

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

JAMES E. SHELSON

FEB 4 11 12 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

ADDRESS (number and street) Check if different than previously reported
202 N. LAING ST.
PO BOX 472

CITY, STATE and ZIP CODE
LAINGSBURG, MI. 48642

2. FEC IDENTIFICATION NUMBER
C 000 99465

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>12-31-95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ <u>3702.26</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>3702.26</u>	
(c) Total Receipts (from Line 10)	\$ <u>4414.00</u>	\$ <u>4414.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>8116.26</u>	\$ <u>8116.26</u>
7. Total Disbursements (from Line 30)	\$ <u>3817.24</u>	\$ <u>3817.24</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>4299.02</u>	\$ <u>4299.02</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	For further information contact: Federal Election Commission 990 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	

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

Type or Print Name of Treasurer
JAMES E. SHELSON

Signature of Treasurer [Signature] Date 1-30-95

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 5/93)

96030264052

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

[revised 1/1/81]

NAME OF COMMITTEE <i>COMMITTEE FOURTH CONGRESSIONAL DISTRICT DEMOCRATS</i>		REPORT COVERING PERIOD		
		FROM <i>1-1-85</i>	TO <i>12-31-85</i>	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	<i>1444.00</i>	<i>1444.00</i>	11(a)(i)
ii.	Unitemized	<i>700.00</i>	<i>700.00</i>	11(a)(ii)
iii.	Total (add i and ii) >	<i>2144.00</i>	<i>2144.00</i>	11(b)
b.	Political Party Committees			11(c)
c.	Other Political Committees (such as PACs)	<i>1280.00</i>	<i>1280.00</i>	11(d)
d.	Total Contributions (add a ii, b and c) >	<i>3424.00</i>	<i>3424.00</i>	11(e)
12.	Transfers From Affiliated/Other Party Committees	<i>990.00</i>	<i>990.00</i>	12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>4414.00</i>	<i>4414.00</i>	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	<i>4414.00</i>	<i>4414.00</i>	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a i, ii, and b) >	<i>3047.24</i>	<i>3047.24</i>	21(c)
22.	Transfers to Affiliated/Other Party Committees	<i>322.00</i>	<i>322.00</i>	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees			23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements	<i>400.00</i>	<i>400.00</i>	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>3817.24</i>	<i>3817.24</i>	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	<i>3817.24</i>	<i>3817.24</i>	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	<i>3424.00</i>	<i>3424.00</i>	32
33.	Total Contribution Refunds (from line 28d)	<i>0</i>	<i>0</i>	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	<i>3424.00</i>	<i>3424.00</i>	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	<i>3047.24</i>	<i>3047.24</i>	35
36.	Offsets to Operating Expenditures (from line 15)	<i>0</i>	<i>0</i>	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	<i>3047.24</i>	<i>3047.24</i>	37

3
6
4
0
2
6
4
0
3
0
3
0
3
0
3
6
0
3
9

SCHEDULE A ITEMIZED RECEIPTS

Any information copied from such reports and statements may not be 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)
FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

95030264004

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CLINTON COUNTY DEMOCRATIC COMMITTEE 1255 ST. A. VARNER.		8/4/95	\$480.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PARTY FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 480.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERATON COUNTY DEMOCRATIC PARTY		8/4/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PARTY FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ISABELLA COUNTY DEMOCRATIC PARTY P.O. BOX 758 MT. PLEASANT, MI. 48804		8/4/95	580.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PARTY FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MCCOMB COUNTY DEMOCRATIC PARTY		8/4/95	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIDLAND COUNTY DEMOCRATIC PARTY		8/4/95	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)
TOTAL This Period (last page this line number only) \$990.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11, 9, 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

9
6
0
3
0
2
6
4
0
x
5

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHEILA SHARROW 3079 W. KENT SHERIDAN, MI. 48884		8/4/95	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PARTY FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 240.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONNA M. HUTKE 218 S. MARTIN ST. MC BAIN MI. 49657	MI, EDUCATION ASSN.	8/4/95	604.00 80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FUNDRAISER	Occupation: LOBBYIST	Aggregate Year-to-Date > \$ 684.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BAMIAN FRASIER PO BOX 396 OWOSSO, MI. 48867	WEINGORTIN & SKEED (PLINT)	8/4/95	520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$1444.00

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) FOURTH CONGRESSIONAL DISTRICT DEMOCRAT - JPMN 1982

96030264056

A. Full Name, Mailing Address and ZIP Code
MID MICHIGAN LABOR COUNCIL AFL-CIO
JAMES V. SCHARIK, TREASURER
1221 S. WIND RD
MT. PLEASANT, MI, 48858
Receipt For: Primary General
 Other (specify): PARTY FUNDRAISER

