



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-5

AUG - 1 1997

Donna M. Lutke, Treasurer
4th Congressional District
Democratic Committee
218 S. Martin Street
McBain, MI 49657

Identification Number: C00099465

Reference: Year End (1/1/95-12/31/95) and October Quarterly (7/1/96-9/30/96) Reports

Dear Ms. Lutke:

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. §§441a(f) and 441b 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

4TH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE
PAGE 2

influence 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.

-Your report discloses no payments for administrative expenses. Each committee utilizing separate federal and non-federal accounts is required to allocate any administrative expenses between the accounts in proportion to the BALLOT COMPOSITION METHOD derived from FEC Schedule H1. A Schedule H1 must be filed with the first FEC FORM 3X submitted each year. 11 CFR §106.5(d)

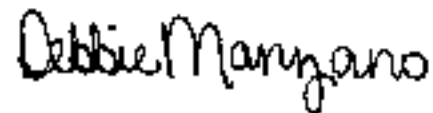
Any goods or services provided to your committee by a person, except volunteer activity (i.e., a person's time), would be considered an in-kind contribution from that person, and would be subject to the disclosure requirements of 2 U.S.C. §434(b)(3) and 11 CFR §104.13, and the limitations and prohibitions of 2 U.S.C. §§441a and 441b.

Clarification regarding administrative expenses should be disclosed during each two year election cycle beginning with the first report filed in the non-election year. Please provide the necessary information regarding administrative expenses incurred by your committee and/or amend your report to disclose such expenses according to the referenced provisions of the Act and Commission Regulations.

4TH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE
PAGE 3

Any amendment or clarification should be filed with the Federal Election Commission. 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
Senior Reports Analyst
Reports Analysis Division

Any information copied from such Reports and Statements may not be 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)
FOURTH CONGRESSIONAL DISTRICT DEMOCRAT COMMITTEE

96030294046

A. Full Name, Mailing Address and ZIP Code MID MICHIGAN LABOR COUNCIL AFL-CIO JAMES E. SCHAFFER, TREASURER 1721 S. WIND RD MT. PLEASANT, MI, 48858	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	3/27/93	\$320.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PARTY FUNDRAISER	Aggregate Year-to-Date	\$ 320.00	

B. Full Name, Mailing Address and ZIP Code MICHIGAN STATE AFL-CIO COPE CONTRIBUTION FUND 419 S. WASHINGTON AVE. LANSING, MI, 48223	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	3/27/93	\$320.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FUNDRAISER	Aggregate Year-to-Date	\$ 320.00	

C. Full Name, Mailing Address and ZIP Code OPERATING ENGINEERS LOCAL 327 NATIONAL POLITICAL ACTIVISTS COMMITTEE 57450 SCOTTSCRAFT, SUITE 110 ELLENIA, MI, 48150	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	3/27/93	\$320.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FUNDRAISER	Aggregate Year-to-Date	\$	

D. Full Name, Mailing Address and ZIP Code MIDLAND COUNTY MICHIGAN LABOR COUNCIL AFL-CIO 321 S. SAGINAW RD, P.O. BOX 1881 MIDLAND, MI, 48641	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	3/27/93	\$320.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PARTY FUNDRAISER	Aggregate Year-to-Date	\$	

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	\$	

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	\$	

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	\$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only) \$1280.00

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NAME OF COMMITTEE (in Full)
FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

B Name, Mailing Address and ZIP Code CLINTON COUNTY DEMOCRATIC COMMITTEE ROBERT A. VARNER	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/4/94	\$480.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PARTY FUNDRAISING	Aggregate Year-to-Date	> \$ 480.00	
C Full Name, Mailing Address and ZIP Code GRATIOT COUNTY DEMOCRATIC PARTY	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/4/94	\$350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PARTY FUNDRAISING	Aggregate Year-to-Date	> \$	
D Full Name, Mailing Address and ZIP Code ISABELLE COUNTY DEMOCRATIC PARTY P.O. BOX 758 MT. PLEASANT, MI. 48804	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/4/94	\$80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PARTY FUNDRAISING	Aggregate Year-to-Date	> \$	
E Full Name, Mailing Address and ZIP Code MEGOSTA COUNTY DEMOCRATIC PARTY	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/4/94	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date	> \$	
F Name, Mailing Address and ZIP Code MIDLAND COUNTY DEMOCRATIC PARTY	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/4/94	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FUNDRAISING	Aggregate Year-to-Date	> \$	
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	> \$	

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (last page this line number only) \$990.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11-C

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NAME OF COMMITTEE (In Full)

FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
OPERATING ENGINEERS LOCAL 324 NATIONAL POLITICAL ACTIVITIES COM. 37450 SCHOOLCRAFT, SUITE 112 LYONIA, MI. 48150	SAM T. HART TREASUROR	8/14/96	\$320.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify: GOLF & DINNER FR.	Occupation	Aggregate Year-to-Date > \$ 320.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DONALDSON, FOR CONGRESS 414 E. GRAND AVE. MT. PLEASANT, MI. 48858	LINDA MASON TREASUROR	8/14/96	\$80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify: GOLF & DINNER FR.	Occupation	Aggregate Year-to-Date > \$ 80.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MID-MICHIGAN LABOR COUNCIL AFL CIO 1321 S. WIND RD MT. PLEASANT, MI. 48858	JAMES B. SCHAFER SOC. TREASUROR	7/26/96	\$480.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify: GOLF & DINNER FR.	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

880
~~1480.00~~
~~320.00~~

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 111 OF FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)

FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

A. Full Name, Mailing Address and ZIP Code
 SHIAWASSEE COUNTY DEMOCRATIC COMMITTEE
 1427 STINSON ST.
 OWOSO, MI. 48867

Receipt For: Primary General
 Other (specify): CONTRIBUTION

Name of Employer
 KATHY WISBER,
 TREASURER

Date (month, day, year)
 7/17/96
 8/26

Amount of Each Receipt this Period
 \$50.00
 \$20.00

Occupation
 Aggregate Year-to-Date > \$ 290.00

B. Full Name, Mailing Address and ZIP Code
 CLINTON CO. DEMOCRATIC
 3438 W. TOWNSEND
 ST. JOHNS, MI. 48879

Receipt For: Primary General
 Other (specify): GOLF & BLDG

Name of Employer
 REBECCA FARNER
 TREASURER

Date (month, day, year)
 7/17/96

Amount of Each Receipt this Period
 \$400.00

Occupation
 Aggregate Year-to-Date > \$ 400.00

C. Full Name, Mailing Address and ZIP Code
 ISABELLA CO. DEMOCRATIC
 P.O. BOX 758
 MT. PLEASANT, MI. 48804

Receipt For: Primary General
 Other (specify): GOLF & BLDG

Name of Employer
 PALL HAAS TREAS.

Date (month, day, year)
 8/14/96

Amount of Each Receipt this Period
 \$80.00

Occupation
 Aggregate Year-to-Date > \$ 80.00

D. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer
 Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer
 Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer
 Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer
 Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$610.00