

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
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Jan 4 1 46 PM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

C00024455	C61495	n 219
MARIE A TWITE		
FIRST CONGRESSIONAL DISTRICT D		
ENDOCRATIC COMMITTEE		
4165 TRUCKEY RD		
ALPENA	MI 49707	

2. FEC IDENTIFICATION NUMBER
C00024455

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
Satisfied Criteria Prior to January 1, 1994

4. TYPE OF REPORT

- 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 _____ (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

5. Covering Period		COLUMN A	COLUMN B
01/01/95 through 06/30/95		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>95</u>		\$ 68.67
(b)	Cash on Hand at Beginning of Reporting Period	\$ 68.67	
(c)	Total Receipts (from Line 19)	\$ 269.00	\$ 269.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 337.67	\$ 337.67
7.	Total Disbursements (from Line 20)	\$ 24.74	\$ 24.74
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 312.93	\$ 312.93
9.	Debit and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9620 Local 202-219-3420
10.	Debit and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

Marie A. Twite

Signature of Treasurer

Marie A. Twite

Date

07/31/95

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

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FEC FORM 3X

(Use 990)

2003773049

DETAILED STATEMENT OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 28

(revised 7/1/91)

NAME OF COMMITTEE
First Congressional District Democratic Committee

REPORT COVERING PERIOD
FROM **01/01/95** TO **06/30/95**

I. Receipts		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
17. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committee:				
1. Itemized (see Schedule A)				1104E
2. Unitemized		219.00	219.00	1104D
b. Total (add 1 and 2) >		219.00	219.00	1104C
c. Political Party Committee		50.00	50.00	1104
d. Other Political Committee (such as PACs)				1104
e. Total Contributions (add a, b, and c) >		269.00	269.00	1104
12. Transfers From Affiliated/Other Party Committee				12
13. All Loans Received				13
14. Loan Repayments Received				14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)				15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committee				16
17. Other Federal Receipts (Dividends, Interest, etc.)				17
18. Transfers from Nonfederal Account for Joint Activity				18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		269.00	269.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >				20
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4):				
1. Federal Share				21(a)(1)
2. Non-Federal Share				21(a)(2)
b. Other Federal Operating Expenditures (Bank Maintenance Chg)		19.15	19.15	21(b)
c. Total Operating Expenditures (add a, b, and c) >		19.15	19.15	21(c)
22. Transfers to Affiliated/Other Party Committee				22
23. Contributions to Federal Candidates/Committees and Other Political Committee				23
24. Independent Expenditures (see Schedule E)				24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)				25
26. Loan Repayments Made				26
27. Loans Made				27
28. Refunds of Contributions Tax:				
a. Individual/Persons Other Than Political Committee				28(a)
b. Political Party Committee				28(b)
c. Other Political Committee (such as PACs)				28(c)
d. Total Contribution Refunds (add a, b and c) >				28(d)
29. Other Disbursements		5.59	5.59	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		24.74	24.74	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >		24.74	24.74	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)				32
33. Total Contribution Refunds (from line 28d)				33
34. Net Contributions (other than loans)(subtract line 33 from 32)				34
35. Total Federal Operating Expenditures (add 21 a i and 21 b j) >				35
36. Offsets to Operating Expenditures (from line 15)				36
37. Net Operating Expenditures (subtract line 36 from 35) >				37

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1
FOR LINE NUMBER 11

Any information copied from such Reports and State records 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)

First 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
Houghton County Democratic Committee Box 285, Painsdale, MI 49955	Pol. Party	4/26/95	\$ 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>advertising</u>	Occupation	Aggregate Year-to-Date > \$ 50.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	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
	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
	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
	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
	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	\$ 50.00
TOTAL This Period (last page this line number only)	\$ 50.00

9 5 0 3 9 3 0 4 1

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 listing the name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (In Full)
 First Congressional District Democratic Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. Post Office N. Second Avenue Alpena, MI 49707	postage Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Mail reports to F.E.C.	1/26/95	5.59
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

SUBTOTAL of Disbursements This Page (optional) 5.59

TOTAL This Period (last page this line number only) 5.59

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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

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7/31/95

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

J. A. Q.
PREPARER

8/4/95
DATE PREPARED

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