

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEB 2 3 07 PM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
11th District Democratic Comm.

ADDRESS (number and street) Check if different than previously reported
18104 Vacri Lane

CITY, STATE and ZIP CODE
Livonia, Mi. 48152

2. FEC IDENTIFICATION NUMBER
C-00280941

3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>1-1-95</u> through <u>6-30-95</u>		
6. (b) Cash on Hand January 1, 19 <u>95</u>			<u>\$19357.44</u>
(b) Cash on Hand at Beginning of Reporting Period		<u>\$ 19357.44</u>	
(c) Total Receipts (from Line 19)		<u>\$ 48695.63</u>	<u>\$ 48695.63</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		<u>\$ 68053.07</u>	<u>\$ 68053.07</u>
7. Total Disbursements (from Line 20)		<u>\$ 32235.74</u>	<u>\$ 32235.74</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		<u>\$ 35817.33</u>	<u>\$ 35817.33</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		<u>\$ 0</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		<u>\$ 0</u>	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20483
Toll Free 800-424-9630
Local 202-376-9120

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

Type of Firm Name of Treasurer
Barbara E. Johnson
Signature of Treasurer
Barbara E. Johnson

Date
1/29/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X

(revised 1/1/91)

9403055014

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/30/96
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED and/or DATE OF RECEIPT
227	2/3/96
PREPARER	DATE PREPARED

9 6 0 3 0 5 0 1 5