

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEDERAL ELECTION COMMISSION  
MAIL ROOM

Oct 24 1 08 PM '94

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF CANDIDATE, COMMITTEE, OR POLITICAL PARTY AND ADDRESS _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		1a. TYPE OF CANDIDATE _____ _____ _____ _____ _____
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2. FEC IDENTIFICATION NUMBER \_\_\_\_\_

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 11A)

**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:
- February 20
  - March 20
  - April 20
  - May 20
  - June 20
  - July 20
  - August 20
  - September 20
  - October 20
  - November 20
  - December 20
  - January 31

Twelfth day report preceding Federal  
(Type of Election)  
election on 11/8/94 In the State of Michigan

Thirtieth day report following the General Election on \_\_\_\_\_  
In the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

**SUMMARY**

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>10-1-94</u> through <u>10-19-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ <u>30,950.00</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>21,741.54</u>	
(c) Total Receipts (from Line 19)	\$ <u>10,000.00</u>	\$ <u>40,685.51</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	\$ <u>31,741.54</u>	\$ <u>121,635.51</u>
7. Total Disbursements (from Line 20)	\$ <u>10,824.44</u>	\$ <u>101,278.41</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>20,917.10</u>	\$ <u>20,357.10</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-218-3420

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

Type of Print Name of Treasurer: Barbara E. Johnson

Signature of Treasurer: [Handwritten Signature] Date: 10/21/94

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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# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

C200280741

(revised 1/1/91)

NAME OF COMMITTEE <i>11th District Democratic Committee</i>	REPORT COVERING PERIOD	
	FROM	TO:
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. Itemized (use Schedule A) .....	0	462.00
ii. Unitemized .....	0	0
iii. Total .....	0	462.00
b. Political Party Committees .....	0	0
c. Other Political Committees (such as PACs) .....	0	120.00
d. Total Contributions .....	0	582.00
12. Transfers From Affiliated/Other Party Committees .....	10,000.00	10,000.00
13. All Loans Received .....	0	0
14. Loan Repayments Received .....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0	10,951.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0	0
18. Transfers from Nonfederal Account for Joint Activity .....	0	0
19. Total Receipts .....	10,000.00	90,685.51
20. Total Federal Receipts .....	10,000.00	90,685.51
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share .....	0	0
ii. Non-Federal Share .....	0	0
b. Other Federal Operating Expenditures .....	834.44	15,437.41
c. Total Operating Expenditures .....	834.44	15,437.41
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	9,000.00	69,154.44
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	0	10,780.56
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees .....	0	0
b. Political Party Committees .....	0	0
c. Other Political Committees (such as PACs) .....	0	0
d. Total Contribution Refunds .....	0	0
29. Other Disbursements .....	1,000.00	6,000.00
30. Total Disbursements .....	10,834.44	101,378.41
31. Total Federal Disbursements .....	10,834.44	101,378.41
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d) .....	0	582.00
33. Total Contribution Refunds (from line 28d) .....	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	0	582.00
35. Total Federal Operating Expenditures .....	834.44	15,437.41
36. Offsets to Operating Expenditures (from line 15) .....	0	10,951.
37. Net Operating Expenditures .....	834.44	15,333.90

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 10

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)**

C60280941

A. Full Name, Mailing Address and ZIP Code: 1146 Long District Dem, Comm Sp. Binga Lic # 03023, 100 Crooks Rd, Ste 106, Channahon, IL 61017	Name of Employer  Occupation  Aggregate Year-to-Date	Date (month, day, year) 10/15/94	Amount of Each Receipt this Period 10,000.00
Receipt For: <input checked="" type="checkbox"/> Other (specify): <i>transfer of bingo proceeds to general fund</i>	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	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	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	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

2 4 0 5 9 0 3 3 5 4

SUBTOTAL of Receipts This Page (optional) .....  
**TOTAL This Period (last page this line number only)** ..... **10,000.00**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 31(6)

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NAME OF COMMITTEE (in Full)

*11th District Democratic Comm Group 1994*

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Kerstin Schlemminger &amp; Assoc. Inc., 26877 Nytharsten Hwy 400 Scottsdale, AZ 85237</i>	<i>Liability Insurance for Temp. Decid. &amp; Trials</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Liab. coverage</i>	<i>10/6/94</i>	<i>266.00</i>
<i>Rostmaster Farmington, MI</i>	<i>Postage for meeting notice</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Postage</i>	<i>10/6/94</i>	<i>58.00</i>
<i>Debbie Galtberg 29307 Everdale Farmington, MI 48336</i>	<i>Purpose of Disbursement re: reimbursement for supplies re: reimbursement for postage Refreshments for meetings re: reimbursement</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>re: reimbursement</i>	<i>10/7/94</i>	<i>471.23</i>
<i>Barbara Johnson 18164 Vesper Lane Livonia, MI 48152</i>	<i>Reimbursement for postage certified mailing &amp; postage charges</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/11/94</i>	<i>34.41</i>
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>H. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>I. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

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

*837.44*

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

*11th District Democratic Comm. Co. 38 0941*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Rivers for Congress P.O. Box 8293 1945 Faulkner St. Bryn Mawr, PA 19003</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/6/94</i>	<i>1000.00</i>
<i>Executive Comm. of the 11th District Democratic Comm. # 506676-7 State Sec 18104 Yacht Lane Bryn Mawr, PA 19003</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/17/94</i>	<i>5000.00</i>
C. 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
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

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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	<i>7000.00</i>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
*11th District Democratic Comm. 600 5107*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Fun Pickleup 100 N. Clark St. Ste. 100 Chicago, Ill. 60617</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Contribution</i>	<i>10/17/14</i>	<i>1000.00</i>
B. 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
C. 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
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

2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 86 88 90 92 94 96 98 100

SUBTOTAL of Disbursements This Page (optional) \_\_\_\_\_

TOTAL This Period (last page number only) \_\_\_\_\_ *1000.00*

**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

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Registered/Certified Mail

POSTMARKED

*10-21-99*

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

*SMH*  
PREPARER

*10-24-99*  
DATE PREPARED

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