

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <u>11TH DISTRICT DEMOCRATIC COMMITTEE</u>	2. DATE <u>MARCH 26, 1993</u>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <u>1804 VACRT</u>	3. FEEDBACK NUMBER <u>000280941</u>
(c) City, State and ZIP Code <u>LIVONIA, MI, 48152</u>	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input 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>Corkland County Democratic Party</u> <u>104 N. Crooks, Ste 106</u> <u>Claussen, MI 48017</u>		<u>Affiliated</u>
<u>Men Democratic Party</u>	<u>666 Townsend, Lansing, MI</u> <u>48933</u>	<u>Affiliated</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 VACRT</u> <u>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 VACRT</u> <u>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</u> <u>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>	<u>Barbara Johnson</u>	<u>12/5/94</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.

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**Federal Election Commission
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S.H.
 PREPARER

12-8-94
 DATE PREPARED

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