

USE FEC MAILING LABEL
OR
TYPE OR PRINT

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

1. NAME OF COMMITTEE (In full): 20029465 4th Congressional Dist Dem Party	ADDRESS (Inquirer and elector): <input type="checkbox"/> Check if elector has previously reported	CITY, STATE AND ZIP CODE
2. FEEDBACK NUMBER: 88-29775-67		
3. <input type="checkbox"/> This form has qualified as a multicandidate committee DURING THIS Reporting Period or (date)		

4. TYPE OF 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 21

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

Twelfth day report preceding election on _____ in the State of _____

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

(c) Is this Report an Amendment? YES NO

COLUMN A	This Period	COLUMN B	Calendar Year-to-Date
5. Covering Period	12/31/92 through 6/30/93		
6. (a) Cash on Hand January 1, 1993	379.33		379.33
(b) Cash on Hand at Beginning of Reporting Period	379.33		
(c) Total Receipts (from line 19)	1,200.00		1,200.00
(d) Disburseals (see lines 5(c) and 5(e) for Column A and lines 6(a) and 6(c) for Column B)	4,579.33		4,579.33
7. Total Disburseals (from line 20)	541.79		541.79
8. Cash on Hand at Close of Reporting Period (subtract line 7 from line 6(a))	1,037.54		1,037.54
9. Debts and Obligations Owed TO the Committee (itemize on Schedule C or Schedule D)			
10. Debts and Obligations Owed BY the Committee (itemize on Schedule C 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 of First Name of Treasurer: BETTY I MOSKOWITZ
Signature of Treasurer: *Betty Moskowitz*
Date: 8-13-94

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

Instructions

NAME OF COMMITTEE	PERIOD COVERED (MONTH)	FROM	TO
		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) from: a. Individual persons other than family members (see Schedule A) b. Political committees (add I and II) c. Total contributions (add all b and c)		1,200	1,200
12. Loans received 13. All loans received 14. Loan repayments received 15. Contributions to operating expenditures (fees and receipts, 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 political activity		1,200	1,200
19. Total receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)		1,200	1,200
20. Total Federal receipts (subtract line 18 from line 19)		1,200	1,200
II. Disbursements			
21. (Operating expenditures) a. Spaced (election) federal activity (from Schedule H4) i. Federal share ii. Non-Federal share b. Other Federal operating expenditures c. Total operating expenditures (add a, b, and c)		217.39	285.13
22. Transfers to affiliated other party committees 23. Contributions to Federal candidates, committees and other political committees 24. Independent expenditures (see Schedule E) 25. Coordinated expenditures made by party committees (2 U.S.C. 4372(d)) (use schedule I)			
26. Loan repayments made 27. Loans made 28. Refunds of contributions to			
29. Helms of contributors to: a. Individuals/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)			
30. Other disbursements 31. Total disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28, and 29)		541.79	541.79
32. Total contributions (other than loans) from (see 11) 33. Total contribution refunds (from line 28d) 34. Net contributions (other than loans) (subtract line 33 from 32)		277.39	285.13
III. Net Contributions/Operating Expenditures			
35. Total Federal operating expenditures (add 21c, 22, 23, 24, 25, 26, 27, 28, and 29)		541.79	541.79
36. Other operating expenditures (subtract line 35 from 35)			

9 4 0 3 9 2 1 5 3 9 9

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBERS

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

NAME OF COMMITTEE (in full)

4th Congressional District Democratic Committee

Amount of Each Receipt this Period	Date (month, day, year)	Name of Employer	Occupation	Aggregate Year-to-Date	Receipt For:	Full Name, Mailing Address and ZIP Code
450	8/24/93				<input checked="" type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Primary _____ <input type="checkbox"/> General _____	Michigan Democratic Party 48933 Lansing, Michigan 2 + 1000 1st - 1st Ave
					<input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Primary _____ <input type="checkbox"/> General _____	
					<input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Primary _____ <input type="checkbox"/> General _____	
					<input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Primary _____ <input type="checkbox"/> General _____	
					<input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Primary _____ <input type="checkbox"/> General _____	
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					<input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Primary _____ <input type="checkbox"/> General _____	
					<input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Primary _____ <input type="checkbox"/> General _____	
					<input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Primary _____ <input type="checkbox"/> General _____	

SUBTOTAL of Receipts (Total in column B)

250

TOTAL This form and first page this form are to be filed with:

<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>

53
 9/19/94

9/13/94

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