Name of Employer
Occupation
Aggregate Year-to-Date \$ 320.00

Date (month, day, year) 3/27/82

Amount of Each Receipt this Period \$ 320.00

B. Full Name, Mailing Address and ZIP Code
MICHIGAN STATE AFL-CIO
COPE CONTRIBUTIONS FUND
419 S. WASHINGTON AVE.
LANSING, MI, 48933
Receipt For: Primary General
 Other (specify): FUNDRAISER

Name of Employer
Occupation
Aggregate Year-to-Date \$ 320.00

Date (month, day, year) 3/27/82

Amount of Each Receipt this Period \$ 320.00

C. Full Name, Mailing Address and ZIP Code
OPERATING ENGINEERS LOCAL 221
NATIONAL POLITICAL ACTIVITIES COM
57450 SCARBOROUGH, SUITE 110
LIVONIA, MI, 48150
Receipt For: Primary General
 Other (specify): FUNDRAISER

Name of Employer
Occupation
Aggregate Year-to-Date \$

Date (month, day, year) 8/1/82

Amount of Each Receipt this Period \$ 320.00

D. Full Name, Mailing Address and ZIP Code
MIDLAND COUNTY MICHIGAN
LABOR COUNCIL AFL-CIO
321 S. SAGINAW RD. P.O. BOX 621
MIDLAND, MI, 48641
Receipt For: Primary General
 Other (specify): PARTY FUNDRAISER

Name of Employer
Occupation
Aggregate Year-to-Date \$

Date (month, day, year) 8/1/82

Amount of Each Receipt this Period \$ 320.00

E. Full Name, Mailing Address and ZIP Code
Receipt For: Primary General
 Other (specify):

Name of Employer
Occupation
Aggregate Year-to-Date \$

Date (month, day, year)

Amount of Each Receipt this Period

F. Full Name, Mailing Address and ZIP Code
Receipt For: Primary General
 Other (specify):

Name of Employer
Occupation
Aggregate Year-to-Date \$

Date (month, day, year)

Amount of Each Receipt this Period

G. Full Name, Mailing Address and ZIP Code
Receipt For: Primary General
 Other (specify):

Name of Employer
Occupation
Aggregate Year-to-Date \$

Date (month, day, year)

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only) \$ 1280.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF 21 FOR LINE NUMBER 21.5

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)

FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

96030264067

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LINDA MASON 414 E. GRAND MT PLEASANT	POSTAGE (SECRETARY) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/6/95	155.06
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LYLA SJOBORG 3452 W. TOWNSEND RD. ST. JOHNS, MI. 48879	POSTAGE (CHAIRMAN) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/95 3/13/95 12/2/95	44.00 61.00 24.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JIM SJOBERG 3438 W. TOWNSEND RD. ST. JOHNS, MI. 48879	MILEAGE (CHAIRMAN) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/13/95 9/17/95	05.00 230.40
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DONNA LUTKE 218 E. MARTIN ST. MC BRIN MI 49657	EXPENSES OF GOLF COURSE AND DINNER - FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	8/18/95	2446.78
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITY BANK P.O. BOX 100 ST. JOHNS MI 48879	BANK SERVICE FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30 - 12/3/95	2 x 9405. = 18,00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

5077.24

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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)

FRONTIER COUNTY DEMOCRATIC DISTRICT DEMOCRATIC COMMITTEE

96030264058

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MICHIGAN DEMOCRATIC PARTY 606 TOWNSEND LANSING, MI, 48933	2 TICKETS TO JEFF-JACK DINNER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1/73	\$250.00
MICHIGAN DEMOCRATIC PARTY 606 TOWNSEND LANSING, MI, 48933	1/4 PAGE AD IN JEFF-JACK BOOK Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/73	\$120.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$370.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
 FOR LINE NUMBER 29

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)

FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

96030264049

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DNA STRIKER RELIEF FUND 73 ERIC LINDBERGH AVE-C10 2550 W. ISLAND BLVD. DETROIT, MI 48208	SUPPORT NEWSPAPER STRIKERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONTRIBUTION	12/2/95	\$150.00
AFL-CIO COPE 419 S. WASHINGTON LANSING, MI 48933	2 TICKETS TO COPE DINNER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONTRIBUTION	12/18/95	\$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only) \$400.00

**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.

96030264070

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 2/1/96
<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
S.S.	2/4/96
PREPARER	DATE PREPARED