   |       |
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>                                                                |                               |                                   |       |
| (a) Individuals/Persons Other Than Political Committees. ....                                                    | 28200.50                      | 28200.50                          | 11(a) |
| (Memo Entry Unitemized \$ <u>26,300.50</u> )                                                                     |                               |                                   |       |
| (b) Political Party Committees. ....                                                                             |                               |                                   | 11(b) |
| (c) Other Political Committees. ....                                                                             |                               |                                   | 11(c) |
| (d) TOTAL CONTRIBUTIONS (other than loans) (add 11(a), 11(b) and 11(c))                                          | 28200.50                      | 28200.50                          | 11(d) |
| <b>12. TRANSFERS FROM AFFILIATED/OTHER PARTY COMMITTEES. ....</b>                                                | 584.26                        | 584.26                            | 12    |
| <b>13. ALL LOANS RECEIVED . . . . .</b>                                                                          | 14800.00                      | 14800.00                          | 13    |
| <b>14. LOAN REPAYMENTS RECEIVED. ....</b>                                                                        | - 0 -                         | - 0 -                             | 14    |
| <b>15. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) . . . . .</b>                                  | 81.35                         | 81.35                             | 15    |
| <b>16. REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES<br/>    AND OTHER POLITICAL COMMITTEES . . . . .</b>  | - 0 -                         | - 0 -                             | 16    |
| <b>17. OTHER RECEIPTS (Dividends, Interest, etc.). . . . .</b>                                                   | 1414.14                       | 1414.14                           | 17    |
| <b>18. TOTAL RECEIPTS (Add 11(d), 12, 13, 14, 15, 16 and 17) . . . . .</b>                                       | 45080.25                      | 45080.25                          | 18    |
| <b>II. DISBURSEMENTS</b>                                                                                         |                               |                                   |       |
| <b>19. OPERATING EXPENDITURES. ....</b>                                                                          | 34763.66                      | 34763.66                          | 19    |
| <b>20. TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES . . . . .</b>                                              | - 0 -                         | - 0 -                             | 20    |
| <b>21. CONTRIBUTIONS TO FEDERAL CANDIDATES AND<br/>    OTHER POLITICAL COMMITTEES . . . . .</b>                  | - 0 -                         | - 0 -                             | 21    |
| <b>22. INDEPENDENT EXPENDITURES (use Schedule E) . . . . .</b>                                                   | - 0 -                         | - 0 -                             | 22    |
| <b>23. COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES . . . . .</b><br>(2 U.S.C. § 441 a(d)) (Use Schedule F) | - 0 -                         | - 0 -                             | 23    |
| <b>24. LOAN REPAYMENTS MADE . . . . .</b>                                                                        | 5000.00                       | 5000.00                           | 24    |
| <b>25. LOANS MADE . . . . .</b>                                                                                  | - 0 -                         | - 0 -                             | 25    |
| <b>26. REFUNDS OF CONTRIBUTIONS TO</b>                                                                           |                               |                                   |       |
| (a) Individuals/Persons Other Than Political Committees. ....                                                    |                               |                                   | 26(a) |
| (b) Political Party Committees. ....                                                                             |                               |                                   | 26(b) |
| (c) Other Political Committees. ....                                                                             |                               |                                   | 26(c) |
| (d) TOTAL CONTRIBUTION REFUNDS (Add 26(a), 26(b) and 26(c)).                                                     | - 0 -                         | - 0 -                             | 26(d) |
| <b>27. OTHER DISBURSEMENTS . . . . .</b>                                                                         | - 0 -                         | - 0 -                             | 27    |
| <b>28. TOTAL DISBURSEMENTS (add lines 19, 20, 21, 22, 23, 24, 25, 26(d) and 27). . . . .</b>                     | 39763.66                      | 39763.66                          | 28    |
| <b>III. NET CONTRIBUTIONS AND NET OPERATING EXPENDITURES</b>                                                     |                               |                                   |       |
| <b>29. TOTAL CONTRIBUTIONS (other than loans) from Line 11(d) . . . . .</b>                                      | 28200.50                      | 28200.50                          | 29    |
| <b>30. TOTAL CONTRIBUTION REFUNDS from Line 26(d) . . . . .</b>                                                  | - 0 -                         | - 0 -                             | 30    |
| <b>31. NET CONTRIBUTIONS (other than loans) (Subtract Line 30 from Line 29) . . . . .</b>                        | 28200.50                      | 28200.50                          | 31    |
| <b>32. TOTAL OPERATING EXPENDITURES from Line 19 . . . . .</b>                                                   | 34763.66                      | 34763.66                          | 32    |
| <b>33. OFFSETS TO OPERATING EXPENDITURES from Line 15 . . . . .</b>                                              | 81.35                         | 81.35                             | 33    |
| <b>34. NET OPERATING EXPENDITURES (Subtract Line 33 from Line 32) . . . . .</b>                                  | 34682.31                      | 34682.31                          | 34    |

8504051330

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Page 1 of 1 for  
**LINE NUMBER** 22  
 (Use separate schedule(s) for each  
 category of the Detailed  
 Summary Page)

Any information copied from such Reports or 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)

**Citizen's Party Inc.**

**A. Full Name, Mailing Address and ZIP Code**

**W.H & Carol Ferry  
 Box 657  
 Scarsdale, NY 10583**

Name of Employer

**self**

Date (month,  
day, year)

**3/23/83**

Amount of Each  
Receipt this Period

**250.00**

Occupation

**philanthropist**

Receipt For: ☐ Primary ☐ General

☒ Other (specify): **party**

Aggregate Year-to-Date-\$ **250.00**

**B. Full Name, Mailing Address and ZIP Code**

**Viki List  
 250 Beechwood 'Dr.  
 Rosemont, PA 19010**

Name of Employer

Date (month,  
day, year)

**3/23/83**

Amount of Each  
Receipt This Period

**250.00**

Occupation

Receipt For: ☐ Primary ☐ General

☒ Other (specify): **party**

Aggregate Year-to-Date-\$ **250.00**

**C. Full Name, Mailing Address and ZIP Code**

**Wm. Bross Lloyd Jr.  
 806 Rosewood Ave  
 Winnetka, IL 60093**

Name of Employer

Date (month,  
day, year)

**3/18/83**

Amount of Each  
Receipt This Period

**500.00**

Occupation

Receipt For: ☐ Primary ☐ General

☒ Other (specify): **party**

Aggregate Year-to-Date-\$ **500.00**

**D. Full Name, Mailing Address and ZIP Code**

**Phina R. McBride, D.C.  
 21408 Entrada Rd.  
 Topanga, CA 90290**

Name of Employer

**self**

Date (month,  
day, year)

**3/22/83**

Amount of Each  
Receipt This Period

**200.00**

Occupation

**chiropractor**

Receipt For: ☐ Primary ☐ General

☒ Other (specify): **party**

Aggregate Year-to-Date-\$ **200.00**

**E. Full Name, Mailing Address and ZIP Code**

**Albert Nerken  
 15 Ormand Park Rd  
 Brookville, NY 11545**

Name of Employer

Date (month,  
day, year)

**1/21/83**

Amount of Each  
Receipt This Period

**200.00**

Occupation

Receipt For: ☐ Primary ☐ General

☒ Other (specify): **party**

Aggregate Year-to-Date-\$ **200.00**

**F. Full Name, Mailing Address and ZIP Code**

**Laurie Schecter  
 56 Lincoln Rd.  
 Sudbury, MA 01776**

Name of Employer

**self/partner 'Imaginations'**

Date (month,  
day, year)

**4/12/83**

Amount of Each  
Receipt This Period

**500.00**

Occupation

**partner**

Receipt For: ☐ Primary ☐ General

☒ Other (specify): **oparty**

Aggregate Year-to-Date-\$ **500.99**

**G. Full Name, Mailing Address and ZIP Code**

Name of Employer

Date (month,  
day, year)

Occupation

Receipt For: ☐ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date-\$

**SUBTOTAL of Receipts This Page (optional)**

**1900.00**

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

**1900.00**

95040513306

1-6/30/3

SCHEDULE A

AMENDMENT

ITEMIZED RECEIPTS

Page 1 of 1  
LINE NUMBER 12  
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or 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)

CITIZENS PARTY INC

|                                                                                                                                                         |  |                                             |                                                   |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>DELAWARE CITIZENS PARTY<br/>400 WOLLASTON AVE #H-2<br/>NEWARK DE 19711</p>                         |  | <p>Name of Employer</p> <p>PARTY - SELF</p> | <p>Date (month, day, year)</p> <p>2/3/3</p>       | <p>Amount of Each Receipt this Period</p> <p>40<sup>00</sup></p>  |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify): PARTY</p> |  | <p>Occupation</p>                           | <p>Aggregate Year-to-Date-\$ 40<sup>00</sup></p>  |                                                                   |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>TOMPKINS COUNTY CITIZENS PARTY<br/>688 VALLEY RD<br/>BROOKTONDALE NY 14817</p>                     |  | <p>Name of Employer</p> <p>PARTY - SELF</p> | <p>Date (month, day, year)</p> <p>2/17/3</p>      | <p>Amount of Each Receipt This Period</p> <p>86<sup>66</sup></p>  |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify): PARTY</p> |  | <p>Occupation</p>                           | <p>Aggregate Year-to-Date-\$ 86<sup>66</sup></p>  |                                                                   |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>SAN DIEGO CITIZENS COMMITTEE<br/>PO BOX 12550<br/>SAN DIEGO CA 92112</p>                           |  | <p>Name of Employer</p> <p>PARTY - SELF</p> | <p>Date (month, day, year)</p> <p>3/30/3</p>      | <p>Amount of Each Receipt This Period</p> <p>50<sup>00</sup></p>  |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify): PARTY</p> |  | <p>Occupation</p>                           | <p>Aggregate Year-to-Date-\$ 50<sup>00</sup></p>  |                                                                   |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>CITIZENS PARTY OF MO.<br/>PO BOX 7125<br/>COLUMBIA MO 65205</p>                                    |  | <p>Name of Employer</p> <p>PARTY - SELF</p> | <p>Date (month, day, year)</p> <p>3/30/3</p>      | <p>Amount of Each Receipt This Period</p> <p>30<sup>00</sup></p>  |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify): PARTY</p> |  | <p>Occupation</p>                           | <p>Aggregate Year-to-Date-\$ 30<sup>00</sup></p>  |                                                                   |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>VERMONT CITIZENS PARTY<br/>PO BOX 747<br/>BURLINGTON VT 05402</p>                                  |  | <p>Name of Employer</p> <p>PARTY - SELF</p> | <p>Date (month, day, year)</p> <p>4/5/3</p>       | <p>Amount of Each Receipt This Period</p> <p>7<sup>60</sup></p>   |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify): PARTY</p> |  | <p>Occupation</p>                           | <p>Aggregate Year-to-Date-\$ 7<sup>60</sup></p>   |                                                                   |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>VERMONT CITIZENS PARTY<br/>PO BOX 747<br/>BURLINGTON VT 05402</p>                                  |  | <p>Name of Employer</p> <p>PARTY - SELF</p> | <p>Date (month, day, year)</p> <p>4/19/3</p>      | <p>Amount of Each Receipt This Period</p> <p>50<sup>00</sup></p>  |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify): PARTY</p> |  | <p>Occupation</p>                           | <p>Aggregate Year-to-Date-\$ 57<sup>60</sup></p>  |                                                                   |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>CITIZENS PARTY OF VA<br/>PO BOX 1423<br/>CHARLOTTESVILLE VA 22902</p>                              |  | <p>Name of Employer</p> <p>PARTY - SELF</p> | <p>Date (month, day, year)</p> <p>5/5/3</p>       | <p>Amount of Each Receipt This Period</p> <p>150<sup>00</sup></p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify): PARTY</p> |  | <p>Occupation</p>                           | <p>Aggregate Year-to-Date-\$ 150<sup>00</sup></p> |                                                                   |
| <p>SUBTOTAL of Receipts This Page (optional) .....</p>                                                                                                  |  |                                             |                                                   | <p>414<sup>26</sup></p>                                           |
| <p>TOTAL This Period (last page this line number only) .....</p>                                                                                        |  |                                             |                                                   |                                                                   |

95040513307

1/1 - 6/30/83  
SCHEDULE A

# AMENDMENT ITEMIZED RECEIPTS

Page 1 of 2 for  
LINE NUMBER 12  
(Use separate schedule(s) for each  
category of the Detailed  
Summary Page)

Any information copied from such Reports or 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)

**CITIZENS PARTY INC**

A. Full Name, Mailing Address and ZIP Code

**CITIZENS PARTY OF TEXAS  
3311 WYLIE DR  
DALLAS TX 75235**

Name of Employer

—

Date (month,  
day, year)

**5/17/83**

Amount of Each  
Receipt this Period

**50<sup>00</sup>**

Receipt For: ☐ Primary ☐ General

☒ Other (specify): **PARTY**

Aggregate Year-to-Date—\$

**50<sup>00</sup>**

B. Full Name, Mailing Address and ZIP Code

**CIT. PARTY OF SOUTHERN CALIFORNIA  
236 W VICTORIA RD #4  
SANTA BARBARA CA 93101**

Name of Employer

—

Date (month,  
day, year)

**5/22/83**

Amount of Each  
Receipt This Period

**20<sup>00</sup>**

Receipt For: ☐ Primary ☐ General

☒ Other (specify): **PARTY**

Aggregate Year-to-Date—\$

**20<sup>00</sup>**

C. Full Name, Mailing Address and ZIP Code

**CITIZENS PARTY OF VERMONT  
PO BOX 747  
BURLINGTON VT 05402**

Name of Employer

—

Date (month,  
day, year)

**5/24/83**

Amount of Each  
Receipt This Period

**60<sup>00</sup>**

Receipt For: ☐ Primary ☐ General

☒ Other (specify): **PARTY**

Aggregate Year-to-Date—\$

**117<sup>00</sup>**

D. Full Name, Mailing Address and ZIP Code

**CITIZENS PARTY OF MARYLAND  
2359 NUTMEG TERRACE  
BALTIMORE MD 21209**

Name of Employer

—

Date (month,  
day, year)

**6/20/83**

Amount of Each  
Receipt This Period

**40<sup>00</sup>**

Receipt For: ☐ Primary ☐ General

☒ Other (specify): **PARTY**

Aggregate Year-to-Date—\$

**40<sup>00</sup>**

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt This Period

Occupation

Receipt For: ☐ Primary ☐ General

☐ Other (specify):

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

Occupation

Receipt For: ☐ Primary ☐ General

☐ Other (specify):

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

Occupation

Receipt For: ☐ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date—\$

SUBTOTAL of Receipts This Page (optional) . . . . .

