

NOTICE: Submission of this report, or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. § 4377.

Signature of Treasurer: *Betty Moskowitz*
 Type or Print Name of Treasurer: **BETTY I MOSKOWITZ**
 Date: **8-13-94**

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

5. COVERING PERIOD	COLUMN A	COLUMN B
Summary Period: June 1, 93 through Dec 31, 93	This Period	Calendar Year-to-Date
6. (a) Cash on Hand at Beginning of Reporting Period	\$ 6,031.93	\$ 1579.33
(b) Cash on Hand at Close of Reporting Period (subtract line 7 from line 6(a))	\$ 2,395.09	\$ 2415.10
7. Total Disbursements (from line 3c)	\$ 5,799.13	\$ 1106.52
8. Total Receipts (from line 1c)	\$ 1,942.29	\$ 1,942.29
(d) Subtotal (add line 8(b) and 8(c) for Column A and lines 8(a) and 8(c) for Column B)	\$ 2,974.27	\$ 3,521.62
9. Net Disbursements Exceeding Receipts (subtract line 8 from line 7)	\$ 3,824.86	\$ 1,164.83
10. Net Disbursements Exceeding Receipts (subtract line 9 from line 8)	\$ 0	\$ 0

For further information contact:
 Federal Election Commission
 909 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-219-3476

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

(b) YES NO Is this Report an Amendment?

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

Twelfth day report preceding _____ in the State of _____
 Thirtieth day report following the General Election of _____ in the State of _____

1. NAME OF COMMITTEE (See instructions)
COOPERS
BETTY I MOSKOWITZ

Address (number and street) Check if different than previously reported
1102 Fairfield Dr

CITY, STATE and ZIP CODE
mt. Pleasant, MI 48858

2. FEEDBACK NUMBER
38-2977564

3. This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

USE FEC MAILING LABEL
 OR
 TYPE OR PRINT

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 28

Revised

NAME OF COMMITTEE

The Congressional District Democrats

REPORT COVERING PERIOD

FROM *Oct. 31, 1990* TO *Dec. 31, 1991*

I. Receipts

COLUMN B
Calendar Year

TOTAL THIS PERIOD

COLUMN A

COLUMN C

COLUMN D

COLUMN E

COLUMN F

COLUMN G

COLUMN H

COLUMN I

COLUMN J

COLUMN K

COLUMN L

COLUMN M

COLUMN N

COLUMN O

COLUMN P

COLUMN Q

COLUMN R

COLUMN S

COLUMN T

COLUMN U

COLUMN V

COLUMN W

COLUMN X

COLUMN Y

COLUMN Z

COLUMN AA

COLUMN AB

COLUMN AC

COLUMN AD

COLUMN AE

COLUMN AF

COLUMN AG

COLUMN AH

COLUMN AI

COLUMN AJ

COLUMN AK

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COLUMN AO

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COLUMN AS

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COLUMN AW

COLUMN AX

COLUMN AY

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COLUMN BK

COLUMN BL

COLUMN BM

COLUMN BN

COLUMN BO

COLUMN BP

COLUMN BQ

COLUMN BR

COLUMN BS

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COLUMN BU

COLUMN BV

COLUMN BW

COLUMN BX

COLUMN BY

COLUMN BZ

COLUMN CA

COLUMN CB

COLUMN CC

COLUMN CD

COLUMN CE

COLUMN CF

COLUMN CG

COLUMN CH

COLUMN CI

COLUMN CJ

COLUMN CK

COLUMN CL

COLUMN CM

COLUMN CN

COLUMN CO

COLUMN CP

COLUMN CQ

COLUMN CR

COLUMN CS

COLUMN CT

COLUMN CU

COLUMN CV

COLUMN CW

COLUMN CX

COLUMN CY

COLUMN CZ

COLUMN DA

COLUMN DB

COLUMN DC

COLUMN DD

COLUMN DE

COLUMN DF

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COLUMN DH

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COLUMN DJ

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COLUMN DL

COLUMN DM

COLUMN DN

COLUMN DO

COLUMN DP

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COLUMN DR

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COLUMN KC

COLUMN KD

COLUMN KE

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COLUMN KH

COLUMN KI

COLUMN KJ

COLUMN KK

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the (ranked) primary pay.

