

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2002 OCT 25 4 09 15

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines.

ADDRESS (number and street) KAY AND CHASE FIRST CONGRESSIONAL DISTRICT 0 ENGINEERING COMMITTEE 10450 WINDSOR CHARLESTON, SC 29405

Check if different than previously reported. (AO)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

000024136

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. Election on 10/05/2002 in the State of MD. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on in the State of

5. Covering Period 10/10/2002 through 10/16/2002

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 KAY CHASE

Signature of Treasurer Kay Chase Date 10/20/2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

First Congressional District Dem Comm.

Report Covering the Period:

From:

11/13/2002

To:

11/12/2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1, <u>00.00</u>		<u>5482.43</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>1260.13</u>	
(c) Total Receipts (from Line 19)	<u>2910.00</u>	<u>4992.49</u>
(d) Subtotal (add Lines 6(b) and 5(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>4170.13</u>	<u>13874.92</u>
7. Total Disbursements (from Line 30)	<u>3460.75</u>	<u>7289.05</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>709.38</u>	<u>6585.87</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

SATISFIELD CRITERIA PRIOR TO 06/2003

For further information contact:

Federal Election Commission
990 E Street, NW
Washington, DC 20468

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

First Congressional District Dem. Committee

Report Covering the Period:

From:

10/01/2002

To:

10/10/2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	95.00	
(ii) Unitemized	65.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	2,750.00	
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 32, page 4)	2,910.00	8,992.49
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	2,910.00	8,992.49
20. Total Federal Receipts (subtract Line 18 from Line 19)	2,910.00	8,992.49

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	34,500.00	12,723.30
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	10.75	10.75
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	34,607.50	12,834.05
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	34,607.50	12,834.05
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	29,100.00	8,992.49
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	29,100.00	8,992.49
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		PDR LINE NUMBER: (check only one)				PAGE	OF
<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24
<input type="checkbox"/>	26	<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
First Congressional District Dem. Committee

A. PAK & Ship EXPRESS
 Mailing Address: **I-75 BUS STOP**
 City: **South** State: **IN** Zip Code: **49783**
 Purpose of Disbursement: **FEC REPORT MAILING**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **REPORT MAILING**
 State: _____ District: _____
 Full Name (Last, First, Middle Initial): _____

Date of Disbursement: **10/15/2002**
 Amount of Each Disbursement this Period: **10.75**

Category Type: **CDI**

B.

Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Purpose of Disbursement: _____
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____
 Full Name (Last, First, Middle Initial): _____

Date of Disbursement: _____
 Amount of Each Disbursement this Period: _____

Category Type: _____

C.

Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Purpose of Disbursement: _____
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____
 Full Name (Last, First, Middle Initial): _____

Date of Disbursement: _____
 Amount of Each Disbursement this Period: _____

Category Type: _____

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (total page this line number only) _____

Amount of Each Disbursement this Period: **10.75**
346.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)				PAGE	OF
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25			
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29		

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NAME OF COMMITTEE (in Full)
First Congressional District Dem. Committee

A. Laurie Stupak for State Rep

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
State: **MI** District:
Disbursement For: Primary General Other (specify) _____
Date of Disbursement
Amount of Each Disbursement this Period

B. Andy Neumann for State Senate

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
State: **MI** District:
Disbursement For: Primary General Other (specify) _____
Date of Disbursement
Amount of Each Disbursement this Period

C. Supporters of Gary McDowell

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
State: **MI** District:
Disbursement For: Primary General Other (specify) _____
Date of Disbursement
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) **600.00**

TOTAL This Period (Use page line line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25		
	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 29b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29	

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

NAME OF COMMITTEE (In Full)
First Congressional District Dem. Committee

Full Name (Last, First, Middle Initial)

A. Friends of Mike Pousi

Date of Disbursement: **10/10/2002**

Mailing Address: **27 N. Basin Dr**

City: **Nashua** State: **Mi** Zip Code: **49806**

Purpose of Disbursement: **CAMPAIGN CONTRIBUTION** Category Type: **011**

Candidate Name: **Mike Pousi**

Office Sought: House Senate President
STATE

Disbursement For: Primary General Other (specify) **MI**

Amount of Each Disbursement this Period: **100.00**

B. Committee to Elect Jennifer Elkins

Date of Disbursement: **10/10/2002**

Mailing Address: **P O Box 454**

City: **LAKE** State: **Mi** Zip Code: **49632**

Purpose of Disbursement: **CAMPAIGN CONTRIBUTION** Category Type: **011**

Candidate Name: **Jennifer Elkins**

Office Sought: House Senate President
STATE REP

Disbursement For: Primary General Other (specify) **MI**

Amount of Each Disbursement this Period: **100.00**

C. STUPAK for Congress

Date of Disbursement: **10/10/2002**

Mailing Address: **P O Box 143**

City: **Manomineo** State: **Mi** Zip Code: **49803**

Purpose of Disbursement: **CAMPAIGN CONTRIBUTION** Category Type: **011**

Candidate Name: **DAVE STUPAK**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **MI**

Amount of Each Disbursement this Period: **2650.00**

SUBTOTAL of Disbursements This Page (optional): **2850.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)

First Congressional District Dem. Committee

A. Full Name (Last, First, Middle Initial)
Thomas, Deborah

Mailing Address
14530 Harbor Island Dr

City State Zip Code
Detroit MI 48215

FEC ID number of contributing federal political committee
C

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify) Dues

Aggregate Year-to-Date
2000

Date of Receipt
10 09 2000

Amount of Each Receipt this Period
2000

B. Full Name (Last, First, Middle Initial)
McCarry, Keanna

Mailing Address
401 W. Division

City State Zip Code
Boysen City MI 49712

FEC ID number of contributing federal political committee
C

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify) Donation

Aggregate Year-to-Date
2500

Date of Receipt
10 09 2000

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
Quacies, Nancy

Mailing Address
18131 Magnolia

City State Zip Code
South Field MI 48075

FEC ID number of contributing federal political committee
C

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
5000

Date of Receipt
10 09 2000

Amount of Each Receipt this Period
5000

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9500

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FORM LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) First Congressional District Dem. Committee	
Full Name (Last, First, Middle Initial) Friends of Carl Levin	
Mailing Address P.O. Box 02089	
City WARREN	State Zip Code MI 48092
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 100.00
Name of Employer Occupation	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DONATION	Aggregate Year-to-Date 100.00
Full Name (Last, First, Middle Initial) TROUDAS PAC	
Mailing Address 1715 Abby Rd Ste 8	
City E. LANSING	State Zip Code MI 48223
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period 2650.00
Name of Employer Occupation	Amount of Each Receipt this Period 2650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DONATION	Aggregate Year-to-Date 2650.00
Full Name (Last, First, Middle Initial) C	
Mailing Address	
City	State Zip Code
FEC ID number of contributing federal political committee C	Amount of Each Receipt this Period
Name of Employer Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional) 2700.00	
TOTAL This Period (last page this line number only) 2700.00	

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) <i>10-22-02</i>
<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	
<i>AVI</i>	<i>10-25-02</i>
PREPARER	DATE PREPARED