

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

DEC 5 1 53 PM '98

2nd Congressional District
Democratic Party

17379 Hidden Treasure Dr.
West Olive, MI 49460
Dec. 2, 1998

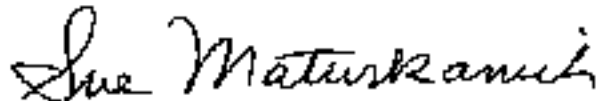
Dear Elections Commission,

As the treasurer of the 2nd Congressional District-Democratic Party in Michigan, I became aware of an error in my last treasurer report dated 10/15/98. Specifically, the 2nd Congressional District made a \$4,000.00 contribution to the Bob Schrauger for Congress campaign. Initially, I indicated that all \$4,000.00 was for the primary. I recently learned that only \$3,000.00 went for the primary and \$1,000.00 went to the general election.

I am resubmitting the report and indicating that the report is an amendment. In my 30 day post election report, the information is accurate. I hope that I did the correct thing. Please inform me if I need to take any further corrective action.

Thank you in advance for your assistance in this matter.

Cordially,



Sue Maturkanich
Treasurer, 2nd Congressional District (Michigan)

c: Bev Barringer, Chair of 2nd Congressional District
Mark Brewer, Chair of Democratic Party

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

DEC 5 1 54 PM '98

USE FEC MAILING LABEL OR PRINT TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Second Congressional District
DEMOCRATIC PARTY

ADDRESS (number and street) Check if different than previously reported
17379 Hidden Treasure Dr.

CITY, STATE and ZIP CODE
West Olive MI 49460-9515

2. FEC IDENTIFICATION NUMBER
CO 0306035

3. This committee has qualified as a multi-candidate committee. (see FEC FORM 1A)

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 |
- 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
5. Covering Period	7/1/98 through 10/15/98		
6. (a) Cash on Hand January 1, 1998			\$ 3083.43
(b) Cash on Hand at Beginning of Reporting Period		\$ 5591.43	
(c) Total Receipts (from Line 10)		\$ 1622.00	\$ 4163.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 7213.43	\$ 7246.43
7. Total Disbursements (from Line 20)		\$ 4,000.00	\$ 4033.00
8. Cash on Hand at Close of Reporting Period (subtotal Line 7 from Line 6(d))		\$ 3213.43	\$ 3213.43
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 900 E Street, NW Washington, DC 20003 Toll Free 800-424-9600 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
Sue Maturkanich

Signature of Treasurer
Sue Maturkanich

Date
11/29/98

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	REPORT COVERING PERIOD		
	FROM	TO	
	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)	0	0	11(a)(i)
ii. Unitemized	1622.00	4163.00	11(a)(ii)
iii. Total (add i and ii) >	1622.00	4163.00	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a, b and c) >	0	0	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1622.00	4163.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	1622.00	4163.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4):			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	33.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0	33.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,000.00	4,000.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	0	4033.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	4,000.00	4,033.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	0	0	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans) (subtract line 33 from line 32)	0	0	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	33.00	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from line 35) >	0	33.00	37

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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)

Bob Schrauger for Congress (2nd Congressional District)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Print Labels write-in Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Schrauger for Congress 6152 Longbridge Rd. Pentwater MI 49449	Contribution Print Labels write-in Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/98	\$3,000.00
B. Full Name, Mailing Address and ZIP Code Bob Schrauger for Congress 6152 Longbridge Rd. Pentwater MI 49449	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/98	\$1,000.00
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)

\$4,000.00

TOTAL This Period (last page this line number only)

\$4,000.00

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 12/1/98
<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	
KRS	12/5/98
PREPARER	DATE PREPARED