Any information except four such reports and statements may not be sold or used in any way 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 contributors.

NAME OF COMMITTEE (in full)
4th Congressional District Republican Committee

Amount of Each Receipt this Period 300.00	Date (month, day, year) 10/30/93	Name of Employer Transfer from Bingo acct to General	Occupation Fundraising	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
				Full Name, Mailing Address and ZIP Code 4th District Bingo Director Evelyn Thummik 4999 Baldwin Rd. St. Louis, Mo. 63116	

Amount of Each Receipt this Period 52.00	Date (month, day, year) 10/30/93	Name of Employer Fundraising	Occupation Fundraising	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
				Full Name, Mailing Address and ZIP Code 50/50 Browns 4th District meeting October 1993	

Amount of Each Receipt this Period 1,090.29	Date (month, day, year) Nov 1993	Name of Employer THINK Today	Occupation THINK Today	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
				Full Name, Mailing Address and ZIP Code Direct mailing for contributions more exceeding 200 except for mailing off schedule	

Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
				Full Name, Mailing Address and ZIP Code Am page 1 of 1 for line 11c	

Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
				Full Name, Mailing Address and ZIP Code	

Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
				Full Name, Mailing Address and ZIP Code	

Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
				Full Name, Mailing Address and ZIP Code	

SUBTOTAL of Receipts This Period: _____

TOTAL This Period last page (if the amount only) _____

1,442.29

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 01 OF 11
FOLIO NUMBER 111

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 COMM TTEE (in full)

4th Congressional District Democratic Committee

Amount of Each Receipt this Period

500.-

Amount of Each Receipt this Period 500.-	Date (month, day, year) 8/24/93	Name of Employer Occupation	A. Full Name, Mailing Address and ZIP Code Plumbtree Lane 58 P.O. Box 6547 Saginaw, MI 48608
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Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer Occupation	B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
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Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer Occupation	C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
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Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer Occupation	D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
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Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer Occupation	E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
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Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer Occupation	F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
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Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer Occupation	G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
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Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer Occupation	H. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
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SUBTOTAL of Receipts for the Reporting Period

TOTAL Tax Exempt Receipts for the Reporting Period

500.-

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21C

NAME OF COMMITTEE (in full) *4th Congressional District Democratic Committee*

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributors or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	F. Full Name, Mailing Address and ZIP Code
35.09	4/28/93	Postage Envelope		A. Full Name, Mailing Address and ZIP Code Kanda Mason District Committee Seco Camp District Committee 414 E. Central Avenue Mt. Pleasant, W.V. 48558
23.33	12/17/93	Postage Envelope		B. Full Name, Mailing Address and ZIP Code James Sterling Chair District Committee 3438 W. Townsend St. Johns, W.V. 48878
170.00	5/21/93	Postage Envelope		C. Full Name, Mailing Address and ZIP Code First of America Wid. Michigan 102 E. Broadway Mt. Pleasant, W.V. 48558
30.00	10/30/93			D. Full Name, Mailing Address and ZIP Code
58.00	10/30/92			E. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	F. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	G. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	H. Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	I. Full Name, Mailing Address and ZIP Code

SUBTOTAL of Disbursements This Page (optional)

TOTAL For a Period (last page this line number only)

940320

329.13

Use separate schedule for each category of the limited category type

PAGE 1 OF 1
FOR LINE NUMBER 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for government purposes, other than as by the name and address of any political committee to which the contributions from such person were

NAME OF COMMITTEE (in full)
 4th Congressional District Democratic Committee

Amount of Each Disbursement This Period 250. —	Date (month, day, year) 10/30/93	Purpose of Disbursement Cape Runnin Tickets	Full Name, Mailing Address and ZIP Code Michigan State AFL-CIO 419 S. Washington Lansing, MI 48940
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Full Name, Mailing Address and ZIP Code
Amount of Each Disbursement This Period	Date (month, day, year)	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Full Name, Mailing Address and ZIP Code

2 4 0 0 9 2 1 7 3 4 7

SUBTOTAL of Disbursements This Period (Total)
 TOTAL Tax Payable (Add back the number 250.)