**170<sup>00</sup>**

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

**584<sup>26</sup>**

8504051308

SCHEDULE A

ITEMIZED RECEIPTS

Page 1 of 1 for  
LINE NUMBER 13  
(Use separate schedule(s) for each  
category of the Detailed  
Summary Page)

| Any information copied from such Reports or 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)                                                                                                                                                                                                                                                         |  |                            |                                    |
| CITIZENS PARTY INC                                                                                                                                                                                                                                                                  |  |                            |                                    |
| A. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                          |  | Name of Employer           | Date (month, day, year)            |
| RICHARD LARUE<br>2900 ADAMS MILL RD NW #401<br>WASH DC 20009                                                                                                                                                                                                                        |  | (Former)<br>CITIZENS PARTY | 2/2/83                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General                                                                                                                                                                                                      |  | Occupation                 | Amount of Each Receipt this Period |
| <input checked="" type="checkbox"/> Other (specify):                                                                                                                                                                                                                                |  | NAT'L DIRECTOR             | 5000.00                            |
|                                                                                                                                                                                                                                                                                     |  | Aggregate Year-to-Date-\$  | 5000.00                            |
| B. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                          |  | Name of Employer           | Date (month, day, year)            |
| ION C. LASKARIS<br>PO BOX 747<br>BURLINGTON VT 05402                                                                                                                                                                                                                                |  | SELF                       | 3/16/83                            |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General                                                                                                                                                                                                      |  | Occupation                 | Amount of Each Receipt This Period |
| <input checked="" type="checkbox"/> Other (specify): PARTY                                                                                                                                                                                                                          |  | R/N SPECIALIST             | 400.00                             |
|                                                                                                                                                                                                                                                                                     |  | Aggregate Year-to-Date-\$  | 6000.00                            |
| C. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                          |  | Name of Employer           | Date (month, day, year)            |
| DON ROSE<br>1340 E MADISON PARK<br>CHICAGO IL 60615                                                                                                                                                                                                                                 |  |                            | 5/24/83                            |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General                                                                                                                                                                                                      |  | Occupation                 | Amount of Each Receipt This Period |
| <input checked="" type="checkbox"/> Other (specify): PARTY                                                                                                                                                                                                                          |  |                            | 2100.00                            |
|                                                                                                                                                                                                                                                                                     |  | Aggregate Year-to-Date-\$  | 2100.00                            |
| D. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                          |  | Name of Employer           | Date (month, day, year)            |
| RON & BARBARA CORDIRON<br>13226 TOWNWOOD<br>HOUSTON TX 77045                                                                                                                                                                                                                        |  | SELF                       | 6/3/83                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General                                                                                                                                                                                                      |  | Occupation                 | Amount of Each Receipt This Period |
| <input checked="" type="checkbox"/> Other (specify): PARTY                                                                                                                                                                                                                          |  | OPTOMETRIST                | 1300.00                            |
|                                                                                                                                                                                                                                                                                     |  | Aggregate Year-to-Date-\$  | 1300.00                            |
| E. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                          |  | Name of Employer           | Date (month, day, year)            |
|                                                                                                                                                                                                                                                                                     |  |                            |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General                                                                                                                                                                                                      |  | Occupation                 | Amount of Each Receipt This Period |
| <input type="checkbox"/> Other (specify):                                                                                                                                                                                                                                           |  |                            |                                    |
|                                                                                                                                                                                                                                                                                     |  | Aggregate Year-to-Date-\$  |                                    |
| F. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                          |  | Name of Employer           | Date (month, day, year)            |
|                                                                                                                                                                                                                                                                                     |  |                            |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General                                                                                                                                                                                                      |  | Occupation                 | Amount of Each Receipt This Period |
| <input type="checkbox"/> Other (specify):                                                                                                                                                                                                                                           |  |                            |                                    |
|                                                                                                                                                                                                                                                                                     |  | Aggregate Year-to-Date-\$  |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                          |  | Name of Employer           | Date (month, day, year)            |
|                                                                                                                                                                                                                                                                                     |  |                            |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General                                                                                                                                                                                                      |  | Occupation                 | Amount of Each Receipt This Period |
| <input type="checkbox"/> Other (specify):                                                                                                                                                                                                                                           |  |                            |                                    |
|                                                                                                                                                                                                                                                                                     |  | Aggregate Year-to-Date-\$  |                                    |
| SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                           |  |                            | 14800.00                           |
| TOTAL This Period (last page this line number only)                                                                                                                                                                                                                                 |  |                            | 14800.00                           |

8504051309

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Page 1 of 2 for  
 LINE NUMBER 10  
 (Use separate schedule(s) for each  
 category of the Detailed  
 Summary Page)

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Name of Committee (in Full)

**Citizens Party Inc.**

| A. Full Name, Mailing Address and ZIP Code                                                                                 | Purpose of Disbursement                                                                                                                                                                                | Date (month, day, year) | Amount of Each Disbursement This Period |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Wendy Adler<br>2262 Hall Place NW #203<br>Washington, DC 20007                                                             | wages<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): party                                             | 1/1/83-<br>6/30/83      | 4203.10                                 |
| B. Full Name, Mailing Address and ZIP Code<br>Aetna Life & Casualty<br>Hartford, CT 06156                                  | Purpose of Disbursement<br>health insurance<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): party       | 5/2/83                  | 306.03                                  |
| C. Full Name, Mailing Address and ZIP Code<br>Bellevue Hotel<br>Geary & Taylor Sts<br>San Francisco, CA 94104              | Purpose of Disbursement<br>deposit<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): party                | 6/21/83                 | 100.00                                  |
| D. Full Name, Mailing Address and ZIP Code<br>Gerald Bennett<br>32 N Cleveland<br>Memphis TN 38104                         | Purpose of Disbursement<br>EC Travel<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): party              | 5/6/83                  | 200.00                                  |
| E. Full Name, Mailing Address and ZIP Code<br>C&P Telephone<br>PO Box 2123<br>Washington, DC 20053                         | Purpose of Disbursement<br>telephone<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): party              | 1/1/83 -<br>6/30/83     | 3041.88                                 |
| F. Full Name, Mailing Address and ZIP Code<br>Citizens Voice<br>2000 P St. NW Ste 200<br>Washington, DC 20036              | Purpose of Disbursement<br>pub. newspaper<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): party         | 6/7/83                  | 2100.00                                 |
| G. Full Name, Mailing Address and ZIP Code<br>Cronin Graphics<br>1545 18th St. NW<br>Washington, DC 20036                  | Purpose of Disbursement<br>typeset/brochure<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): party       | 4/21/3<br>5/20/3        | 100.00<br>202.60                        |
| H. Full Name, Mailing Address and ZIP Code<br>DuPont Circle Copy Center<br>1346 Connecticut Ave NW<br>Washington, DC 20036 | Purpose of Disbursement<br>copying<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): party                | 1/1/83-<br>6/30/83      | 218.02                                  |
| I. Full Name, Mailing Address and ZIP Code<br>Illinois CIP<br>109 N Dearborn #405<br>Chicago, IL 60602                     | Purpose of Disbursement<br>newspaper distribution<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): party | 4/14/83<br>4/26/83      | 600.00<br>400.00                        |
| SUBTOTAL of Disbursements This Page (optional) .....                                                                       |                                                                                                                                                                                                        |                         | 11471.63                                |
| TOTAL This Period (last page this line number only) .....                                                                  |                                                                                                                                                                                                        |                         |                                         |

85040513310

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Page 2 of 2 for  
 LINE NUMBER 19  
 (Use separate schedule(s) for each  
 category of the Detailed  
 Summary Page)

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)

**Citizens Party Inc.**

| A. 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<br><input checked="" type="checkbox"/> Other (specify): <u>party</u> |                         |                                         |
| Internal Revenue Service<br>11601 Roosevelt Blvd<br>Philadelphia, PA 19155 | <u>federal taxes</u>                                                                                                                                     | 1/1/83-<br>6/30/83      | 719.28                                  |
| B. 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<br><input checked="" type="checkbox"/> Other (specify): <u>party</u> |                         |                                         |
| Willa Kenoyer<br>1120 E Johnson Rd<br>Shelby, MI 49455                     | <u>newspaper</u>                                                                                                                                         | 4/1/83                  | 1000.00                                 |
| C. 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<br><input checked="" type="checkbox"/> Other (specify): <u>party</u> |                         |                                         |
| Richard W. LaRue<br>2900 Adams Mill Rd NW #401<br>Washington DC 20009      | <u>...../wages</u>                                                                                                                                       | 4/1/83                  | 611.53                                  |
| D. 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<br><input checked="" type="checkbox"/> Other (specify): <u>party</u> |                         |                                         |
| The Last Word<br>1777 N Kent St.<br>Arlington, VA 22209                    | <u>Direct Mail Service</u>                                                                                                                               | 1/1/83-<br>6/30/83      | 13,842.19                               |
| E. 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<br><input checked="" type="checkbox"/> Other (specify): <u>party</u> |                         |                                         |
| Pitney Bowes<br>PO Box 38390<br>Louisville KY 40233                        | <u>postage machine</u>                                                                                                                                   | 4/4/83<br>5/19/83       | 111.30<br>571.50                        |
| F. 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<br><input checked="" type="checkbox"/> Other (specify): <u>party</u> |                         |                                         |
| Postmaster<br>Washington, DC                                               | <u>postage</u>                                                                                                                                           | 1/1/83-<br>6/30/83      | 1533.51                                 |
| 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<br><input checked="" type="checkbox"/> Other (specify): <u>party</u> |                         |                                         |
| Michele Prichard<br>1301 Franklin #2<br>Santa Monica, CA 90404             | <u>travel</u>                                                                                                                                            | 5/25/83                 | 328.00                                  |
| 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<br><input checked="" type="checkbox"/> Other (specify): <u>party</u> |                         |                                         |
| Printing and Graphics<br>344 Victory Dr<br>Herndon VA                      | <u>brochure printing</u>                                                                                                                                 | 5/5/83<br>5/13/83       | 279.00<br>325.00                        |
| 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<br><input checked="" type="checkbox"/> Other (specify): <u>party</u> |                         |                                         |
| Richfield Productions<br>200 P St. NW STE 200<br>Washington, DC 20036      | <u>rent</u>                                                                                                                                              | 1/1/83-<br>6/30/83      | 2813.00                                 |

SUBTOTAL of Disbursements This Page (optional) .....

22134.31

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

33605.94

95040513311

SCHEDULE B

AMENDMENT  
ITEMIZED DISBURSEMENTS

Page 1 of 1 for  
LINE NUMBER 24  
(Use separate schedule(s) for each  
category of the Detailed  
Summary Page)

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)

CITIZENS PARTY INC

| A. Full Name, Mailing Address and ZIP Code             | Purpose of Disbursement                                                                                                                           | Date (month, day, year) | Amount of Each Disbursement This Period |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| RICHARD LARUE<br>2900 ADAMS MILE ROAD<br>WASHINGTON DC | DISBURSEMENT FOR: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): PARTY | 4/1/83                  | 5000.00                                 |
| B. 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<br><input type="checkbox"/> Other (specify):                  |                         |                                         |
| C. 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<br><input type="checkbox"/> Other (specify):                  |                         |                                         |
| D. 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<br><input type="checkbox"/> Other (specify):                  |                         |                                         |
| E. 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<br><input type="checkbox"/> Other (specify):                  |                         |                                         |
| F. 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<br><input type="checkbox"/> Other (specify):                  |                         |                                         |
| 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<br><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<br><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<br><input type="checkbox"/> Other (specify):                  |                         |                                         |
| SUBTOTAL of Disbursements This Page (optional)         |                                                                                                                                                   |                         | 5000.00                                 |
| TOTAL This Period (last page this line number only)    |                                                                                                                                                   |                         | 5000.00                                 |

85040513312

|                                                                                                                                          |  |                                                                |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|---------------------------------------|
| Name of Committee (in Full)<br><b>CITIZENS PARTY, INC.</b>                                                                               |  |                                                                |                                       |
| A. Full Name, Mailing Address and ZIP Code of Loan Source<br><b>Jo Levinson<br/>Jane Lane<br/>Greenwich, CT 06830</b>                    |  | Original Amount of Loan<br><b>500.00</b>                       | Cumulative Payment To Date<br><b></b> |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):                    |  | Balance Outstanding at Close of This Period<br><b>500.00</b>   |                                       |
| Terms: Date Incurred <u>9-10-80</u> Date Due <u>None</u> Interest Rate <u>None</u> (april) <input type="checkbox"/> Secured              |  |                                                                |                                       |
| List All Endorsers or Guarantors (if any) to Item A                                                                                      |  |                                                                |                                       |
| 1. Full Name, Mailing Address and ZIP Code                                                                                               |  | Name of Employer                                               |                                       |
|                                                                                                                                          |  | Occupation                                                     |                                       |
|                                                                                                                                          |  | Amount Guaranteed Outstanding:<br>\$                           |                                       |
| 2. Full Name, Mailing Address and ZIP Code                                                                                               |  | Name of Employer                                               |                                       |
|                                                                                                                                          |  | Occupation                                                     |                                       |
|                                                                                                                                          |  | Amount Guaranteed Outstanding:<br>\$                           |                                       |
| 3. Full Name, Mailing Address and ZIP Code                                                                                               |  | Name of Employer                                               |                                       |
|                                                                                                                                          |  | Occupation                                                     |                                       |
|                                                                                                                                          |  | Amount Guaranteed Outstanding:<br>\$                           |                                       |
| B. Full Name, Mailing Address and ZIP Code of Loan Source<br><b>D.D. Golden<br/>50 California St., #2450<br/>San Francisco, CA 94111</b> |  | Original Amount of Loan<br><b>1,000.00</b>                     | Cumulative Payment To Date<br><b></b> |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):                    |  | Balance Outstanding at Close of This Period<br><b>1,000.00</b> |                                       |
| Terms: Date Incurred <u>9-29-80</u> Date Due <u>None</u> Interest Rate <u>None</u> (april) <input type="checkbox"/> Secured              |  |                                                                |                                       |
| List All Endorsers or Guarantors (if any) to Item B                                                                                      |  |                                                                |                                       |
| 1. Full Name, Mailing Address and ZIP Code                                                                                               |  | Name of Employer                                               |                                       |
|                                                                                                                                          |  | Occupation                                                     |                                       |
|                                                                                                                                          |  | Amount Guaranteed Outstanding:<br>\$                           |                                       |
| 2. Full Name, Mailing Address and ZIP Code                                                                                               |  | Name of Employer                                               |                                       |
|                                                                                                                                          |  | Occupation                                                     |                                       |
|                                                                                                                                          |  | Amount Guaranteed Outstanding:<br>\$                           |                                       |
| 3. Full Name, Mailing Address and ZIP Code                                                                                               |  | Name of Employer                                               |                                       |
|                                                                                                                                          |  | Occupation                                                     |                                       |
|                                                                                                                                          |  | Amount Guaranteed Outstanding:<br>\$                           |                                       |
| Total of All Loans for This Period (This Page Inflation)                                                                                 |  |                                                                | <b>1,500.00</b>                       |
| Total of All Loans for This Period (This Page Inflation)                                                                                 |  |                                                                |                                       |
| Total of All Loans for This Period (This Page Inflation)                                                                                 |  |                                                                |                                       |

Carry outstandings over only to LINE 3, Schedule D, for this loan. If on Schedule D, carry forward to appropriate line of Summary.

85040513313

|                                                                                                                                                                                                                                                                                   |                                                                                                     |                                   |                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------|
| Name of Committee (in Full)<br><b>CITIZENS PARTY, INC.</b>                                                                                                                                                                                                                        |                                                                                                     |                                   |                                                                           |
| <b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><br><b>Jean Entine</b><br><b>4 Bates St.</b><br><b>Cambridge, MA 02140</b><br>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):           | <b>Original Amount of Loan</b><br><br><b>3,000.00</b>                                               | <b>Cumulative Payment To Date</b> | <b>Balance Outstanding at Close of This Period</b><br><br><b>3,000.00</b> |
| Terms: Date Incurred <u>11-19-79</u> Date Due <u>None</u> Interest Rate <u>None</u> % (apr) <input type="checkbox"/> Secured                                                                                                                                                      |                                                                                                     |                                   |                                                                           |
| List All Endorsers or Guarantors (if any) to Item A                                                                                                                                                                                                                               |                                                                                                     |                                   |                                                                           |
| <b>1. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                   |                                                                           |
| <b>2. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                   |                                                                           |
| <b>3. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                   |                                                                           |
| <b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><br><b>Neil Seldman</b><br><b>3201 19th St., NW</b><br><b>Washington, D.C. 20010</b><br>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | <b>Original Amount of Loan</b><br><br><b>1,500.00</b>                                               | <b>Cumulative Payment To Date</b> | <b>Balance Outstanding at Close of This Period</b><br><br><b>1,500.00</b> |
| Terms: Date Incurred <u>11-23-79</u> Date Due <u>None</u> Interest Rate <u>None</u> % (apr) <input type="checkbox"/> Secured                                                                                                                                                      |                                                                                                     |                                   |                                                                           |
| List All Endorsers or Guarantors (if any) to Item B                                                                                                                                                                                                                               |                                                                                                     |                                   |                                                                           |
| <b>1. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                   |                                                                           |
| <b>2. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                   |                                                                           |
| <b>3. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                   |                                                                           |
| <b>SUBTOTALS This Period This Page (optional)</b>                                                                                                                                                                                                                                 |                                                                                                     |                                   | <b>4,500.00</b>                                                           |
| <b>TOTALS This Period (last page in this schedule)</b>                                                                                                                                                                                                                            |                                                                                                     |                                   |                                                                           |

85040513314

|                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                           |                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------|
| <b>Name of Committee (in Full)</b><br><b>CITIZENS PARTY, INC.</b>                                                                                                                                                                                                                                   |                                                                                                     |                                           |                                                                         |
| <b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><br><b>Michael Kieschnick</b><br><b>1337 Cole St.</b><br><b>San Francisco, CA 94117</b><br><small>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</small> | <b>Original Amount of Loan</b><br><br><b>500.00</b>                                                 | <b>Cumulative Payment To Date</b><br><br> | <b>Balance Outstanding at Close of This Period</b><br><br><b>500.00</b> |
| <b>Terms:</b> Date Incurred <u>5-9-80</u> Date Due <u>None</u> Interest Rate <u>None (0%)</u> <input type="checkbox"/> Secured                                                                                                                                                                      |                                                                                                     |                                           |                                                                         |
| <b>List All Endorsers or Guarantors (if any) to Item A</b>                                                                                                                                                                                                                                          |                                                                                                     |                                           |                                                                         |
| <b>1. Full Name, Mailing Address and ZIP Code</b><br><br>                                                                                                                                                                                                                                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                           |                                                                         |
| <b>2. Full Name, Mailing Address and ZIP Code</b><br><br>                                                                                                                                                                                                                                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                           |                                                                         |
| <b>3. Full Name, Mailing Address and ZIP Code</b><br><br>                                                                                                                                                                                                                                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                           |                                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b>                                                                                                                                                                                                                                    |                                                                                                     |                                           |                                                                         |
| <b>Harriet Barlow</b><br><b>4708 Drummond Ave.</b><br><b>Chevy Chase, MD 20015</b><br><small>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</small>                                                                          |                                                                                                     |                                           |                                                                         |
| <b>Original Amount of Loan</b> <b>5,000.00</b><br><b>Cumulative Payment To Date</b> <b>3,000.00</b><br><b>Balance Outstanding at Close of This Period</b> <b>1,750.00</b><br><b>250.00</b>                                                                                                          |                                                                                                     |                                           |                                                                         |
| <b>Terms:</b> Date Incurred <u>8-17-79</u> Date Due <u>None</u> Interest Rate <u>None (0%)</u> <input type="checkbox"/> Secured                                                                                                                                                                     |                                                                                                     |                                           |                                                                         |
| <b>List All Endorsers or Guarantors (if any) to Item B</b>                                                                                                                                                                                                                                          |                                                                                                     |                                           |                                                                         |
| <b>1. Full Name, Mailing Address and ZIP Code</b><br><br>                                                                                                                                                                                                                                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                           |                                                                         |
| <b>2. Full Name, Mailing Address and ZIP Code</b><br><br>                                                                                                                                                                                                                                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                           |                                                                         |
| <b>3. Full Name, Mailing Address and ZIP Code</b><br><br>                                                                                                                                                                                                                                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                           |                                                                         |
| <b>SUBTOTALS (This Period This Page Optional)</b>                                                                                                                                                                                                                                                   |                                                                                                     |                                           |                                                                         |
| <b>TOTALS (This Period This Page Optional)</b>                                                                                                                                                                                                                                                      |                                                                                                     |                                           |                                                                         |
| <b>2,250.00</b>                                                                                                                                                                                                                                                                                     |                                                                                                     |                                           |                                                                         |

Do not include balance only in LINE 1, Schedule D, for this line. If on Schedule D, carry forward to appropriate line of Summary.

