

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 24 1 12 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Genesee County Democratic Party	
ADDRESS (number and street)	<input type="checkbox"/> Check if different than previously reported
1318 West Court Street	
CITY, STATE and ZIP CODE	
Flint, MI 48503	

2. FEC IDENTIFICATION NUMBER
C-00299339

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:

<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 07-01-98 through 09-30-98			
6. (a)	Cash on Hand January 1, 1998		\$ 723.24
(b)	Cash on Hand at Beginning of Reporting Period	\$ 656.44	
(c)	Total Receipts (from Line 18)	\$ 3800.00	\$ 3800.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4456.44	\$ 4523.24
7.	Total Disbursements (from Line 30)	\$ 34.09	\$ 100.89
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4422.35	\$ 4422.35
9.	Debits and Obligations Owed TO the Committee (Report all on Schedule C and/or Schedule D)	\$ —	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20460 Tel Free 800-424-9620 Local 202-219-3420
10.	Debits and Obligations Owed BY the Committee (Report all on Schedule C and/or Schedule D)	\$ —	
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 Douglas K. Weiland	Date 5-19-99
Signature of Treasurer 	

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

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/85)

NAME OF COMMITTEE <i>Genesee County Democratic Party</i>		REPORT COVERING PERIOD FROM <i>07-01-98</i> TO <i>09-30-98</i>	
I Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Memorialized (use Schedule A)			
ii. Unitemized		<i>800.00</i>	<i>800.00</i>
iii. Total (add i and ii) >			
b. Political Party Committees			
c. Other Political Committees (such as PACs)		<i>3000.00</i>	<i>3000.00</i>
d. Total Contributions (add a ii, b and c) >		<i>3800.00</i>	<i>3800.00</i>
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
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 11d, 12, 13, 14, 15, 16, 17, and 18) >		<i>3800.00</i>	<i>3800.00</i>
20. Total Federal Receipts (subtract line 18 from line 19) >		<i>3800.00</i>	<i>3800.00</i>
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		<i>34.09</i>	<i>100.89</i>
c. Total Operating Expenditures (add a i, a ii, and b) >		<i>34.09</i>	<i>100.89</i>
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
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. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		<i>34.09</i>	<i>100.89</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		<i>34.09</i>	<i>100.89</i>
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		<i>3800.00</i>	<i>3800.00</i>
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from line 32)			
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		<i>34.09</i>	<i>100.89</i>
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from line 35) >		<i>34.09</i>	<i>100.89</i>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 11C

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)

Genesee County Democratic Party

A. Full Name, Mailing Address and ZIP Code Friends of Debbie Chaffy 2124 S. Balsay Rd Boston, MA 48519 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8-3-98	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Friends of Bob Emerson P.O. Box 103 Flint, MI 48501 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 9-25-98	Amount of Each Receipt this Period 750.00
C. Full Name, Mailing Address and ZIP Code Congressman Kildee Committee P.O. Box 2884 Washington DC 20013 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09-23-98	Amount of Each Receipt this Period 1000.00
D. Full Name, Mailing Address and ZIP Code Fifth Congressional District Democratic State Account 55 River + rail Bay City, MI 48706 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 9-22-98	Amount of Each Receipt this Period 1000.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	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)			3000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 218

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)

Genoa County Democratic Party

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michigan National Bank 6-1160 Ballenger Hwy Flint, MI 48504	Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	07-29-98	11.28
B. Full Name, Mailing Address and ZIP Code Michigan National Bank 6-1160 Ballenger Hwy Flint MI 48504	Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8-25-98	11.32
C. Full Name, Mailing Address and ZIP Code Michigan National Bank 6-1160 Ballenger Hwy Flint MI 48504	Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9-25-98	11.49
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)

34.09

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.

☐ Hand Delivered Date of Receipt

☐ First Class Mail POSTMARKED

☒ Registered/Certified Mail POSTMARKED
5-20-99

☐ No Postmark

☐ Postmark Illegible

☐ Received from the House office of Records and Registration Date of Receipt

☐ Received from the Senate Office of Public Records Date of Receipt

☐ Other (Specify): Postmarked
and/or Date of Receipt

☐ Electronic Filing

[Signature]

PREPARER

5-24-99

DATE PREPARED