LOANS

Name of Contributor (if full): *4th Congressional District Democratic Committee*

A. Full Name, Mailing Address and ZIP Code of Loan Source: *No loans, debt or obligations*

Electron: Primary General Other (specify):

Terms: Date Insured: Rate Insured: Coll (specify):

Original Amount of Loan: *0*

Cumulative Payment to Date: *0*

Balance Outstanding at Close of This Period: *0*

List All Endorsers or Guarantors (if any) to Loan: A

1. Full Name, Mailing Address and ZIP Code		2. Full Name, Mailing Address and ZIP Code		3. Full Name, Mailing Address and ZIP Code	
Name of Employer	Occupation	Name of Employer	Occupation	Name of Employer	Occupation
Amount Guaranteed Outstanding: \$	Amount Guaranteed Outstanding: \$	Amount Guaranteed Outstanding: \$	Amount Guaranteed Outstanding: \$	Amount Guaranteed Outstanding: \$	Amount Guaranteed Outstanding: \$
<p><i>Salary rate account (+ savings account) - employer's for operating group and transfer of profit into general account</i></p> <p><i>Shareholder, not in business - 4th services</i></p>					

B. Full Name, Mailing Address and ZIP Code of Loan Source		C. Full Name, Mailing Address and ZIP Code		D. Full Name, Mailing Address and ZIP Code	
Original Amount of Loan	Cumulative Payment to Date	Original Amount of Loan	Cumulative Payment to Date	Original Amount of Loan	Cumulative Payment to Date
Balance Outstanding at Close of This Period	Balance Outstanding at Close of This Period	Balance Outstanding at Close of This Period	Balance Outstanding at Close of This Period	Balance Outstanding at Close of This Period	Balance Outstanding at Close of This Period
Terms: Date Insured: Rate Insured: Coll (specify):	Terms: Date Insured: Rate Insured: Coll (specify):	Terms: Date Insured: Rate Insured: Coll (specify):	Terms: Date Insured: Rate Insured: Coll (specify):	Terms: Date Insured: Rate Insured: Coll (specify):	Terms: Date Insured: Rate Insured: Coll (specify):

1. Full Name, Mailing Address and ZIP Code		2. Full Name, Mailing Address and ZIP Code		3. Full Name, Mailing Address and ZIP Code	
Name of Employer	Occupation	Name of Employer	Occupation	Name of Employer	Occupation
Amount Guaranteed Outstanding: \$	Amount Guaranteed Outstanding: \$	Amount Guaranteed Outstanding: \$	Amount Guaranteed Outstanding: \$	Amount Guaranteed Outstanding: \$	Amount Guaranteed Outstanding: \$
<p>Carry outstanding balance only to LINE 3, Schedule C, for this line. If no Schedule C, carry forward to appropriate line of Summary.</p>					

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94039215339

<p>Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS</p> <p>The Commission has added this page to the end of this filing to indicate how it was received.</p>	
<input type="checkbox"/> Hand Delivered <small>DATE OF RECEIPT</small>	<small>POSTMARKED</small>
<input type="checkbox"/> First Class Mail <small>POSTMARKED</small>	<small>POSTMARKED</small>
<input checked="" type="checkbox"/> Registered/Certified Mail <small>POSTMARKED</small>	<small>POSTMARKED</small>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration <small>DATE OF RECEIPT</small>	
<input type="checkbox"/> Received from the Senate Office of Public Records <small>DATE OF RECEIPT</small>	
<input type="checkbox"/> Other (Specify): <small>POSTMARKED</small>	<small>DATE OF RECEIPT</small>
<small>PREPARER</small>	<small>DATE PREPARED</small>

E.S.

9/19/94

9/19/94