85040513315

Name of Committee (in Full)

**CITIZENS PARTY, INC.**

A. Full Name, Mailing Address and ZIP Code of Loan Source

**Viki List**  
**785 County Line Rd.**  
**Villanova, PA 19085**

Original Amount  
of Loan  
**3,000.00**  
**5,000.00**

Cumulative Payment  
To Date

Balance Outstanding at  
Close of This Period  
**3,000.00**  
**5,000.00**

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 2-29-80 Date Due None Interest Rate None % (apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:  
\$

2. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:  
\$

3. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:  
\$

B. Full Name, Mailing Address and ZIP Code of Loan Source

**Stephen Biddle**  
**525 C St., SE**  
**Washington, D.C. 20003**

Original Amount  
of Loan  
**810.00**  
**3,786.00**

Cumulative Payment  
To Date

Balance Outstanding at  
Close of This Period  
**810.00**  
**3,786.00**

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 2-21-80 Date Due None Interest Rate None % (apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:  
\$

2. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:  
\$

3. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:  
\$

SUBTOTALS This Period This Page (optional)

**12,596.00**

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 1, Schedule D, for this use. If no Schedule D, carry forward to appropriate line of Summary

85040513316

|                                                                                                                                                                                                                                                                                         |                                                                                    |                                                                             |                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Name of Committee (in Full) <b>CITIZENS PARTY, INC.</b>                                                                                                                                                                                                                                 |                                                                                    |                                                                             |                                                                           |
| <b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><br><b>Harry Hunt</b><br><b>283 Telegraph Hill Blvd.</b><br><b>San Francisco, CA 94133</b><br>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | <b>Original Amount of Loan</b><br><br><b>18,500.00</b>                             | <b>Cumulative Payment To Date</b><br><br><b>10,000.00</b>                   | <b>Balance Outstanding at Close of This Period</b><br><br><b>8,500.00</b> |
| Terms: Date Incurred <u>7-16-80</u> Date Due <u>None</u> Interest Rate <u>None</u> (april) <input type="checkbox"/> Secured                                                                                                                                                             |                                                                                    |                                                                             |                                                                           |
| List All Endorsers or Guarantors (if any) to Item A                                                                                                                                                                                                                                     |                                                                                    |                                                                             |                                                                           |
| <b>1. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                                   | <b>Name of Employer</b><br><br><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                                         | <b>Occupation</b><br><br><br><br>                                                  |                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                                         | <b>Amount Guaranteed Outstanding:</b><br>\$                                        |                                                                             |                                                                           |
| <b>2. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                                   | <b>Name of Employer</b><br><br><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                                         | <b>Occupation</b><br><br><br><br>                                                  |                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                                         | <b>Amount Guaranteed Outstanding:</b><br>\$                                        |                                                                             |                                                                           |
| <b>3. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                                   | <b>Name of Employer</b><br><br><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                                         | <b>Occupation</b><br><br><br><br>                                                  |                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                                         | <b>Amount Guaranteed Outstanding:</b><br>\$                                        |                                                                             |                                                                           |
| <b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><br><b>Donald Shaffer</b><br><b>6 Old Colony Lane</b><br><b>Great Neck, NY 11023</b><br>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):       | <b>Original Amount of Loan</b><br><br><b>10,000.00</b>                             | <b>Cumulative Payment To Date</b><br><br><b>1,500.00</b><br><b>2,000.00</b> | <b>Balance Outstanding at Close of This Period</b><br><br><b>6,500.00</b> |
| Terms: Date Incurred <u>7-1-80</u> Date Due <u>None</u> Interest Rate <u>None</u> (april) <input type="checkbox"/> Secured                                                                                                                                                              |                                                                                    |                                                                             |                                                                           |
| List All Endorsers or Guarantors (if any) to Item B                                                                                                                                                                                                                                     |                                                                                    |                                                                             |                                                                           |
| <b>1. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                                   | <b>Name of Employer</b><br><br><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                                         | <b>Occupation</b><br><br><br><br>                                                  |                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                                         | <b>Amount Guaranteed Outstanding:</b><br>\$                                        |                                                                             |                                                                           |
| <b>2. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                                   | <b>Name of Employer</b><br><br><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                                         | <b>Occupation</b><br><br><br><br>                                                  |                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                                         | <b>Amount Guaranteed Outstanding:</b><br>\$                                        |                                                                             |                                                                           |
| <b>3. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                                   | <b>Name of Employer</b><br><br><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                                         | <b>Occupation</b><br><br><br><br>                                                  |                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                                         | <b>Amount Guaranteed Outstanding:</b><br>\$                                        |                                                                             |                                                                           |
| <b>SubTOTALS This Period This Page (optional)</b>                                                                                                                                                                                                                                       |                                                                                    |                                                                             | <b>15,000.00</b>                                                          |
| <b>TOTALS This Period (to be printed only)</b>                                                                                                                                                                                                                                          |                                                                                    |                                                                             |                                                                           |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.                                                                                                                                                    |                                                                                    |                                                                             |                                                                           |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------|
| Name of Committee (in Full)<br><b>CITIZENS PARTY, INC.</b>                                                                                                                                                                                                                         |                                                                                                     |                                                          |                                                                         |                                                       |                                               |                                                                           |
| <b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><br><b>Victoria Mudd</b><br><b>431 W. Rustic Rd.</b><br><b>Santa Monica, CA 90402</b><br>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | <b>Original Amount of Loan</b><br><br><b>3,500.00</b>                                               | <b>Cumulative Payment To Date</b><br><br><b>3,000.00</b> | <b>Balance Outstanding at Close of This Period</b><br><br><b>500.00</b> |                                                       |                                               |                                                                           |
| Terms: Date Incurred <u>9-15-80</u> Date Due <u>None</u> Interest Rate <u>None</u> % (apr) <input type="checkbox"/> Secured                                                                                                                                                        |                                                                                                     |                                                          |                                                                         |                                                       |                                               |                                                                           |
| List All Endorsers or Guarantors (if any) to Item A                                                                                                                                                                                                                                |                                                                                                     |                                                          |                                                                         |                                                       |                                               |                                                                           |
| <b>1. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                          |                                                                         |                                                       |                                               |                                                                           |
| <b>2. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                          |                                                                         |                                                       |                                               |                                                                           |
| <b>3. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                          |                                                                         |                                                       |                                               |                                                                           |
| <b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><br><b>Ella McDonald</b><br><b>General Delivery</b><br><b>Brixey, MO 65618</b><br>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):        |                                                                                                     |                                                          |                                                                         | <b>Original Amount of Loan</b><br><br><b>5,000.00</b> | <b>Cumulative Payment To Date</b><br><br><br> | <b>Balance Outstanding at Close of This Period</b><br><br><b>5,000.00</b> |
| Terms: Date Incurred <u>7-21-82</u> Date Due <u>1-21-83</u> Interest Rate <u>None</u> % (apr) <input type="checkbox"/> Secured                                                                                                                                                     |                                                                                                     |                                                          |                                                                         |                                                       |                                               |                                                                           |
| List All Endorsers or Guarantors (if any) to Item B                                                                                                                                                                                                                                |                                                                                                     |                                                          |                                                                         |                                                       |                                               |                                                                           |
| <b>1. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                          |                                                                         |                                                       |                                               |                                                                           |
| <b>2. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                          |                                                                         |                                                       |                                               |                                                                           |
| <b>3. Full Name, Mailing Address and ZIP Code</b><br><br><br><br><br>                                                                                                                                                                                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                          |                                                                         |                                                       |                                               |                                                                           |
| <b>SUBTOTALS This Period This Page (optional)</b>                                                                                                                                                                                                                                  |                                                                                                     |                                                          |                                                                         | <b>5,500.00</b>                                       |                                               |                                                                           |
| <b>TOTALS This Period (last page in this line only)</b>                                                                                                                                                                                                                            |                                                                                                     |                                                          |                                                                         |                                                       |                                               |                                                                           |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If on Schedule D, carry forward to appropriate line of Summary.                                                                                                                                               |                                                                                                     |                                                          |                                                                         |                                                       |                                               |                                                                           |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------|
| Name of Committee (in Full) <b>CITIZENS PARTY, INC.</b>                                                                                                                                                                                                                                                    |                                                       |                                                                         |                                                                      |                                                    |
| <b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><b>Hanno Mott</b><br><b>Koenig, Ratner &amp; Mott</b><br><b>350 Madison Ave.</b><br><b>New York, NY 10017</b><br>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | <b>Original Amount of Loan</b><br><br><b>5,000.00</b> | <b>Cumulative Payment To Date</b><br><b>3,500.00</b><br><b>1,500.00</b> | <b>Balance Outstanding at Close of This Period</b><br><br><b>-0-</b> |                                                    |
| Terms: Date Incurred <u>8-11-80</u> Date Due <u>None</u> Interest Rate <u>None</u> % (apr) <input type="checkbox"/> Secured                                                                                                                                                                                |                                                       |                                                                         |                                                                      |                                                    |
| List All Endorsers or Guarantors (if any) to Item A                                                                                                                                                                                                                                                        |                                                       |                                                                         |                                                                      |                                                    |
| <b>1. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                                          | <b>Name of Employer</b>                               |                                                                         |                                                                      |                                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Occupation</b>                                     |                                                                         |                                                                      |                                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Amount Guaranteed Outstanding:</b><br>\$           |                                                                         |                                                                      |                                                    |
| <b>2. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                                          | <b>Name of Employer</b>                               |                                                                         |                                                                      |                                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Occupation</b>                                     |                                                                         |                                                                      |                                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Amount Guaranteed Outstanding:</b><br>\$           |                                                                         |                                                                      |                                                    |
| <b>3. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                                          | <b>Name of Employer</b>                               |                                                                         |                                                                      |                                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Occupation</b>                                     |                                                                         |                                                                      |                                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Amount Guaranteed Outstanding:</b><br>\$           |                                                                         |                                                                      |                                                    |
| <b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b>                                                                                                                                                                                                                                           |                                                       |                                                                         |                                                                      |                                                    |
|                                                                                                                                                                                                                                                                                                            |                                                       | <b>Original Amount of Loan</b>                                          | <b>Cumulative Payment To Date</b>                                    | <b>Balance Outstanding at Close of This Period</b> |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):                                                                                                                                                                                      |                                                       |                                                                         |                                                                      |                                                    |
| Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured                                                                                                                                                                                                     |                                                       |                                                                         |                                                                      |                                                    |
| List All Endorsers or Guarantors (if any) to Item B                                                                                                                                                                                                                                                        |                                                       |                                                                         |                                                                      |                                                    |
| <b>1. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                                          | <b>Name of Employer</b>                               |                                                                         |                                                                      |                                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Occupation</b>                                     |                                                                         |                                                                      |                                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Amount Guaranteed Outstanding:</b><br>\$           |                                                                         |                                                                      |                                                    |
| <b>2. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                                          | <b>Name of Employer</b>                               |                                                                         |                                                                      |                                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Occupation</b>                                     |                                                                         |                                                                      |                                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Amount Guaranteed Outstanding:</b><br>\$           |                                                                         |                                                                      |                                                    |
| <b>3. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                                          | <b>Name of Employer</b>                               |                                                                         |                                                                      |                                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Occupation</b>                                     |                                                                         |                                                                      |                                                    |
|                                                                                                                                                                                                                                                                                                            | <b>Amount Guaranteed Outstanding:</b><br>\$           |                                                                         |                                                                      |                                                    |
| <b>SUBTOTALS</b> This Period This Page (optional)                                                                                                                                                                                                                                                          |                                                       |                                                                         |                                                                      | -0-                                                |
| <b>TOTALS</b> This Period (last page in this line only)                                                                                                                                                                                                                                                    |                                                       |                                                                         |                                                                      | 3400000000                                         |
| Carry outstanding balance only to LINE 1, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.                                                                                                                                                                       |                                                       |                                                                         |                                                                      |                                                    |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Name of Committee (in Full)<br><b>- Citizens Party</b>                                                                                                                                                                                                                                       |                                                                                                     |                                                                                  |                                                                        |
| <b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><br><b>Richard W. LaRue</b><br><b>2900 Adams Mill Rd NW #401</b><br><b>Washington, DC 20009</b><br>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | <b>Original Amount of Loan</b><br><br><b>\$5,000.00</b>                                             | <b>Cumulative Payment To Date</b><br><br><b>\$5,000.00</b>                       | <b>Balance Outstanding at Close of This Period</b><br><br><b>- 0 -</b> |
| Terms: Date Incurred <u>2/2/83</u> Date Due <u>NONE</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured                                                                                                                                                                      |                                                                                                     |                                                                                  |                                                                        |
| List All Endorsers or Guarantors (if any) to Item A                                                                                                                                                                                                                                          |                                                                                                     |                                                                                  |                                                                        |
| <b>1. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                                  |                                                                        |
| <b>2. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                                  |                                                                        |
| <b>3. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                                  |                                                                        |
| <b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><br><b>Ion C. Laskaris</b><br><b>PO Box 747</b><br><b>Burlington, VT 05402</b><br>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):                  |                                                                                                     |                                                                                  |                                                                        |
| <b>Original Amount of Loan</b><br><br><b>\$ 400.00</b><br><br><b>6,000.00</b>                                                                                                                                                                                                                |                                                                                                     | <b>Cumulative Payment To Date</b><br><br><b>\$ 400.00</b><br><br><b>6,000.00</b> |                                                                        |
| Terms: Date Incurred <u>3/16/83</u> Date Due <u>NONE</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured                                                                                                                                                                     |                                                                                                     |                                                                                  |                                                                        |
| List All Endorsers or Guarantors (if any) to Item B                                                                                                                                                                                                                                          |                                                                                                     |                                                                                  |                                                                        |
| <b>1. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                                  |                                                                        |
| <b>2. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                                  |                                                                        |
| <b>3. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Amount Guaranteed Outstanding:</b><br>\$ |                                                                                  |                                                                        |
| <b>SUBTOTALS This Period This Page (optional)</b>                                                                                                                                                                                                                                            |                                                                                                     |                                                                                  | <b>\$6,400.00</b>                                                      |
| <b>TOTALS This Period (last page in this line only)</b>                                                                                                                                                                                                                                      |                                                                                                     |                                                                                  |                                                                        |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.                                                                                                                                                         |                                                                                                     |                                                                                  |                                                                        |

