



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

APR 23 9 33 AM '93

RQ-1

Barbara Johnson, Treasurer
11th District Democratic Committee
18104 Vacri
Livonia, MI 48152

APR 21 1993

Identification Number: C00280941

Reference: Statement of Organization

Dear Ms. Johnson:

This letter is prompted by the Commission's preliminary review of your Statement of Organization. The review raised questions concerning certain information contained in the Statement. An itemization follows:

-You failed to list a campaign depository on Line 9.

Please be advised that each registered political committee must designate a campaign depository or depositories. The committee must maintain at least one checking account or transaction account at one of the depositories. 11 CFR §103.2

Please identify the depository or depositories that will be used by your committee. 11 CFR §102.2(a)(1)(vi)

-Any affiliated or connected organization must be identified on your Statement of Organization. For further guidance, please refer to 11 CFR §§100.5(g) and 100.6. If there are no other committees or organizations with which you share control or financing, please indicate "None" on Line 6. If you do share control or financing with other committees or organizations, please list their names, addresses, and relationships on that line. 11 CFR §102.2

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Debbie Manzano

Debbie Manzano
Reports Analyst
Reports Analysis Division

93038371299

*Amended Statement 7/24/93
Barbara Johnson*

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <u>11TH DISTRICT DEMOCRATIC COMMITTEE</u>	<input type="checkbox"/> (Check if name is changed)	2. DATE <u>MARCH 26, 1993</u>
(b) Number and Street Address <u>1804 VACRI</u>	<input type="checkbox"/> (Check if address is changed)	3. FEC IDENTIFICATION NUMBER <u>C00280941</u>
(c) City, State and ZIP Code <u>LIVONIA, MI. 48152</u>		4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a CONGRESSIONAL DISTRICT committee of the DEMOCRATIC Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
<u>None</u>		

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
<u>BARBARA JOHNSON</u>	<u>18104 VACRI LIVONIA, MI 48152</u>	<u>TREASURER</u>

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
<u>BARBARA JOHNSON</u>	<u>18104 VACRI LIVONIA, MI. 48152</u>	<u>TREASURER</u>

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
<u>NBD Bank, N.A.</u>	<u>Six Mile - Newburgh office - 12 LIVONIA, MI. 48152</u>

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

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
<u>BARBARA JOHNSON</u>	<i>Barbara Johnson</i>	<u>4/2/93</u>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

93038371300

**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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 4-26-93
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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
PREPARER	DATE PREPARED

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