

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
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USE FEC MAILING LABEL
OR
TYPE OR PRINT

000280941 090600 P 282
 BARBARA JOHNSON
 11TH DISTRICT DEMOCRATIC COMM
 TTEE
 18104 VACRI
 LIVONIA NI 48152

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

4. TYPE OF REPORT

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

- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
 (Type of Election)
 election on _____ in the State of _____
 30-Day Post-Election 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
6. Covering Period <u>7-1-00</u> through <u>9-30-00</u>		
8. (a) Cash on Hand January 1, <u>2000</u>		\$ 57,290.37
(b) Cash on Hand at Beginning of Reporting Period	\$ 56,732.45	
(c) Total Receipts (from Line 19)	\$ 8,000.00	\$ 12,000.00
(d) Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)	\$ 64,732.45	\$ 69,290.37
7. Total Disbursements (from Line 30)	\$ 18,240.47	\$ 22,798.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 46,491.98	\$ 46,491.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission - 999 E Street, NW - Washington, DC 20488 - Toll Free 800-424-9530 - Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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: Barbara E. Johnson
 Signature of Treasurer: Barbara E. Johnson Date: 10/1/00

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

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

(revised 1/1/91)

NAME OF COMMITTEE <i>11th District Dem. Comm.</i>	REPORT COVERING PERIOD FROM <i>7-1-00</i> TO: <i>9-30-00</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>0</i>	<i>0</i>
ii. Unitemized	<i>0</i>	<i>0</i>
iii. Total (add i and ii) >	<i>0</i>	<i>0</i>
b. Political Party Committees	<i>0</i>	<i>0</i>
c. Other Political Committees (such as PACs)	<i>0</i>	<i>0</i>
d. Total Contributions (add a ii, b and c) >	<i>0</i>	<i>0</i>
12. Transfers From Affiliated/Other Party Committees	<i>8000.00</i>	<i>12000.00</i>
13. All Loans Received	<i>0</i>	<i>0</i>
14. Loan Repayments Received	<i>0</i>	<i>0</i>
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	<i>0</i>	<i>0</i>
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	<i>0</i>	<i>0</i>
17. Other Federal Receipts (Dividends, Interest, etc.)	<i>0</i>	<i>0</i>
18. Transfers from Nonfederal Account for Joint Activity	<i>0</i>	<i>0</i>
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>8000.00</i>	<i>12000.00</i>
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>8000.00</i>	<i>12000.00</i>
II Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	<i>0</i>	<i>0</i>
ii. Non-Federal Share	<i>0</i>	<i>0</i>
b. Other Federal Operating Expenditures	<i>1570.47</i>	<i>2203.39</i>
c. Total Operating Expenditures (add a i, a ii, and b) >	<i>1570.47</i>	<i>2203.39</i>
22. Transfers to Affiliated/Other Party Committees	<i>11670.00</i>	<i>12595.00</i>
23. Contributions to Federal Candidates/Committees and Other Political Committees	<i>5000.00</i>	<i>8000.00</i>
24. Independent Expenditures (use Schedule E)	<i>0</i>	<i>0</i>
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	<i>0</i>	<i>0</i>
26. Loan Repayments Made	<i>0</i>	<i>0</i>
27. Loans Made	<i>0</i>	<i>0</i>
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	<i>0</i>	<i>0</i>
b. Political Party Committees	<i>0</i>	<i>0</i>
c. Other Political Committees (such as PACs)	<i>0</i>	<i>0</i>
d. Total Contribution Refunds (add a, b and c) >	<i>0</i>	<i>0</i>
29. Other Disbursements	<i>0</i>	<i>0</i>
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>18240.47</i>	<i>22798.39</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	<i>18240.47</i>	<i>22798.39</i>
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	<i>0</i>	<i>0</i>
33. Total Contribution Refunds (from line 28d)	<i>0</i>	<i>0</i>
34. Net Contributions (other than loans)(subtract line 33 from 32)	<i>0</i>	<i>0</i>
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	<i>1570.47</i>	<i>2203.39</i>
36. Offsets to Operating Expenditures (from line 15)	<i>0</i>	<i>0</i>
Net Operating Expenditures (subtract line 36 from 35) >	<i>1570.47</i>	<i>2203.39</i>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 102

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)
11th District Dem. Comm. C00280941

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
11th Dist. Dem. Comm. Sp. Bingo Lic. Has 023 39271 Greencastle Farm Hills, MI. 48536 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fr. of bingo proceeds to fund fund	Name of Employer Occupation	Date (month, day, year) 9/1/00	Amount of Each Receipt this Period 8000.00
B. Full Name, Mailing Address and ZIP Code		Aggregate Year-to-Date > \$ 13000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code		Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code		Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code		Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code		Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code		Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	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) 8000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 210

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NAME OF COMMITTEE (in Full)

11th District Democratic Comm. C0280941

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barbara Johnson 18104 Vancil Lane Livonia, MI 48152	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Consulting	7/7/00	67.00
B. Full Name, Mailing Address and ZIP Code Postmaster 29624 7 Mile / Liv. Mail Livonia, MI 48152	Purpose of Disbursement Postage/FEC Report Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/00	3.47
C. Full Name, Mailing Address and ZIP Code Dr. David Zak Roof 3000 Orchard Lake Rd. Farm Hills, MI 48334	Purpose of Disbursement Rent/Headquarters Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	1500.00
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)

1570.47

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

11th District Dem. Comm C00280911

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
M.D.R./Fed. Aest. 606 Townsend Lansing, MI. 48933	Convention/Credentia Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention expense	9/15/00	920.00
M.D.P./Fed. Aest. 606 Townsend Lansing, MI. 48933	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) tickets	9/20/00	750.00
Executive Comm. of the 11th District 18104 Vaeiri Lane Livonia, MI. 48152	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	9/29/00	10,000.00
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 <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 <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 <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 <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 <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 <input type="checkbox"/> Other (specify)		

JBTOTAL of Disbursements This Page (optional)

JBTOTAL This Period (last page this line number only)

11670.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 020

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NAME OF COMMITTEE (in Full)

11th District Democratic Comm. Coo 880941

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stabenow for U.S. Senate P.O. Box 4945 E. Lansing, Mi. 48826	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/00	500.00
Frumin 2000 Campaign 30715 Timber Lane Bingham Farms, Mi. 48025	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/00	8000.00
Stabenow for U.S. Senate P.O. Box 4945 E. Lansing, Mi. 48826	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/00	2500.00
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)

5000.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10/2/00
<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
<input type="checkbox"/> Electronic Filing	
 CR	 10/4/00
PREPARER	DATE PREPARED