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| Name of Committee (in Full)<br><p style="text-align: center;"><b>Citizens Party Inc.</b></p>                                                                                                                                                                                             |                                                                                     |                                                                                  |                                                                                                         |                                                                                                      |
| <b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><br>Don Rose<br>1340 E. Madison Park<br>Chicago, IL 60615<br>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):                                   | <b>Original Amount of Loan</b><br><br><p style="text-align: center;">\$2,100.00</p> | <b>Cumulative Payment To Date</b><br><br><p style="text-align: center;">-</p>    | <b>Balance Outstanding at Close of This Period</b><br><br><p style="text-align: center;">\$2,100.00</p> |                                                                                                      |
| Terms: Date Incurred <u>5/26/83</u> Date Due <u>NONE</u> Interest Rate <u>NONE</u> % (apr) <input type="checkbox"/> Secured                                                                                                                                                              |                                                                                     |                                                                                  |                                                                                                         |                                                                                                      |
| List All Endorsers or Guarantors (if any) to Item A                                                                                                                                                                                                                                      |                                                                                     |                                                                                  |                                                                                                         |                                                                                                      |
| 1. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                               | Name of Employer                                                                    |                                                                                  |                                                                                                         |                                                                                                      |
|                                                                                                                                                                                                                                                                                          | Occupation                                                                          |                                                                                  |                                                                                                         |                                                                                                      |
|                                                                                                                                                                                                                                                                                          | Amount Guaranteed Outstanding:<br>\$                                                |                                                                                  |                                                                                                         |                                                                                                      |
| 2. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                               | Name of Employer                                                                    |                                                                                  |                                                                                                         |                                                                                                      |
|                                                                                                                                                                                                                                                                                          | Occupation                                                                          |                                                                                  |                                                                                                         |                                                                                                      |
|                                                                                                                                                                                                                                                                                          | Amount Guaranteed Outstanding:<br>\$                                                |                                                                                  |                                                                                                         |                                                                                                      |
| 3. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                               | Name of Employer                                                                    |                                                                                  |                                                                                                         |                                                                                                      |
|                                                                                                                                                                                                                                                                                          | Occupation                                                                          |                                                                                  |                                                                                                         |                                                                                                      |
|                                                                                                                                                                                                                                                                                          | Amount Guaranteed Outstanding:<br>\$                                                |                                                                                  |                                                                                                         |                                                                                                      |
| <b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><br>Ron and Barbara Coldiron<br>13226 Townwood<br>Houston, TX 77045<br>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>party</u> |                                                                                     | <b>Original Amount of Loan</b><br><br><p style="text-align: center;">1300.00</p> | <b>Cumulative Payment To Date</b><br><br>                                                               | <b>Balance Outstanding at Close of This Period</b><br><br><p style="text-align: center;">1300.00</p> |
| Terms: Date Incurred <u>6/3/83</u> Date Due <u>NONE</u> Interest Rate <u>NONE</u> % (apr) <input type="checkbox"/> Secured                                                                                                                                                               |                                                                                     |                                                                                  |                                                                                                         |                                                                                                      |
| List All Endorsers or Guarantors (if any) to Item B                                                                                                                                                                                                                                      |                                                                                     |                                                                                  |                                                                                                         |                                                                                                      |
| 1. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                               | Name of Employer                                                                    |                                                                                  |                                                                                                         |                                                                                                      |
|                                                                                                                                                                                                                                                                                          | Occupation                                                                          |                                                                                  |                                                                                                         |                                                                                                      |
|                                                                                                                                                                                                                                                                                          | Amount Guaranteed Outstanding:<br>\$                                                |                                                                                  |                                                                                                         |                                                                                                      |
| 2. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                               | Name of Employer                                                                    |                                                                                  |                                                                                                         |                                                                                                      |
|                                                                                                                                                                                                                                                                                          | Occupation                                                                          |                                                                                  |                                                                                                         |                                                                                                      |
|                                                                                                                                                                                                                                                                                          | Amount Guaranteed Outstanding:<br>\$                                                |                                                                                  |                                                                                                         |                                                                                                      |
| 3. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                               | Name of Employer                                                                    |                                                                                  |                                                                                                         |                                                                                                      |
|                                                                                                                                                                                                                                                                                          | Occupation                                                                          |                                                                                  |                                                                                                         |                                                                                                      |
|                                                                                                                                                                                                                                                                                          | Amount Guaranteed Outstanding:<br>\$                                                |                                                                                  |                                                                                                         |                                                                                                      |
| <b>SUBTOTALS This Period This Page (optional)</b>                                                                                                                                                                                                                                        |                                                                                     |                                                                                  | <p style="margin: 0;"><u>\$3,400.00</u></p>                                                             |                                                                                                      |
| <b>TOTALS This Period (last page in this line only)</b>                                                                                                                                                                                                                                  |                                                                                     |                                                                                  | <p style="margin: 0;"><u>51146.00</u></p>                                                               |                                                                                                      |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Page 1 of 10 for  
LINE NUMBER 1010  
(Use separate schedules  
for each numbered line)

| Name of Committee (in Full)                                                                                                                             | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------|
| <b>Citizen's Party Inc.</b>                                                                                                                             |                                                 |                                   |                           |                                                   |
| A. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>ACORN<br>1638 R St. NW<br>Washington, DC 20009                                  | \$200.00                                        |                                   |                           | \$200.00                                          |
| Nature of Debt (Purpose):<br>advertising                                                                                                                |                                                 |                                   |                           |                                                   |
| B. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Americans For Democratic Action<br>1411 K St NW #850<br>Washington, DC 20005    | 25.00                                           |                                   |                           | 25.00                                             |
| Nature of Debt (Purpose):<br>furniture rental                                                                                                           |                                                 |                                   |                           |                                                   |
| C. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Americans For Indian Opportunity<br>600 2nd St NW #403<br>Albuquerque, NM 87102 | 538.00                                          |                                   |                           | 538.00                                            |
| Nature of Debt (Purpose):<br>travel                                                                                                                     |                                                 |                                   |                           |                                                   |
| D. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Ayer Press<br>One Bala Ave<br>Bala Cynwyd, PA 19004                             | 63.75                                           |                                   |                           | 63.75                                             |
| Nature of Debt (Purpose):<br>publications                                                                                                               |                                                 |                                   |                           |                                                   |
| E. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Ed Bedno<br>3454 N Damen Ave<br>Chicago, IL 60613                               | 300.00                                          |                                   |                           | 300.00                                            |
| Nature of Debt (Purpose):<br>typesetting, layout                                                                                                        |                                                 |                                   |                           |                                                   |
| F. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Steve Biddle<br>RD 1, Box 55A<br>Pennsburg, PA 18073                            | 357.37                                          |                                   |                           | 357.37                                            |
| Nature of Debt (Purpose):<br>supplies, travel                                                                                                           |                                                 |                                   |                           |                                                   |
| 1) SUBTOTALS This Period This Page (optional) . . . . .                                                                                                 |                                                 |                                   |                           | \$1,484.12                                        |
| 2) TOTAL This Period (last page this line only) . . . . .                                                                                               |                                                 |                                   |                           |                                                   |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) . . . . .                                                                                   |                                                 |                                   |                           |                                                   |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) . . . . .                                                       |                                                 |                                   |                           |                                                   |

85040513322

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Page 2 of 10  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

| Name of Committee (in Full)                                                                                                                             | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------|
| <b>Citizen's Party Inc.</b>                                                                                                                             |                                                 |                                   |                           |                                                   |
| A. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Burrelles Press Clipping<br/>75 E. Northfield Rd<br/>Livingston, NJ 07039</b>    | 1632.79                                         |                                   |                           | 1632.79                                           |
| Nature of Debt (Purpose):<br><b>press clippings</b>                                                                                                     |                                                 |                                   |                           |                                                   |
| B. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Business Machines of America<br/>7900 Fenton St.<br/>Silver Spring, MD 20910</b> | 2019.00                                         |                                   |                           | 2019.00                                           |
| Nature of Debt (Purpose):<br><b>equipment rental</b>                                                                                                    |                                                 |                                   |                           |                                                   |
| C. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Career Temporaries<br/>Box 231 BFS<br/>Washington, DC 20044</b>                  | 600.00                                          |                                   |                           | 600.00                                            |
| Nature of Debt (Purpose):<br><b>secretarial</b>                                                                                                         |                                                 |                                   |                           |                                                   |
| D. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Center for Constitutional Rights<br/>853 Broadway<br/>NY, NY 10003</b>           | 100.00                                          |                                   |                           | 100.00                                            |
| Nature of Debt (Purpose):<br><b>supplies, travel, copying</b>                                                                                           |                                                 |                                   |                           |                                                   |
| E. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>C&amp;P Telephone<br/>PO Box 2123<br/>Washington, DC 20053</b>                   | 1954.54                                         | 1397.21                           | 3041.88                   | 309.87                                            |
| Nature of Debt (Purpose):                                                                                                                               |                                                 |                                   |                           |                                                   |
| F. Full Name, Mailing Address and Zip Code of Debtor or Creditor                                                                                        |                                                 |                                   |                           |                                                   |
| Nature of Debt (Purpose):                                                                                                                               |                                                 |                                   |                           |                                                   |
| 1) SUBTOTALS Total for This Page (optional)                                                                                                             |                                                 |                                   |                           | 4661.66                                           |
| 2) TOTAL This Period (last page this line only)                                                                                                         |                                                 |                                   |                           |                                                   |
| 3) TOTAL OUTSTANDING LOANS (last page this line only)                                                                                                   |                                                 |                                   |                           |                                                   |
| 4) TOTAL DEBTS AND OBLIGATIONS (last page this line only)                                                                                               |                                                 |                                   |                           |                                                   |

85040513323

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Page 3 of 10 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

| Name of Committee (in Full)                                                                                                                                         | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------|
| <b>Citizen's Party Inc.</b>                                                                                                                                         |                                                 |                                   |                           |                                                   |
| A. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Center for Development Policy<br/>225 4th St NW<br/>Washington, DC 20002</b>                 | <b>39.10</b>                                    |                                   |                           | <b>39.10</b>                                      |
| Nature of Debt (Purpose):<br><b>copying</b>                                                                                                                         |                                                 |                                   |                           |                                                   |
| B. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Center for Renewable Resources<br/>1001 Connecticut Ave NW #510<br/>Washington, DC 20036</b> | <b>20.64</b>                                    |                                   |                           | <b>20.64</b>                                      |
| Nature of Debt (Purpose):<br><b>Copying</b>                                                                                                                         |                                                 |                                   |                           |                                                   |
| C. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Central Delivery Service<br/>8547 Piney Branch Rd.<br/>Silver Spring, MD 20901</b>           | <b>94.00</b>                                    |                                   |                           | <b>94.00</b>                                      |
| Nature of Debt (Purpose):<br><b>delivery</b>                                                                                                                        |                                                 |                                   |                           |                                                   |
| D. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Chittenden Press Service<br/>908 National Press Bldg.<br/>Washington, DC 20045</b>           | <b>90.00</b>                                    |                                   |                           | <b>90.00</b>                                      |
| Nature of Debt (Purpose):<br><b>newsrelease service</b>                                                                                                             |                                                 |                                   |                           |                                                   |
| E. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Congressional Quarterly<br/>1414 22nd St. NW<br/>Washington, DC 20037</b>                    | <b>1,055.00</b>                                 |                                   |                           | <b>1,055.00</b>                                   |
| Nature of Debt (Purpose):<br><b>clipping service</b>                                                                                                                |                                                 |                                   |                           |                                                   |
| F. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Courtesy Associates<br/>1629 K St. NW<br/>Washington, DC 20006</b>                           | <b>262.55</b>                                   |                                   |                           | <b>262.55</b>                                     |
| Nature of Debt (Purpose):<br><b>telephone answering service</b>                                                                                                     |                                                 |                                   |                           |                                                   |
| 1) SUBTOTAL - Period This Page                                                                                                                                      |                                                 |                                   |                           | <b>1,561.79</b>                                   |
| 2) TOTAL - (Last page this line only)                                                                                                                               |                                                 |                                   |                           |                                                   |
| 3) TOTAL - (Including Loans from Schedule C (last page only))                                                                                                       |                                                 |                                   |                           |                                                   |
| 4) TOTAL - (Including Loans from Schedule D (last page only))                                                                                                       |                                                 |                                   |                           |                                                   |

85040513324

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Page 4 of 10 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

| Name of Committee (in Full)                                                                                                                       | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------|
| <b>Citizen's Party Inc.</b>                                                                                                                       |                                                 |                                   |                           |                                                   |
| A. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>Charlene Divoky<br/>14 Skillings Rd.<br/>Winchester, MA 01890</b>      | <b>2,370.24</b>                                 |                                   |                           | <b>2,370.24</b>                                   |
| Nature of Debt (Purpose):<br><b>consulting fees</b>                                                                                               |                                                 |                                   |                           |                                                   |
| B. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>Lillian Dodd<br/>355 Rockaway Rd.<br/>Charleston, WV 25302</b>         | <b>32.74</b>                                    |                                   |                           | <b>32.74</b>                                      |
| Nature of Debt (Purpose):<br><b>telephone</b>                                                                                                     |                                                 |                                   |                           |                                                   |
| C. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>Fager and Singer<br/>1737 De Sales St. NW<br/>Washington, DC 20036</b> | <b>166.94</b>                                   |                                   |                           | <b>166.94</b>                                     |
| Nature of Debt (Purpose):<br><b>copying</b>                                                                                                       |                                                 |                                   |                           |                                                   |
| D. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>Allen Friedman<br/>326 18th Ave.<br/>San Francisco, Ca. 94121</b>      | <b>307.50</b>                                   |                                   |                           | <b>307.50</b>                                     |
| Nature of Debt (Purpose):<br><b>typesetting/layout</b>                                                                                            |                                                 |                                   |                           |                                                   |
| E. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>Gestetner Corp.<br/>2152 Arlington Blvd<br/>Arlington, VA 22210</b>    | <b>108.30</b>                                   | <b>34.26</b>                      | <b>142.56</b>             | <b>- 0 -</b>                                      |
| Nature of Debt (Purpose):<br><b>supplies</b>                                                                                                      |                                                 |                                   |                           |                                                   |
| F. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>M.S. Ginn &amp; Co.<br/>Box 408<br/>Bladensburg, MD 20710</b>          | <b>1,772.40</b>                                 |                                   |                           | <b>1,772.40</b>                                   |
| Nature of Debt (Purpose):<br><b>supplies</b>                                                                                                      |                                                 |                                   |                           |                                                   |
| 1. SUBTOTALS This Period This Page (Total of all)                                                                                                 |                                                 |                                   |                           | <b>4549.82</b>                                    |
| 2. TOTAL This Period (Total page this line)                                                                                                       |                                                 |                                   |                           |                                                   |
| TOTAL DEBTS AND OBLIGATIONS                                                                                                                       |                                                 |                                   |                           |                                                   |

85040513325

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Page 5 of 10 for  
LINE NUMBER 16  
(Use separate schedules  
for each numbered line)

| Name of Committee (in Full)                                                                                                              | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------|
| <b>Citizen's Party Inc</b>                                                                                                               |                                                 |                                   |                           |                                                   |
| A. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Great Bear Spring Co.<br>Great Bear Plaza<br>Teterboro, NJ 07608 | 209.96                                          |                                   |                           | 209.96                                            |
| Nature of Debt (Purpose):<br>equipment rental                                                                                            |                                                 |                                   |                           |                                                   |
| B. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Hargrove Inc.<br>PO Box 5086<br>Washington, DC 20009             | 157.50                                          |                                   |                           | 157.50                                            |
| Nature of Debt (Purpose):<br>banners                                                                                                     |                                                 |                                   |                           |                                                   |
| C. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Koff Graphics Inc<br>435 Hudson St.<br>NY, NY 10014              | 108.00                                          |                                   |                           | 108.00                                            |
| Nature of Debt (Purpose):<br>printing                                                                                                    |                                                 |                                   |                           |                                                   |
| D. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Patty Laniell<br>14110 Superior #7<br>Cleveland, OH 44714        | 200.00                                          |                                   |                           | 200.00                                            |
| Nature of Debt (Purpose):<br>wages                                                                                                       |                                                 |                                   |                           |                                                   |
| E. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Arthur Leibersohn<br>439 Crestwood Ave<br>Akron, OH 44302        | 217.75                                          |                                   |                           | 217.75                                            |
| Nature of Debt (Purpose):<br>copying                                                                                                     |                                                 |                                   |                           |                                                   |
| F. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Brenda Levin<br>301 E. 48th St.<br>NY, NY 10017                  | 174.63                                          |                                   |                           | 174.63                                            |
| Nature of Debt (Purpose):<br>travel                                                                                                      |                                                 |                                   |                           |                                                   |
| G. TOTAL PAID This Period This Page (Do not include amounts from other pages)                                                            |                                                 |                                   |                           | 1,067.84                                          |
| H. TOTAL THIS PERIOD (Set page this line only)                                                                                           |                                                 |                                   |                           |                                                   |
| I. TOTAL OUTSTANDING DEBTS (From Schedule D, Part I, Line 16)                                                                            |                                                 |                                   |                           |                                                   |

