

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FIG 6 8 02 19 95

1. NAME OF COMMITTEE (in full)
Alpena Council by Democratic Party

ADDRESS (number and street) Check if different than previously reported
419 South River Street

CITY, STATE and ZIP CODE
Alpena, MI 49707

2. FEC IDENTIFICATION NUMBER
00231316

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:

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

Twelfth day report preceding _____
(Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>10-1-94</u> through <u>12-31-94</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>94</u>		\$ <u>25.27</u>
(b)	Cash on Hand at Beginning of Reporting Period	\$ <u>25.80</u>	
(c)	Total Receipts (from Line 19)	\$ <u>200.17</u>	\$ <u>700.70</u>
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>225.97</u>	\$ <u>725.97</u>
7.	Total Disbursements (from Line 80)	\$ <u>200.00</u>	\$ <u>700.00</u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>25.97</u>	\$ <u>25.97</u>
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>—</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>—</u>	

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
Thomas J. Brindley

Signature of Treasurer
Thomas J. Brindley

Date
1-15-95

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

9 5 0 3 2 1 4 3 2 1

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

(revised 1/1/91)

NAME OF COMMITTEE <i>Alameda County Democratic Party</i>		REPORT COVERING PERIOD FROM <i>10-1-94</i> TO <i>12-31-94</i>	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		200.00	200.00
ii. Unitemized		-	-
iii. Total (add i and ii) >		-	-
b. Political Party Committees		-	500.00
c. Other Political Committees (such as PACs)		-	-
d. Total Contributions (add a iii, b and c) >		200.00	700.00
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.)		.17	.70
18. Transfers from Nonfederal Account for Joint Activity		-	-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		-	-
20. Total Federal Receipts (subtract line 16 from line 19) >		200.17	700.70
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		-	-
c. Total Operating Expenditures (add a i, a ii, and b) >		-	-
22. Transfers to Affiliated/Other Party Committees		-	-
23. Contributions to Federal Candidates/Committees and Other Political Committees		200.00	700.00
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) >		-	-
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		200.00	700.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(From line 11d)		200.00	700.00
33. Total Contribution Refunds (from line 28d)		-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)		200.00	700.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		200.00	700.00
36. Offsets to Operating Expenditures (from line 15)		-	-
37. Net Operating Expenditures (subtract line 36 from 35) >		-	-

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER

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)

Alpena County Democratic Party

3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alpena County Democrats 419 South First Alpena, MI 49707 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	_____ Occupation Aggregate Year-to-Date > \$	10/12/44	200.00
B. 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
C. 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
D. 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
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)	200.00
TOTAL This Period (last page this line number only)	_____

NAME OF COMMITTEE

Alpena County Democratic Party

A. FULL NAME MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
<i>Carroll, Linda Robert Skogak 817 4th Avenue Milwaukee, WI 44858</i>		<i>10/19/94</i>	<i>200.00</i>	<i>200.00</i>	
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input checked="" type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE.....			<i>200.00</i>	<i>200.00</i>	
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii) ...			<i>200.00</i>	<i>200.00</i>	
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 3" of 118 detailed summary page)					

9503904339

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

1-31-95

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

JMH
PREPARER

2/16/95
DATE PREPARED

95039644360