



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

July 13, 1995

James E. Snelson, Treasurer
4th Congressional District Democratic
Committee
202 North Laing Street
Laingsburg, MI 48848

Identification Number: C00099465

Reference: ~~October~~ ~~Quarterly~~ (7/1/94-9/30/94) and Year End
(11/29/94-12/31/94) Reports

Dear Mr. Snelson:

This letter is to inform you that as of July 12, 1995, the Commission has not received your response to our requests for additional information dated June 21, 1995. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Debbie Manzano on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosures

95039-213-1



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

JUN 21 1995

James E. Snelson, Treasurer
4th Congressional District Democratic
Committee
202 North Leing Street
Laingsburg, MI 48848

Identification Number: C00099465

Reference: October Quarterly Report (7/1/94-9/30/94)

Dear Mr. Snelson:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) from an organization(s) which is not a political committee registered with the Commission. In order for your committee to accept contributions from unregistered organizations into accounts used to influence federal elections, your committee should take steps to insure that the contributor(s) used permissible funds to make the contribution(s) to avoid violating 2 U.S.C. §5441a(f) and 44b or 11 CFR §102.5(b). Under 11 CFR §102.5(b), organizations which are not political committees under the Act and choose to contribute to federal committees must either: 1) establish a separate account which contains only those funds permitted under the Act, or 2) demonstrate through a reasonable accounting method that the organization has received sufficient funds subject to the limitations and prohibitions in order to make the contribution.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. In addition, please clarify whether the contribution(s) received from the referenced organization(s) is permissible. To the extent that your committee has received impermissible funds, the Commission recommends that you transfer the impermissible funds to an account not used to influence

Celebrating the Commission's 20th Anniversary

YESTERDAY, TODAY AND TOMORROW
DEDICATED TO KEEPING THE PUBLIC INFORMED

federal elections or refund the impermissible amount(s) to the donor(s) in accordance with 11 CFR §103.3(b). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. Should you choose to transfer-out or refund the contribution(s), the Commission will presume the funds were impermissible if no statement from your committee provides information to the contrary. Transfers-out and refunds should be disclosed on a Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee in transferring-out or refunding the amounts will be taken into consideration.

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 116

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)

FURCH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

A. Full Name, Mailing Address and ZIP Code
CLINTON COUNTY DEM. COMMITTEE
3438 W. YOUNGWOOD RD.
ST. LOUIS, MI. 48873

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation	8-15-94	540.00
Aggregate Year-to-Date > \$ 790.00		

Receipt For: Primary General
 Other (specify): **GENERAL FUND**

B. Full Name, Mailing Address and ZIP Code
CLINTON COUNTY DEM. COMMITTEE
4205 E. OLIVE RD.
ST. LOUIS, MI. 48880

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation	8-15-94	200.00
Aggregate Year-to-Date > \$ 450.00		

Receipt For: Primary General
 Other (specify): **GENERAL FUND**

C. Full Name, Mailing Address and ZIP Code

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation		
Aggregate Year-to-Date > \$		

Receipt For: Primary General
 Other (specify):

D. Full Name, Mailing Address and ZIP Code

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation		
Aggregate Year-to-Date > \$		

Receipt For: Primary General
 Other (specify):

E. Full Name, Mailing Address and ZIP Code

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation		
Aggregate Year-to-Date > \$		

Receipt For: Primary General
 Other (specify):

F. Full Name, Mailing Address and ZIP Code

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation		
Aggregate Year-to-Date > \$		

Receipt For: Primary General
 Other (specify):

G. Full Name, Mailing Address and ZIP Code

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation		
Aggregate Year-to-Date > \$		

Receipt For: Primary General
 Other (specify):

99403399 424139-344

SUBTOTAL of Receipts This Page (optional)

TOTAL This Section Has same line number as total

2000

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 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 On File

FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

95200339 224139355

A. Full Name, Mailing Address and ZIP Code MID MICHIGAN LABOR COUNCIL OFFICE 1331 S. WILSON RD MT. PLEASANT, MI. 48858	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 480.00
	Occupation	8-15-94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL FUND	Aggregate Year-to-Date > 6 480.00		

B. Full Name, Mailing Address and ZIP Code OPERATING ENGINEERS LOCAL 324 37450 SCHOOL CRAFT, SUITE 110 LIVONIA, MI. 48150	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 240.00
	Occupation	8-15-94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL FUND	Aggregate Year-to-Date > 240.00		

C. Full Name, Mailing Address and ZIP Code NORTHERN MI. BUILDING TRADES P.M. 3301 VETERANS DR. SUITE 115 TRAVEL CITY, MI. 49684	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 240.00
	Occupation	8-15-94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL FUND	Aggregate Year-to-Date > 240.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 0		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 0		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 0		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 0		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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