85040513326

**SCHEDULE D**  
(Revised 3-80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Page 6 of 10 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

| Name of Committee (in Full)                                                                                                                            | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------|
| <b>Citizen's Party Inc</b>                                                                                                                             |                                                 |                                   |                           |                                                   |
| A. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Zimmerman, Gatsky, and Fimer<br/>1640 Fifth St.<br/>Santa Monica, CA. 90401</b> | <b>6,250.00</b>                                 |                                   |                           | <b>6250.00</b>                                    |
| Nature of Debt (Purpose):<br><b>prof. fees and expenses</b>                                                                                            |                                                 |                                   |                           |                                                   |
| B. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Madison Press Connection<br/>PO Box 2094<br/>Madison, WI 53701</b>              | <b>426.40</b>                                   |                                   |                           | <b>426.40</b>                                     |
| Nature of Debt (Purpose):<br><b>advertising</b>                                                                                                        |                                                 |                                   |                           |                                                   |
| C. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Mass Fair Share<br/>304 Boylston St. 2nd Floor<br/>Boston, MA 02116</b>         | <b>80.00</b>                                    |                                   |                           | <b>80.00</b>                                      |
| Nature of Debt (Purpose):<br><b>advertising</b>                                                                                                        |                                                 |                                   |                           |                                                   |
| D. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Richard Mayberry, Esq.<br/>1050 17th St. NW<br/>Washington, DC 20016</b>        | <b>1,322.13</b>                                 |                                   |                           | <b>1,322.13</b>                                   |
| Nature of Debt (Purpose):<br><b>legal fees</b>                                                                                                         |                                                 |                                   |                           |                                                   |
| E. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Steve Molk<br/>412 E. 16th Ave<br/>Columbus, OH 43201</b>                       | <b>306.78</b>                                   |                                   |                           | <b>306.78</b>                                     |
| Nature of Debt (Purpose):<br><b>supplies, telephone, copying</b>                                                                                       |                                                 |                                   |                           |                                                   |
| F. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><b>Mott Enterprises Inc.<br/>515 Madison Ave<br/>NY, NY 10022</b>                  | <b>18,203.60</b>                                |                                   |                           | <b>18,203.60</b>                                  |
| Nature of Debt (Purpose):<br><b>mailing fees</b>                                                                                                       |                                                 |                                   |                           |                                                   |
| 1) SUBTOTALS This Period This Page (all lines)                                                                                                         |                                                 |                                   |                           | <b>26,588.91</b>                                  |
| 2) TOTAL This Period (last page this line only)                                                                                                        |                                                 |                                   |                           |                                                   |
| TOTAL OUTSTANDING LOANS from Schedule D (last page only)                                                                                               |                                                 |                                   |                           |                                                   |
| 3) ADD 2                                                                                                                                               |                                                 |                                   |                           |                                                   |

85040513327

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Page 7 of 10 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

| Name of Committee (in Full)                                                                                                                       | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------|
| <b>Citizen's Party Inc</b>                                                                                                                        |                                                 |                                   |                           |                                                   |
| A. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Mount Auburn Hospital<br>330 Mt. Auburn St.<br>Cambridge MA 02138         | 70.25                                           |                                   |                           | 70.25                                             |
| Nature of Debt (Purpose):<br><u>health care</u>                                                                                                   |                                                 |                                   |                           |                                                   |
| B. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Movement for Economic Justice<br>1638 R St. NW<br>Washington, DC 20009    | 184.30                                          |                                   |                           | 184.20                                            |
| Nature of Debt (Purpose):<br><u>supplies, delivery</u>                                                                                            |                                                 |                                   |                           |                                                   |
| C. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Nation<br>72 5th Ave.<br>NY, NY 10011                                     | 1,200.00                                        |                                   |                           | 1,200.00                                          |
| Nature of Debt (Purpose):<br><u>advertising</u>                                                                                                   |                                                 |                                   |                           |                                                   |
| D. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>New Roots Magazine<br>PO Box 548<br>Greenfield, MA 01302                  | 400.00                                          |                                   |                           | 400.00                                            |
| Nature of Debt (Purpose):<br><u>advertising</u>                                                                                                   |                                                 |                                   |                           |                                                   |
| E. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Office Bay Inc<br>8850 Monard Dr<br>Silver Spring, MD 20910               | 32.38                                           |                                   |                           | 32.38                                             |
| Nature of Debt (Purpose):<br><u>supplies</u>                                                                                                      |                                                 |                                   |                           |                                                   |
| F. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Ohio City Employees Equipment Co<br>3121 Bridge Ave<br>Cleveland OH 04113 | 523.06                                          |                                   |                           | 523.06                                            |
| Nature of Debt (Purpose):<br><u>equipment rental/supplies</u>                                                                                     |                                                 |                                   |                           |                                                   |
| 1. SUBTOTALS (This Period This Page optional)                                                                                                     |                                                 |                                   |                           | 2,409.99                                          |
| 2. TOTAL (This Period (last line on this line only))                                                                                              |                                                 |                                   |                           |                                                   |
| 3. NET AMOUNT OUTSTANDING (LOANS from Schedule C (last page only))                                                                                |                                                 |                                   |                           |                                                   |

8504051328

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Part 8 of 10 for  
LINE NUMBER 10  
(Use separate Schedules  
for each numbered line)

| Name of Committee (in Full)                                                                                                                   | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------|
| <b>Citizen's Party Inc.</b>                                                                                                                   |                                                 |                                   |                           |                                                   |
| A. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Dave Pittman<br>Box 744<br>Morgantown, WV 26508                       | 237.81                                          |                                   |                           | 237.81                                            |
| Nature of Debt (Purpose):<br>Wages/postage/supplies                                                                                           |                                                 |                                   |                           |                                                   |
| B. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Progressive<br>409 E. Main St.<br>Madison, WI 53703                   | 1077.00                                         |                                   |                           | 1077.00                                           |
| Nature of Debt (Purpose):<br>advertising                                                                                                      |                                                 |                                   |                           |                                                   |
| C. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Progressive Video Productions<br>PO Box 39065<br>Washington, DC 20016 | 223.00                                          |                                   |                           | 223.00                                            |
| Nature of Debt (Purpose):<br>tapestocks for ads                                                                                               |                                                 |                                   |                           |                                                   |
| D. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Qwip Systems<br>265 Wooping Loop<br>Altamonte Springs, FL 32701       | 22.95                                           |                                   |                           | 22.95                                             |
| Nature of Debt (Purpose):<br>supplies                                                                                                         |                                                 |                                   |                           |                                                   |
| E. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Ruth Ramirez<br>5720 W. Midway Park<br>Chicago, IL 60644              | 460.00                                          |                                   |                           | 460.00                                            |
| Nature of Debt (Purpose):<br>travel                                                                                                           |                                                 |                                   |                           |                                                   |
| F. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br>Dawn Riley<br>6722 14th Pl NW<br>Washington, DC 20012                 | 198.00                                          |                                   |                           | 198.00                                            |
| Nature of Debt (Purpose):<br>travel                                                                                                           |                                                 |                                   |                           |                                                   |
| 1) SUBTOTALS This Period This Page (optional)                                                                                                 |                                                 |                                   |                           | 2156.21                                           |
| 2) TOTAL This Period (last page this line only)                                                                                               |                                                 |                                   |                           |                                                   |
| 3) TOTAL STANDING LOANS from Schedule C                                                                                                       |                                                 |                                   |                           |                                                   |
| 4) ADD                                                                                                                                        |                                                 |                                   |                           |                                                   |

85040513329

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Page 9 of 10 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

| Name of Committee (in Full)                                                                                                                          | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------|
| <b>Citizen's Party Inc.</b>                                                                                                                          |                                                 |                                   |                           |                                                   |
| A. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>Maxwell Scroge Publishing co.<br/>PO Box 95803<br/>Chicago, IL 606094</b> | <b>35.00</b>                                    |                                   |                           | <b>35.00</b>                                      |
| Nature of Debt (Purpose):<br><b>publication</b>                                                                                                      |                                                 |                                   |                           |                                                   |
| B. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>Martha Smith<br/>4126 Timberlane<br/>Cross Plains, NJ 53528</b>           | <b>200.00</b>                                   |                                   |                           | <b>200.00</b>                                     |
| Nature of Debt (Purpose):<br><b>consultant/travel</b>                                                                                                |                                                 |                                   |                           |                                                   |
| C. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>Mike Sletson<br/>2601 Parkway<br/>Philadelphia, PA 19310</b>              | <b>459.52</b>                                   |                                   |                           | <b>459.52</b>                                     |
| Nature of Debt (Purpose):<br><b>consultant</b>                                                                                                       |                                                 |                                   |                           |                                                   |
| D. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>Success Mail Service<br/>PO Box 15507<br/>Santa Ana , Ca 92705</b>        | <b>39.20</b>                                    |                                   |                           | <b>39.20</b>                                      |
| Nature of Debt (Purpose):<br><b>delivery</b>                                                                                                         |                                                 |                                   |                           |                                                   |
| E. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>Tasco, Inc<br/>2208 Wisconsin Ave NW<br/>Washington, DC 20007</b>         | <b>49.50</b>                                    |                                   |                           | <b>49.50</b>                                      |
| Nature of Debt (Purpose):<br><b>tele answering service</b>                                                                                           |                                                 |                                   |                           |                                                   |
| F. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>Texas Observer<br/>600 W. 7th St.<br/>Austin, TX 78701</b>                | <b>600.00</b>                                   |                                   |                           | <b>600.00</b>                                     |
| Nature of Debt (Purpose):<br><b>advertising</b>                                                                                                      |                                                 |                                   |                           |                                                   |
| 1) SUBTOTALS This Period (page optional)                                                                                                             |                                                 |                                   |                           | <b>1383.22</b>                                    |
| 2) TOTAL This Period (last page this line only)                                                                                                      |                                                 |                                   |                           |                                                   |
| 3) TOTAL OUTSTANDING LOANS from Schedule D (last page only)                                                                                          |                                                 |                                   |                           |                                                   |
| 4) ADD 2) and 3) and carry forward to Schedule D (last page)                                                                                         |                                                 |                                   |                           |                                                   |

85040513330

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Page 10 of 10 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

| Name of Committee (in Full)                                                                                                                                | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------|
| <b>Citizen's Party Inc</b>                                                                                                                                 |                                                 |                                   |                           |                                                   |
| A. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>Urban Information Interpreter Inc.<br/>PO Box AH<br/>College Park, MD 20740</b> | <b>21.95</b>                                    |                                   |                           | <b>21.95</b>                                      |
| Nature of Debt (Purpose):<br><b>publication</b>                                                                                                            |                                                 |                                   |                           |                                                   |
| B. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>Upco Lock and Safe Service<br/>1219 Eye St. NW<br/>Washington, DC 20005</b>     | <b>35.12</b>                                    |                                   |                           | <b>35.12</b>                                      |
| Nature of Debt (Purpose):<br><b>lockservice</b>                                                                                                            |                                                 |                                   |                           |                                                   |
| C. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br><br><b>Washington Post<br/>Box A 100<br/>Washington, DC 20071</b>                      | <b>267.14</b>                                   |                                   |                           | <b>267.14</b>                                     |
| Nature of Debt (Purpose):<br><b>advertising</b>                                                                                                            |                                                 |                                   |                           |                                                   |
| D. Full Name, Mailing Address and Zip Code of Debtor or Creditor                                                                                           |                                                 |                                   |                           |                                                   |
| Nature of Debt (Purpose):                                                                                                                                  |                                                 |                                   |                           |                                                   |
| E. Full Name, Mailing Address and Zip Code of Debtor or Creditor                                                                                           |                                                 |                                   |                           |                                                   |
| Nature of Debt (Purpose):                                                                                                                                  |                                                 |                                   |                           |                                                   |
| F. Full Name, Mailing Address and Zip Code of Debtor or Creditor                                                                                           |                                                 |                                   |                           |                                                   |
| Nature of Debt (Purpose):                                                                                                                                  |                                                 |                                   |                           |                                                   |
| 1. TOTAL PAID This Period This Page (optional)                                                                                                             |                                                 |                                   |                           | <b>324.21</b>                                     |
| 2. TOTAL This Period (Print on this line only)                                                                                                             |                                                 |                                   |                           | <b>46187.77</b>                                   |
| 3. TOTAL OUTSTANDING LOANS from Schedule C (last page only)                                                                                                |                                                 |                                   |                           | <b>51146.00</b>                                   |
| 4. ADD 2 and 3 and carry forward to appropriate line of Schedule C (last page only)                                                                        |                                                 |                                   |                           | <b>97333.77</b>                                   |

85040513332



**Citizens Party**  
National Office

2000 P Street NW ☐ Suite 200 ☐ Washington, DC 20036

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Office of the General Counsel  
Federal Election Commission  
1325 K ST NW  
Washington, DC 20463

Attn: Conley Edwards, Jr.

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FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

May 31, 1984

Scott Sherman, Treasurer  
Citizens Party  
2000 P Street, N.W. #200  
Washington, D.C. 20036

RE: MUR 1709  
Citizens Party

Dear Mr. Sherman:

On May 22, 1984, the Federal Election Commission determined that there is reason to believe that the Citizens Party and you, as treasurer, violated 2 U.S.C. § 434(a)(4)(A)(iv) and 2 U.S.C. § 434(a)(1), provisions of the Federal Election Campaign Act of 1971, as amended ("the Act"). The General Counsel's factual and legal analysis, which formed a basis for the Commission's finding, is attached for your information.

Under the Act, you have an opportunity to demonstrate that no action should be taken against you and the Committee. You may submit any factual or legal materials which you believe are relevant to the Commission's consideration of this matter.

In the absence of any additional information which demonstrates that no further action should be taken against your Committee and you, as treasurer, the Commission may find probable cause to believe that a violation has occurred and proceed with conciliation. Of course, this does not preclude the settlement of this matter through conciliation prior to a finding of probable cause to believe if so desired. See 11 C.F.R. § 111.18(d).

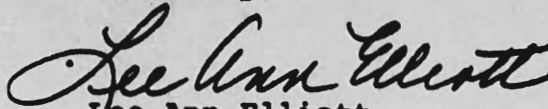
If you intend to be represented by counsel in this matter, please advise the Commission by completing the enclosed form stating the name, address and telephone number of such counsel, and a statement authorizing such counsel to receive any notifications and other communications from the Commission.

Scott Sherman, Treasurer  
Page 2

The investigation now being conducted will be confidential in accordance with 2 U.S.C. §§ 437g(a)(4)(B) and 437g(a)(12)(A), unless you notify the Commission in writing that you wish the investigation to be made public.

For your information, we have attached a brief description of the Commission's procedures for handling possible violations of the Act. If you have any questions, please contact Conley Edwards, Jr. at (202) 523-4000.

Sincerely,

  
Lee Ann Elliott  
Chairman

Enclosures

General Counsel's Factual and Legal Analysis  
Procedures  
Designation of Counsel Statement

85040513334

GENERAL COUNSEL'S FACTUAL AND LEGAL ANALYSIS

MUR NO. 1709

RESPONDENT Citizens Party  
Scott Sherman, Treasurer

SUMMARY OF ALLEGATIONS

This matter was referred to the Office of General Counsel for review as a result of the Citizens Party's (hereinafter "the Committee") failure to file a 1983 Mid-Year Report of Receipts and Disbursements in a timely manner.

FACTUAL BASIS AND LEGAL ANALYSIS

On July 7, 1983, the Committee was notified that the Mid-Year Report was due on July 31, 1983. A non-filer notice was mailed on November 23, 1983.

On January 4, 1984, RAD contacted the Committee's treasurer, Jim McClellan; however, it was learned that Mr. McClellan was no longer the treasurer. RAD then contacted the Committee and requested that the Report and an amended Statement of Organization be filed as required by the Act. A representative of the Committee stated they would be filed as soon as possible. An unsigned report was received on January 30, 1984. The new treasurer is Scott Sherman.

2 U.S.C. § 434(a)(4)(A)(iv)<sup>1/</sup> requires that all political committees other than authorized committees of a candidate shall file -

in any other calendar year, a report covering the period beginning January 1 and

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<sup>1/</sup> See also 11 C.F.R. § 104.5(c)(2)(i)(B).

ending June 30, which shall be filed no later than July 31 and a report covering the period beginning July 1 and ending December 31, which shall be filed no later than January 31 of the following calendar year.

Additionally, 2 U.S.C. § 434(a)(1) states:

each treasurer of a political committee shall file reports of receipts and disbursements in accordance with the provisions of this subsection. The treasurer shall sign each such report.

Based on the above, a compliance action should be instituted since it appears that the Committee and Scott Sherman as treasurer of the Committee violated 2 U.S.C. § 434(a)(4)(A)(iv) by failing to file a 1983 Mid-Year Report in a timely manner and 2 U.S.C. § 434(a)(1) for the failure to have the report signed by the treasurer. Therefore, the Office of General Counsel recommends that reason to believe be found against the Citizens Party and Scott Sherman as treasurer of the Citizens Party.

8504051336



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

Scott Sherman, Treasurer  
Citizens Party  
2000 P Street, N.W. #200  
Washington, D.C. 20036

RE: MUR  
Citizens Party

Dear Mr. Sherman:

On , 1984, the Federal Election Commission determined that there is reason to believe that the Citizens Party and you, as treasurer, violated 2 U.S.C. § 434(a)(4)(A)(iv) and 2 U.S.C. § 434(a)(1), provisions of the Federal Election Campaign Act of 1971, as amended ("the Act"). The General Counsel's factual and legal analysis, which formed a basis for the Commission's finding, is attached for your information.

Under the Act, you have an opportunity to demonstrate that no action should be taken against you and the Committee. You may submit any factual or legal materials which you believe are relevant to the Commission's consideration of this matter.

In the absence of any additional information which demonstrates that no further action should be taken against your Committee and you, as treasurer, the Commission may find probable cause to believe that a violation has occurred and proceed with conciliation. Of course, this does not preclude the settlement of this matter through conciliation prior to a finding of probable cause to believe if so desired. See 11 C.F.R. § 111.18(d).

If you intend to be represented by counsel in this matter, please advise the Commission by completing the enclosed form stating the name, address and telephone number of such counsel, and a statement authorizing such counsel to receive any notifications and other communications from the Commission.

85040513337

Scott Sherman, Treasurer  
Page 2

The investigation now being conducted will be confidential in accordance with 2 U.S.C. §§ 437g(a)(4)(B) and 437g(a)(12)(A), unless you notify the Commission in writing that you wish the investigation to be made public.

For your information, we have attached a brief description of the Commission's procedures for handling possible violations of the Act. If you have any questions, please contact Conley Edwards, Jr. at (202) 523-4000.

Sincerely,

 5/30/84

Enclosures

General Counsel's Factual and Legal Analysis  
Procedures  
Designation of Counsel Statement

85040513338

GENERAL COUNSEL'S FACTUAL AND LEGAL ANALYSIS

MUR NO.

RESPONDENT Citizens Party  
Scott Sherman, Treasurer

SUMMARY OF ALLEGATIONS

This matter was referred to the Office of General Counsel for review as a result of the Citizens Party's (hereinafter "the Committee") failure to file a 1983 Mid-Year Report of Receipts and Disbursements in a timely manner.

FACTUAL BASIS AND LEGAL ANALYSIS

On July 7, 1983, the Committee was notified that the Mid-Year Report was due on July 31, 1983. A non-filer notice was mailed on November 23, 1983.

On January 4, 1984, RAD contacted the Committee's treasurer, Jim McClellan; however, it was learned that Mr. McClellan was no longer the treasurer. RAD then contacted the Committee and requested that the Report and an amended Statement of Organization be filed as required by the Act. A representative of the Committee stated they would be filed as soon as possible. An unsigned report was received on January 30, 1984. The new treasurer is Scott Sherman.

2 U.S.C. § 434(a)(4)(A)(iv)<sup>1/</sup> requires that all political committees other than authorized committees of a candidate shall file -

in any other calendar year, a report covering the period beginning January 1 and

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<sup>1/</sup> See also 11 C.F.R. § 104.5(c)(2)(i)(B).

ending June 30, which shall be filed no later than July 31 and a report covering the period beginning July 1 and ending December 31, which shall be filed no later than January 31 of the following calendar year.

Additionally, 2 U.S.C. § 434(a)(1) states:

each treasurer of a political committee shall file reports of receipts and disbursements in accordance with the provisions of this subsection. The treasurer shall sign each such report.

Based on the above, a compliance action should be instituted since it appears that the Committee and Scott Sherman as treasurer of the Committee violated 2 U.S.C. § 434(a)(4)(A)(iv) by failing to file a 1983 Mid-Year Report in a timely manner and 2 U.S.C. § 434(a)(1) for the failure to have the report signed by the treasurer. Therefore, the Office of General Counsel recommends that reason to believe be found against the Citizens Party and Scott Sherman as treasurer of the Citizens Party.

85040513340

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of )

Citizens Party )

Scott Sherman, Treasurer )

RAD REFERRAL NO. 84 NF-27

CERTIFICATION

I, Marjorie W. Emmons, recording secretary for the Federal Election Commission executive session of May 22, 1984, do hereby certify that the Commission decided by a vote of 6-0 to take the following actions with respect to the above-captioned matter:

1. Open a Matter Under Review.
2. Find reason to believe that the Citizens Party and Scott Sherman as treasurer violated 2 U.S.C. § 434(a)(4)(A)(iv) by failing to file a 1983 Mid-Year Report in a timely manner.
3. Find reason to believe that the Citizens Party and Scott Sherman as treasurer violated 2 U.S.C. § 434(a)(1) for the failure to have the report signed by the treasurer.
3. Approve and send the letter and General Counsel's Factual and Legal Analysis attached to the General Counsel's report dated May 8, 1984.

Commissioners Aikens, Elliott, Harris, McDonald, McGarry, and Reiche voted affirmatively for the decision.

Attest:

5/24/84

Date

Marjorie W. Emmons

Marjorie W. Emmons  
Secretary of the Commission



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

Scott Sherman, Treasurer  
Citizens Party  
2000 P Street, N.W. #200  
Washington, D.C. 20036

RE: MUR  
Citizens Party

Dear Mr. Sherman:

On , 1984, the Federal Election Commission determined that there is reason to believe that the Citizens Party and you, as treasurer, violated 2 U.S.C. § 434(a)(4)(A)(iv) and 2 U.S.C. § 434(a)(1), provisions of the Federal Election Campaign Act of 1971, as amended ("the Act"). The General Counsel's factual and legal analysis, which formed a basis for the Commission's finding, is attached for your information.

Under the Act, you have an opportunity to demonstrate that no action should be taken against you and the Committee. You may submit any factual or legal materials which you believe are relevant to the Commission's consideration of this matter.

In the absence of any additional information which demonstrates that no further action should be taken against your Committee and you, as treasurer, the Commission may find probable cause to believe that a violation has occurred and proceed with conciliation. Of course, this does not preclude the settlement of this matter through conciliation prior to a finding of probable cause to believe if so desired. See 11 C.F.R. § 111.18(d).

If you intend to be represented by counsel in this matter, please advise the Commission by completing the enclosed form stating the name, address and telephone number of such counsel, and a statement authorizing such counsel to receive any notifications and other communications from the Commission.

85040513342

Scott Sherman, Treasurer  
Page 2

The investigation now being conducted will be confidential in accordance with 2 U.S.C. §§ 437g(a)(4)(B) and 437g(a)(12)(A), unless you notify the Commission in writing that you wish the investigation to be made public.

For your information, we have attached a brief description of the Commission's procedures for handling possible violations of the Act. If you have any questions, please contact Conley Edwards, Jr. at (202) 523-4000.

Sincerely,

Enclosures

General Counsel's Factual and Legal Analysis  
Procedures  
Designation of Counsel Statement

85040513343

GENERAL COUNSEL'S FACTUAL AND LEGAL ANALYSIS

MUR NO.

RESPONDENT Citizens Party  
Scott Sherman, Treasurer

SUMMARY OF ALLEGATIONS

This matter was referred to the Office of General Counsel for review as a result of the Citizens Party's (hereinafter "the Committee") failure to file a 1983 Mid-Year Report of Receipts and Disbursements in a timely manner.

FACTUAL BASIS AND LEGAL ANALYSIS

On July 7, 1983, the Committee was notified that the Mid-Year Report was due on July 31, 1983. A non-filer notice was mailed on November 23, 1983.

On January 4, 1984, RAD contacted the Committee's treasurer, Jim McClellan; however, it was learned that Mr. McClellan was no longer the treasurer. RAD then contacted the Committee and requested that the Report and an amended Statement of Organization be filed as required by the Act. A representative of the Committee stated they would be filed as soon as possible. An unsigned report was received on January 30, 1984. The new treasurer is Scott Sherman.

2 U.S.C. § 434(a)(4)(A)(iv)<sup>1/</sup> requires that all political committees other than authorized committees of a candidate shall file -

in any other calendar year, a report covering the period beginning January 1 and

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<sup>1/</sup> See also 11 C.F.R. § 104.5(c)(2)(i)(B).

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ending June 30, which shall be filed no later than July 31 and a report covering the period beginning July 1 and ending December 31, which shall be filed no later than January 31 of the following calendar year.

Additionally, 2 U.S.C. § 434(a)(1) states:

each treasurer of a political committee shall file reports of receipts and disbursements in accordance with the provisions of this subsection. The treasurer shall sign each such report.

Based on the above, a compliance action should be instituted since it appears that the Committee and Scott Sherman as treasurer of the Committee violated 2 U.S.C. § 434(a)(4)(A)(iv) by failing to file a 1983 Mid-Year Report in a timely manner and 2 U.S.C. § 434(a)(1) for the failure to have the report signed by the treasurer. Therefore, the Office of General Counsel recommends that reason to believe be found against the Citizens Party and Scott Sherman as treasurer of the Citizens Party.

85040513345



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RECEIVED  
OFFICE OF THE  
COMMISSION SECRETARY

84 MAY 30 AIO: 01

May 30, 1984

**SENSITIVE**

MEMORANDUM TO: The Commission  
FROM: Charles N. Steele  
General Counsel  
By: Kenneth A. Gross  
Associate General Counsel  
SUBJECT: RAD Referral 84NF-27

On May 22, 1984 the Commission approved the recommendation that the subject RAD Referral be made a MUR. Therefore, all documents which had previously been identified as RAD Referral 84NF-27 should now become MUR 1709.

Attachment  
Copy of Certification

85040513346

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of )  
Citizens Party )  
Scott Sherman, Treasurer ) RAD REFERRAL NO. 84 NF-27

CERTIFICATION

I, Marjorie W. Emmons, recording secretary for the Federal Election Commission executive session of May 22, 1984, do hereby certify that the Commission decided by a vote of 6-0 to take the following actions with respect to the above-captioned matter:

1. Open a Matter Under Review.
2. Find reason to believe that the Citizens Party and Scott Sherman as treasurer violated 2 U.S.C. § 434(a)(4)(A)(iv) by failing to file a 1983 Mid-Year Report in a timely manner.
3. Find reason to believe that the Citizens Party and Scott Sherman as treasurer violated 2 U.S.C. § 434(a)(1) for the failure to have the report signed by the treasurer.
3. Approve and send the letter and General Counsel's Factual and Legal Analysis attached to the General Counsel's report dated May 8, 1984.

Commissioners Aikens, Elliott, Harris, McDonald, McGarry, and Reiche voted affirmatively for the decision.

Attest:

5/24/84

Date

Marjorie W. Emmons

Marjorie W. Emmons  
Secretary of the Commission

85040513347



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

March 28, 1984

MEMORANDUM

TO: CHARLES N. STEELE  
GENERAL COUNSEL

ATTN: CONLEY EDWARDS *[Signature]*

FROM: SHAWN WOODHEAD  
COMPLIANCE BRANCH, RAD

SUBJECT: THE CITIZENS PARTY - RAD REFERRAL #84NF-27

---

Please review the attached Requests for Additional Information (RFAIs) which are to be sent to the Citizens Party for the 1983 Mid-Year and Year End Reports. If no response or an inadequate response is received for either RFAI, a Second Notice will be sent.

Any comments which you may have should be forwarded to RAD by noon on Friday, March 30, 1984. Thank you.

COMMENTS:

Attachments

95040513348



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

Scott Sherman, Treasurer  
The Citizens Party  
2000 P Street, NW, #200  
Washington, DC 20036

Identification Number: C00117762

Reference: Mid-Year Report (1/1/83-6/30/83)

Dear Mr. Sherman:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Your report was not signed. Please amend this filing to include the original signature of the treasurer or the designated assistant treasurer. (2 U.S.C. 434(a))

-The total amount of contributions itemized on Schedule A plus the total amount of unitemized contributions reported on the Detailed Summary Page should equal the total reported on Line 11(a) of the Detailed Summary Page. Please amend either Schedule A or the Detailed Summary figures to correct this discrepancy. (11 CFR 104.3(a))

-Please provide a Schedule A to support the entry on Line 12 of the Detailed Summary Page. All transfers from affiliates received by your committee must be itemized on Schedule A, regardless of the amount. (2 U.S.C. 434(b)(3)(D))

-Please provide a Schedule A to support the entry of \$14,800 reported on Line 13 and/or 14 of the Detailed Summary Page. All loans and loan repayments received by your committee must be itemized on Schedule A, regardless of the amount loaned or repaid. (2 U.S.C. 434(b)(3)(E) & (5)(D))

-On Line 19 of the Detailed Summary Page your report discloses \$34,763.66 in Operating Expenditures. However, Schedule B shows that amount to be \$38,605.94. Please amend your report to clarify the discrepancy.

95040513349

-Please provide a Schedule B to support the entry of \$5,000 reported on Line 24 of the Detailed Summary Page. All loans repaid by your committee must be itemized on Schedule B, regardless of the amount. (2 U.S.C. 434(b)(6)(B)(ii))

-Schedule C discloses \$9,800 in loans received this period. However, Line 13 of the Detailed Summary Page discloses \$14,800 in loans received. Please clarify this discrepancy.

An amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 523-4048.

Sincerely,

*Carol Caldwell*

Carol Caldwell  
Reports Analyst  
Reports Analysis Division

85040513350



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

Scott Sherman, Treasurer  
The Citizens Party  
2000 P Street, NW, #200  
Washington, DC 20036

Identification Number: C00117762

Reference: Year End Report (7/1/83-12/31/83)

Dear Mr. Sherman:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Your report was not signed. Please amend this filing to include the original signature of the treasurer or the designated assistant treasurer. (2 U.S.C. 434(a))

-The total amount of contributions itemized on Schedule A plus the total amount of unitemized contributions reported on the Detailed Summary Page should equal the total reported on Line 11(a) of the Detailed Summary Page. Please amend either Schedule A or the Detailed Summary figures to correct this discrepancy. (11 CFR 104.3(a))

-Please provide a Schedule A to support the entry on Line 12 of the Detailed Summary Page. All transfers from affiliates received by your committee must be itemized on Schedule A, regardless of the amount. (2 U.S.C. 434(b)(3)(D))

-Please provide a Schedule A to support the entry of \$2,500 reported on Line 13 and/or 14 of the Detailed Summary Page. All loans and loan repayments received by your committee must be itemized on Schedule A, regardless of the amount loaned or repaid. (2 U.S.C. 434(b)(3)(E) & (5)(D))

-On Line 19 of the Detailed Summary Page your report discloses \$46,754.05 in Operating Expenses. However, Schedule B shows that amount to be \$47,237.93. Please amend your report to clarify the discrepancy.

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8 5 0 4 0 3 1 3 3 5 2

-Please provide a Schedule B to support the entry of \$169.50 reported on Line 20 of the Detailed Summary Page. Each transfer out to an affiliated committee must be itemized on Schedule B, regardless of the amount transferred. (2 U.S.C. 434(b)(6)(B)(i))

-Please provide a Schedule B to support the entry of \$3,400.00 reported on Line 24 of the Detailed Summary Page. All loans repaid by your committee must be itemized on Schedule B, regardless of the amount. (2 U.S.C. 434(b)(6)(B)(ii))

-Your calculations for Schedule B, Line 19 appear to be incorrect. FEC calculations disclose this amount to be \$50,437.93. Please provide the omitted or corrected total(s). (11 CFR 104.3)

An amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 523-4048.

Sincerely,

*Carol Caldwell*

Carol Caldwell  
Reports Analyst  
Reports Analysis Division

**SENSITIVE**

FEDERAL ELECTION COMMISSION  
1325 K Street, N.W.  
Washington, D.C. 20463

RECEIVED  
OFFICE OF THE  
COMMISSION SECRETARY

84 MAY 9 A10: 19

**FIRST GENERAL COUNSEL'S REPORT**

DATE AND TIME OF TRANSMITTAL BY OGC  
TO THE COMMISSION 5/9/84 10:15

RAD REFERRAL NO. 84NF-27  
STAFF MEMBER  
Conley Edwards, Jr.

SOURCE OF REFERRAL: I N T E R N A L L Y G E N E R A T E D

RESPONDENT'S NAME: Citizens Party  
Scott Sherman, Treasurer

RELEVANT STATUTE: 2 U.S.C. § 434(a)(4)(A)(iv)

INTERNAL REPORTS  
CHECKED: Committee's Reports

FEDERAL AGENCIES  
CHECKED: None

**GENERATION OF MATTER**

This matter was referred to the Office of General Counsel for review as a result of the Citizens Party's (hereinafter "the Committee") failure to file a 1983 Mid-Year Report of Receipts and Disbursements in a timely manner.

**SUMMARY OF ALLEGATIONS**

According to RAD, the Committee failed to file its 1983 Mid-Year Report of Receipts and Disbursements in a timely manner.

**FACTUAL AND LEGAL ANALYSIS**

On July 7, 1983, the Committee was notified that the Mid-Year Report was due on July 31, 1983. A non-filer notice was mailed on November 23, 1983.

On January 4, 1984, RAD contacted the Committee's treasurer, Jim McClellan; however, it was learned that Mr. McClellan was no longer the treasurer. RAD then contacted the Committee and

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requested that the Report and an amended Statement of Organization be filed as required by the Act. A representative of the Committee stated they would be filed as soon as possible. An unsigned report was received on January 30, 1984. The new treasurer is Scott Sherman.

2 U.S.C. § 434(a)(4)(A)(iv)<sup>1/</sup> requires that all political committees other than authorized committees of a candidate shall file -

in any other calendar year, a report covering the period beginning January 1 and ending June 30, which shall be filed no later than July 31 and a report covering the period beginning July 1 and ending December 31, which shall be filed no later than January 31 of the following calendar year.

Additionally, 2 U.S.C. § 434(a)(1) states:

each treasurer of a political committee shall file reports of receipts and disbursements in accordance with the provisions of this subsection. The treasurer shall sign each such report.

Based on the above, a compliance action should be instituted since it appears that the Committee and Scott Sherman as treasurer of the Committee violated 2 U.S.C. § 434(a)(4)(A)(iv) by failing to file a 1983 Mid-Year Report in a timely manner and 2 U.S.C. § 434(a)(1) for the failure to have the report signed by the treasurer. Accordingly, we recommend reason to believe be found in this matter.

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<sup>1/</sup> See also 11 C.F.R. § 104.5(c)(2)(i)(B).

85040513354

RECOMMENDATIONS

1. Open a MUR.
2. Find reason to believe that the Citizens Party and Scott Sherman as treasurer violated 2 U.S.C. § 434(a)(4)(A)(iv) by failing to file a 1983 Mid-Year Report in a timely manner.
3. Find reason to believe that the Citizens Party and Scott Sherman as treasurer violated 2 U.S.C. § 434(a)(1) for the failure to have the report signed by the treasurer.
4. Approve and send the attached letter and General Counsel's Factual and Legal Analysis.

Charles N. Steele  
General Counsel

May 8, 1984  
Date

BY:

Kenneth A. Gross  
Kenneth A. Gross  
Associate General Counsel

Attachments

RAD Referral  
Notification Letter  
General Counsel's Factual and Legal Analysis

85040513355



FEDERAL ELECTION COMMISSION

**March 6 , 1984**

**MEMORANDUM**

TO : CHARLES W. STEELE  
GENERAL COUNSEL

THROUGH : JOHN C. SURINA 151  
STAFF DIRECTOR

FROM : JOHN D. GIBSON ap.  
ASSISTANT STAFF DIRECTOR, RAD

SUBJECT : REFERRAL OF THE CITIZENS PARTY

This is a referral of the Citizens Party for failing to file a 1983 Mid-Year Report within thirty (30) calendar days from the date of the non-filer notice. The report was filed on January 30, 1984. According to the revised RAD Review and Referral Procedures (Standard 3), further examination is required by your office.

If you have any questions, please contact Carol Caldwell at 523-4048.

## Attachment

## Attachment I

## REPORTS ANALYSIS REFERRAL

TO

OFFICE OF GENERAL COUNSEL

DATE: March 6, 1984ANALYST: Carol Caldwell

- I. COMMITTEE: Citizens Party (C00117762)  
Scott Sherman, Treasurer\*/  
2000 P Street, N.W., #200  
Washington, DC 20036
- II. RELEVANT STATUTE: 2 U.S.C. 434(a)(4)(A)(iv)  
11 CFR 104.5(c)(2)(i)(A)
- III. BACKGROUND: Non-Filing of Mid-Year Report  
2 U.S.C. 434(a)(4)(A)(iv)  
11 CFR 104.5(c)(2)(i)(A)

The Citizens Party ("the Party") failed to file the 1983 Mid-Year Report of Receipts and Disbursements. The Party was notified on July 7, 1983 that the report was due on July 31, 1983 (Attachment 2). A non-filer notice was sent on November 23, 1983 (Attachment 3).

On January 4, 1984, the Party's treasurer of record, Mr. Jim Mc Clellan, was contacted by the Reports Analysis Division (RAD) Analyst regarding the omitted report. Mr. Mc Clellan explained that he was no longer the treasurer and that the party should be contacted directly. The Party was contacted by the RAD Analyst and instructed to file the report and an amended Statement of Organization designating a new treasurer. Mr. Gary Rizzo, a representative of the Party, said that he understood that the report was necessary, and added that it has not been prepared, because the organization was understaffed. He stated that the report would be filed as soon as possible (Attachment 4).

The Citizens Party filed the report on January 30, 1984 (Attachment 5).

## IV. OTHER PENDING MATTERS INITIATED BY RAD:

None

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\*/ On January 30, 1984, a letter was received designating Scott Sherman as treasurer, in place of Jim Mc Clellan.

Attachment I (p. 2)

85040513357

PARTY RELATED

| COMMITTEE      | DOCUMENT                               | RECEIPTS | DISBURSEMENTS | TYPE OF FILER<br>COVERAGE DATES | # OF<br>PAGES | MICROFILM<br>LOCATION |
|----------------|----------------------------------------|----------|---------------|---------------------------------|---------------|-----------------------|
| CITIZENS PARTY |                                        |          |               | PARTY NON-QUALIFIED             |               | ID #C00117762         |
| 1981           | MISCELLANEOUS REPORT                   |          |               | 21JAN81 TO FEC                  | 2             | 81FEC/187/4693        |
|                | STATEMENT OF ORGANIZATION - AMENDMENT  |          |               | 25FEB81                         | 3             | 81FEC/191/4914        |
|                | STATEMENT OF ORGANIZATION - AMENDMENT  |          |               | 17JUN81                         | 2             | 81FEC/197/3867        |
|                | APRIL QUARTERLY                        | 45,776   | 50,037        | 1JAN81 -31MAR81                 | 42            | 81FEC/196/0225        |
|                | APRIL QUARTERLY - AMENDMENT            | -        | -             | 1JAN81 -31MAR81                 | 1             | 82FEC/234/2958        |
|                | REQUEST FOR ADDITIONAL INFORMATION     |          |               | 1JAN81 -31MAR81                 | 1             | 82FEC/232/0361        |
|                | REQUEST FOR ADDITIONAL INFORMATION 2ND |          |               | 1JAN81 -31MAR81                 | 5             | 82FEC/233/2399        |
|                | JULY QUARTERLY                         | 38,663   | 32,829        | 1APR81 -30JUN81                 | 36            | 81FEC/202/0231        |
|                | JULY QUARTERLY - AMENDMENT             | 38,663   | 32,829        | 1APR81 -30JUN81                 | 6             | 82FEC/234/2640        |
|                | REQUEST FOR ADDITIONAL INFORMATION     |          |               | 1APR81 -30JUN81                 | 1             | 82FEC/232/0361        |
|                | REQUEST FOR ADDITIONAL INFORMATION 2ND |          |               | 1APR81 -30JUN81                 | 1             | 82FEC/234/0012        |
|                | YEAR-END                               | 56,072   | 61,277        | 1JUL81 -31DEC81                 | 39            | 82FEC/221/0831        |
|                | YEAR-END - AMENDMENT                   | 55,072   | 60,277        | 1JUL81 -31DEC81                 | 4             | 82FEC/234/2655        |
|                | YEAR-END - AMENDMENT                   | -        | -             | 1JUL81 -31DEC81                 | 1             | 82FEC/234/2958        |
|                | REQUEST FOR ADDITIONAL INFORMATION     |          |               | 1JUL81 -31DEC81                 | 2             | 82FEC/232/0363        |
|                | REQUEST FOR ADDITIONAL INFORMATION 2ND |          |               | 1JUL81 -31DEC81                 | 1             | 82FEC/234/0014        |
|                | COMP ADJUST AMEND                      | 13,025   | 13,025        | 1JAN81 -30JUN81                 | 4             | 82FEC/221/0827        |
| 1982           | MISCELLANEOUS REPORT                   |          |               | 24JUN82 TO FEC                  | 2             | 82FEC/234/0645        |
|                | STATEMENT OF ORGANIZATION - AMENDMENT  |          |               | 27JUL82                         | 5             | 82FEC/239/3561        |
|                | STATEMENT OF ORGANIZATION - AMENDMENT  |          |               | 13NOV82                         | 2             | 82FEC/253/0160        |
|                | APRIL QUARTERLY                        | 25,803   | 19,521        | 1JAN82 -31MAR82                 | 26            | 82FEC/227/3351        |
|                | APRIL QUARTERLY - AMENDMENT            | -        | -             | 1JAN82 -31MAR82                 | 3             | 82FEC/236/3771        |
|                | APRIL QUARTERLY - AMENDMENT            | -        | -             | 1JAN82 -31MAR82                 | 4             | 82FEC/239/3557        |
|                | REQUEST FOR ADDITIONAL INFORMATION     |          |               | 1JAN82 -31MAR82                 | 1             | 82FEC/234/2497        |
|                | JULY QUARTERLY                         | 37,200   | 44,616        | 1APR82 -30JUN82                 | 32            | 82FEC/239/3566        |
|                | JULY QUARTERLY - AMENDMENT             | -        | -             | 1APR82 -30JUN82                 | 5             | 82FEC/245/4111        |
|                | OCTOBER QUARTERLY                      | 33,537   | 29,473        | 1JUL82 -30SEP82                 | 30            | 82FEC/245/4116        |
|                | OCTOBER QUARTERLY - AMENDMENT          | -        | -             | 1JUL82 -30SEP82                 | 4             | 82FEC/254/4202        |
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|                | POST-GENEAL                            | 19,769   | 19,248        | 1OCT82 -22NOV82                 | 35            | 82FEC/259/2527        |
|                | YEAR-END                               | 1,785    | 6,861         | 23NOV82 -31DEC82                | 28            | 83FEC/262/4566        |
| TOTAL          |                                        | 244,580  | 0 249,837     | 0                               | 329           | TOTAL PAGES           |

All reports have received basic review.

Ending cash-on-hand as of 12/31/82:

\$ 763

Outstanding debts owed to the committee as of 12/31/82:

\$ 0

Outstanding debts owed by the committee as of 12/31/82:

\$89,286

Attachment I (p.3)

Attachment I  
(Page 1 of 2)

PARTY RELATED

| COMMITTED      | DOCUMENT                                                | RECEIPTS | DISBURSEMENTS | TYPE OF FILER<br>COVERAGE DATES | # OF<br>PAGES | MICROFILM<br>LOCATION |
|----------------|---------------------------------------------------------|----------|---------------|---------------------------------|---------------|-----------------------|
| CITIZENS PARTY |                                                         |          |               | PARTY NON-QUALIFIED             |               | ID #C00117762         |
| 1983           | DEBT SETTLEMENT STATEMENT                               |          |               | 25JAN83                         | 13            | 83FEC/262/4594        |
|                | ACKNOWLEDGEMENT OF RECEIPT OF DEBT SETTLEMENT STATEMENT |          |               | 23FEB83                         | 1             | 83FEC/267/0121        |
|                | REAI: DEBT SETTLEMENT FIRST                             |          |               | 25FEB83                         | 1             | 83FEC/267/0700        |
|                | REAI: DEBT SETTLEMENT FIRST                             |          |               | 25FEB83                         | 1             | 83FEC/268/1159        |
|                | REAI: DEBT SETTLEMENT SECOND                            |          |               | 17MAR83                         | 1             | 83FEC/268/1150        |
|                | MID-YEAR REPORT                                         | 45,080   | 39,763        | 1JAN83 -30JUN83                 | 26            | 84FEC/292/4998        |
|                | NOTICE OF FAILURE TO FILE                               |          |               | 1JAN83 -30JUN83                 | 1             | 83FEC/288/1596        |
|                | YEAR-END                                                | 47,739   | 50,323        | 1JUL83 -31DEC83                 | 28            | 84FEC/292/4970        |
| 1984           | STATEMENT OF ORGANIZATION - AMENDMENT                   |          |               | 30JAN84                         | 1             | 84FEC/292/4969        |
|                | TOTAL                                                   | 92,809   | 0             | 90,086                          | 0             | 73 TOTAL PAGES        |

No reports have been reviewed.

Ending cash-on-hand as of 12/31/83: \$ 3,485

Outstanding debts owed to the committee as of 12/31/83: \$ 0

Outstanding debts owed by the committee as of 12/31/83: \$96,122

Attachment I (p. 4)

Attachment I  
(Page 2 of 2)



## FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

July 7, 1983

## SEMIANNUAL REPORT FILING REQUIREMENTS

## WHO MUST FILE

ALL POLITICAL COMMITTEES currently registered with the Commission (except committees filing monthly) must file a semiannual report by July 31, 1983.

## WHAT MUST BE REPORTED

Committees must disclose all financial activity of the committee from the later of, the last report filed or the date of registration,\* through June 30, 1983.

## FILING DATE

Reports sent by registered or certified mail must be postmarked no later than midnight July 31, 1983. Reports hand delivered or mailed first class must be received no later than close of business July 31, 1983.

## WHERE AND HOW TO FILE

Committees should consult the instructions on the enclosed form for details.

## FAILURE TO FILE

According to Commission policy, political committees will not necessarily receive notification of their failure to file reports. However, they remain fully liable for failure to file any report required under the Act. In addition, failure to file required reports may result in compliance proceedings. Committees must submit legible reports which can be reproduced clearly. Illegible documents will not be accepted as reports, and committees filing such documents will be required to refile.

## MONTHLY FILERS

Committees filing on a monthly schedule need not file a semiannual report. Monthly reports are due by the twentieth of each month and should cover all financial activity of the previous month. The next monthly report must be filed by July 20, 1983, and disclose all financial activity of the committee from June 1 through June 30, 1983.

- \* The first report filed by a committee shall include all amounts received or disbursed prior to becoming a political committee, even if such amounts were not received during the current reporting period. See 11 CFR 104.3(a) and (b).

FOR INFORMATION CALL: Office of Public Communications

202/513-4368

800/424-9530

Attachment I (p 5)



FEDERAL ELECTION COMMISSION

WASHINGTON, DC 20463

23 November 1983

RQ-7

Jim McClellan, Treasurer  
Citizens Party  
2000 P Street, N.W., #200  
Washington, DC 20036

Identification Number: C00117762

Reference: Mid-Year Report (1/1/83-6/30/83)

Dear Mr. McClellan:

It has come to the attention of the Federal Election Commission that you may have failed to file the above referenced Report of Receipts and Disbursements as required by the Federal Election Campaign Act. You were previously notified of the due date for this report.

It is important that you file this report immediately with the Federal Election Commission, 1325 K Street, NW, Washington, DC 20463 (or with the Clerk of the House or the Secretary of the Senate, as appropriate). A copy of the report or its relevant portions should also be filed with the Secretary of State or equivalent state officer (see 11 CFR 108.2, 108.3, 108.4).

The failure to file this report may result in an audit or legal enforcement action.

If you have any questions regarding this matter, please contact Alva Smith on our toll-free number (800) 424-9530. Our local number is (202) 357-0026.

Sincerely,

John D. Gibson  
Assistant Staff Director  
Reports Analysis Division

Attachment I (p. 6)

95040513361

TELECONANALYST Caldwell  
initiated call? xTELECON WITH: Mr. Jim McClellan, Mr. Gary Rizzo  
initiated call? \_\_\_\_\_

Candidate/Committee: Citizens Party

DATE: January 4, 1984

SUBJECT(S): Filing of Mid-Year Report(1/1/83 - 6/30/83)  

---

I called Mr. Jim McCellan, treasurer of the Citizens Party regarding his failure to file the 1983 Mid-Year Report. He informed me that he was no longer treasurer and suggested that I call the Citizens Party directly.

I then called the Citizens Party and spoke to Mr. Gary Rizzo. I informed him of the need to file the 1983 Mid-Year Report and an amended Statement of Organization with the name and signature of the new treasurer. Mr. Rizzo responded that he realized that this needed to be done but due to an understaffing problem, they had not yet been able to do it. Mr. Rizzo stated that they would file the Report and Statement of Organization as soon as possible. I concluded the conversation by emphasizing the necessity of filing reports in a timely manner.

85040513362



# The Citizens Party

ATTACHMENT 5

(page 1 of 2)

1983 MID-YEAR REPORT

January 25, 1984

Carol Caldwell  
Reports Analyst  
Reports Analysis Division  
Federal Election Commission  
1325 K Street NW  
Washington, DC 20463

Dear Ms Caldwell:

Enclosed please find our mid-year 1983 and year end 1983 report for the Citizens Party, (CO0117762).

Also enclosed is a letter serving as an Amended Statement of Organization regarding the position of Treasurer.

I apologize for the delay in filing these forms. If there are any questions, please feel free to contact me.

Thank you very much.

Sincerely,

Wendy Adler  
National Director

85040513363  
04032221008

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For a Political Committee Other Than an Authorized Committee

Attachment 3  
(page 2 of 2) FFC

(Summary Page)

84 JAN 23 8:23  
ALIC 1000

ALIC AREA

1 Name of Committee (in Full)

**Citizen's Party Inc.**

Address (Number and Street)

**2000 P St. NW ste. 200**

City, State and ZIP Code

**Washington, DC 20036**

☐ Check here if address is different than previously reported

2 FEC Identification Number

**C 00117762**

3 ☐ This committee qualified as a multicandidate committee during the Reporting Period on \_\_\_\_\_ (Date)

4. TYPE OF REPORT (Check appropriate boxes)

(a) ☐ April 15 Quarterly Report ☐ October 15 Quarterly Report

☐ July 15 Quarterly Report ☐ January 31 Year End Report

☒ July 31 Mid Year Report (Non Election Year Only)

☐ Monthly Report for

☐ Twelfth day report preceding

(Year of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

☐ Thirtieth day report following the General Election

on \_\_\_\_\_ in the State of \_\_\_\_\_

☐ Termination Report

(b) Is this Report an Amendment?

☐ YES

☒ NO

**SUMMARY**

5 Covering Period **1/1/83** through **6/30/83**

6 (a) Cash on hand January 1, 19 **83**

(b) Cash on Hand at Beginning of Reporting Period

(c) Total Receipts (from Line 1B)

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)

7 Total Disbursements (from Line 2B)

8 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))

9 Debts and Obligations Owed TO The Committee  
(Itemize all on Schedule C or Schedule D)

10 Debts and Obligations Owed BY the Committee  
(Itemize all on Schedule C 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.

For further information contact

Federal Election Commission

11 Constitution Avenue, N.E.

Washington, D.C. 20543

Signature of Treasurer

SIGNATURE OF TREASURER

Date

All previous versions of FEC FORM 3 and FEC FORM 3e are obsolete and should no longer be used

FEC FORM 3 (1982)

Attachment I (p. 2)



## FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

March 5, 1984

MEMORANDUM

TO : CHARLES N. STEELE  
GENERAL COUNSEL

THROUGH : JOHN C. SURINA  
STAFF DIRECTOR

FROM : JOHN D. GIBSON  
ASSISTANT STAFF DIRECTOR, RAD

SUBJECT : REFERRAL OF THE CITIZENS PARTY

This is a referral of the Citizens Party for failing to file a 1983 Mid-Year Report within thirty (30) calendar days from the date of the non-filer notice. The report was filed on January 30, 1984. According to the revised RAD Review and Referral Procedures (Standard 3), further examination is required by your office.

If you have any questions, please contact Carol Caldwell at 523-4048.

Attachment

85040513365

## REPORTS ANALYSIS REFERRAL

TO

OFFICE OF GENERAL COUNSEL

DATE: March 6, 1984ANALYST: Carol Caldwell

## I. COMMITTEE:

Citizens Party (C00117762)  
 Scott Sherman, Treasurer  
 2000 P Street, N.W., #200  
 Washington, DC 20036

## II. RELEVANT STATUTE:

2 U.S.C. 434(a) (4) (A) (iv)  
 11 CFR 104.5(c) (2) (i) (A)

## III. BACKGROUND:

Non-Filing of Mid-Year Report  
 2 U.S.C. 434(a) (4) (A) (iv)  
 11 CFR 104.5(c) (2) (i) (A)

The Citizens Party ("the Party") failed to file the 1983 Mid-Year Report of Receipts and Disbursements. The Party was notified on July 7, 1983 that the report was due on July 31, 1983 (Attachment 2). A non-filer notice was sent on November 23, 1983 (Attachment 3).

On January 4, 1984, the Party's treasurer of record, Mr. Jim Mc Clellan, was contacted by the Reports Analysis Division (RAD) Analyst regarding the omitted report. Mr. Mc Clellan explained that he was no longer the treasurer and that the party should be contacted directly. The Party was contacted by the RAD Analyst and instructed to file the report and an amended Statement of Organization designating a new treasurer. Mr. Gary Rizzo, a representative of the Party, said that he understood that the report was necessary, and added that it has not been prepared, because the organization was understaffed. He stated that the report would be filed as soon as possible (Attachment 4).

The Citizens Party filed the report on January 30, 1984 (Attachment 5).

## IV. OTHER PENDING MATTERS INITIATED BY RAD:

None

---

\*/ On January 30, 1984, a letter was received designating Scott Sherman as treasurer, in place of Jim Mc Clellan.

85040513366

|                |                                        | PARTY RELATED |               |                     |       |                |  |
|----------------|----------------------------------------|---------------|---------------|---------------------|-------|----------------|--|
| COMMITTEE      | DOCUMENT                               | RECEIPTS      | DISBURSEMENTS | TYPE OF FILER       | # OF  | MICROFILM      |  |
|                |                                        |               |               | COVERAGE DATES      | PAGES | LOCATION       |  |
| CITIZENS PARTY |                                        |               |               | PARTY NON-QUALIFIED |       | ID #C00117762  |  |
| 1981           | MISCELLANEOUS REPORT                   |               |               | 21JAN81 TO FEC      | 2     | 81FEC/187/4693 |  |
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|                | STATEMENT OF ORGANIZATION - AMENDMENT  |               |               | 17JUN81             | 2     | 81FEC/197/3867 |  |
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|                | JULY QUARTERLY - AMENDMENT             | 38,663        | 32,829        | 1APR81 -30JUN81     | 6     | 82FEC/234/2649 |  |
|                | REQUEST FOR ADDITIONAL INFORMATION     |               |               | 1APR81 -30JUN81     | 1     | 82FEC/232/0363 |  |
|                | REQUEST FOR ADDITIONAL INFORMATION 2ND |               |               | 1APR81 -30JUN81     | 1     | 82FEC/234/0012 |  |
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|                | YEAR-END - AMENDMENT                   | -             | -             | 1JUL81 -31DEC81     | 1     | 82FEC/234/2956 |  |
|                | REQUEST FOR ADDITIONAL INFORMATION     |               |               | 1JUL81 -31DEC81     | 2     | 82FEC/232/0365 |  |
|                | REQUEST FOR ADDITIONAL INFORMATION 2ND |               |               | 1JUL81 -31DEC81     | 1     | 82FEC/234/0014 |  |
|                | COMP ADJUST AMEND                      | 13,025-       | 13,025-       | 1JAN81 -30JUN81     | 4     | 82FEC/221/0827 |  |
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|                | TOTAL                                  | 244,580       | 0 249,837     | 0                   | 329   | TOTAL PAGES    |  |

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\$ 763

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PARTY RELATED

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| 1983           | DEBT SETTLEMENT STATEMENT                               |          |               | 25JAN83                         | 13            | 83FEC/262/4594        |
|                | ACKNOWLEDGEMENT OF RECEIPT OF DEBT SETTLEMENT STATEMENT |          |               | 23FEB83                         | 1             | 83FEC/267/0121        |
|                | RFAI: DEBT SETTLEMENT FIRST                             |          |               | 25FEB83                         | 1             | 83FEC/267/0700        |
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## FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

July 7, 1983

## SEMIANNUAL REPORT FILING REQUIREMENTS

**WHO MUST FILE**

ALL POLITICAL COMMITTEES currently registered with the Commission (except committees filing monthly) must file a semiannual report by July 31, 1983.

**WHAT MUST BE REPORTED**

Committees must disclose all financial activity of the committee from the later of, the last report filed or the date of registration,\* through June 30, 1983.

**FILING DATE**

Reports sent by registered or certified mail must be postmarked no later than midnight July 31, 1983. Reports hand delivered or mailed first class must be received no later than close of business July 31, 1983.

**WHERE AND HOW TO FILE**

Committees should consult the instructions on the enclosed form for details.

**FAILURE TO FILE**

According to Commission policy, political committees will not necessarily receive notification of their failure to file reports. However, they remain fully liable for failure to file any report required under the Act. In addition, failure to file required reports may result in compliance proceedings. Committees must submit legible reports which can be reproduced clearly. Illegible documents will not be accepted as reports, and committees filing such documents will be required to refile.

**MONTHLY FILERS**

Committees filing on a monthly schedule need not file a semiannual report. Monthly reports are due by the twentieth of each month and should cover all financial activity of the previous month. The next monthly report must be filed by July 20, 1983, and disclose all financial activity of the committee from June 1 through June 30, 1983.

- \* The first report filed by a committee shall include all amounts received or disbursed prior to becoming a political committee, even if such amounts were not received during the current reporting period. See 11 CFR 104.3(a) and (b).

FOR INFORMATION CALL: Office of Public Communications

202/523-4068

800/424-9530

95040513369



## FEDERAL ELECTION COMMISSION

WASHINGTON, DC 20463

23 November 1983

RQ-7

Jim McClellan, Treasurer  
Citizens Party  
2000 P Street, N.W., #200  
Washington, DC 20036

Identification Number: C00117762

Reference: Mid-Year Report (1/1/83-6/30/83)

Dear Mr. McClellan:

It has come to the attention of the Federal Election Commission that you may have failed to file the above referenced Report of Receipts and Disbursements as required by the Federal Election Campaign Act. You were previously notified of the due date for this report.

It is important that you file this report immediately with the Federal Election Commission, 1325 K Street, NW, Washington, DC 20463 (or with the Clerk of the House or the Secretary of the Senate, as appropriate). A copy of the report or its relevant portions should also be filed with the Secretary of State or equivalent state officer (see 11 CFR 108.2, 108.3, 108.4).

The failure to file this report may result in an audit or legal enforcement action.

If you have any questions regarding this matter, please contact Alva Smith on our toll-free number (800) 424-9530. Our local number is (202) 357-0026.

Sincerely,

A handwritten signature in cursive script, reading "John D. Gibson", is written over the typed name.

John D. Gibson  
Assistant Staff Director  
Reports Analysis Division

85040513370

TELECON

ANALYST Caldwell

initiated call? x

TELECON WITH: Mr. Jim McClellan, Mr. Gary Rizzo  
initiated call? \_\_\_\_\_

Candidate/Committee: Citizens Party

DATE: January 4, 1984

SUBJECT(S): Filing of Mid-Year Report(1/1/83 - 6/30/83)

---

I called Mr. Jim McCellan, treasurer of the Citizens Party regarding his failure to file the 1983 Mid-Year Report. He informed me that he was no longer treasurer and suggested that I call the Citizens Party directly.

I then called the Citizens Party and spoke to Mr. Gary Rizzo. I informed him of the need to file the 1983 Mid-Year Report and an amended Statement of Organization with the name and signature of the new treasurer. Mr. Rizzo responded that he realized that this needed to be done but due to an understaffing problem, they had not yet been able to do it. Mr. Rizzo stated that they would file the Report and Statement of Organization as soon as possible. I concluded the conversation by emphasizing the necessity of filing reports in a timely manner.

85040513371



# The Citizens Party

ATTACHMENT 5

(page 1 of 2)

1983 MID-YEAR REPORT

January 25, 1984

Carol Caldwell  
Reports Analyst  
Reports Analysis Division  
Federal Election Commission  
1325 K Street NW  
Washington, DC 20463

Dear Ms Caldwell:

Enclosed please find our mid-year 1983 and year end 1983 report for the Citizens Party, (C00117762).

Also enclosed is a letter serving as an Amended Statement of Organization regarding the position of Treasurer.

I apologize for the delay in filing these forms. If there are any questions, please feel free to contact me.

Thank you very much.

Sincerely,

Wendy Adler  
National Director

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For a Political Committee Other Than an Authorized Committee

Attachment 5  
(page 2 of 2) FEC

(Summary Page)

84 JAN 30 4:23  
ALTON AREA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1. NAME OF COMMITTEE (In Full)</b></p> <p><b>Citizen's Party Inc.</b></p> <hr/> <p><b>Address (Number and Street)</b></p> <p><b>2000 P St. NW Ste. 200</b></p> <hr/> <p><b>City, State and ZIP Code</b></p> <p><b>Washington, DC 20036</b></p> <p><input type="checkbox"/> Check here if address is different than previously reported.</p> <hr/> <p><b>2. FEC Identification Number</b></p> <p><b>C 00117762</b></p> <hr/> <p><b>3. <input type="checkbox"/> This committee qualified as a multicandidate committee during this Reporting Period on _____ (Date)</b></p> | <p><b>4. TYPE OF REPORT (Check appropriate boxes)</b></p> <p>(a) <input type="checkbox"/> April 15 Quarterly Report    <input type="checkbox"/> October 15 Quarterly Report</p> <p><input type="checkbox"/> July 15 Quarterly Report    <input type="checkbox"/> January 31 Year End Report</p> <p><input checked="" type="checkbox"/> July 31 Mid Year Report (Non Election Year Only)</p> <p><input type="checkbox"/> Monthly Report for _____</p> <p><input type="checkbox"/> Twelfth day report preceding _____ (Type of Election)</p> <p>election on _____ in the State of _____</p> <p><input type="checkbox"/> Thirtieth day report following the General Election</p> <p>on _____ in the State of _____</p> <p><input type="checkbox"/> Termination Report</p> <p>(b) Is this Report an Amendment? <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| SUMMARY                                                                                                |  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|--|-------------------------|-----------------------------------|
| <b>5. Covering Period</b> <u>1/1/83</u> through <u>6/30/83</u>                                         |  |                         |                                   |
| <b>6. (a) Cash on hand January 1, 1983</b> _____                                                       |  |                         | \$ 763.11                         |
| <b>(b) Cash on Hand at Beginning of Reporting Period</b> _____                                         |  | \$ 763.11               |                                   |
| <b>(c) Total Receipts (from Line 1B)</b> _____                                                         |  | \$ 45080.25             | \$ 45080.25                       |
| <b>(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)</b> _____  |  | \$ 45843.36             | \$ 45843.36                       |
| <b>7. Total Disbursements (from Line 2B)</b> _____                                                     |  | \$ 39763.66             | \$ 39763.66                       |
| <b>8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))</b> _____             |  | \$ 6079.70              | \$ 6079.70                        |
| <b>9. Debts and Obligations Owed TO The Committee (Itemize all on Schedule C or Schedule D)</b> _____  |  | \$ _____                |                                   |
| <b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C or Schedule D)</b> _____ |  | \$ 97333.77             |                                   |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

For further information contact:

Federal Election Commission

Toll Free 800 426 9930

Line 202-223-4054

Typed Print Name of Treasurer \_\_\_\_\_

**SIGNATURE OF TREASURER** \_\_\_\_\_

Date \_\_\_\_\_

All previous versions of FEC FORM 2 and FEC FORM 2a are obsolete and should no longer be used.

FEC FORM 2X (3-80)

85040513374



FEDERAL ELECTION COMMISSION

1325 K STREET N.W.  
WASHINGTON, D.C. 20463

THIS IS THE BEGINNING OF MUR # 1709

Date Filmed 2/28/85 Camera No. ---

Cameraman JRL