

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 28X (Revised 1/01)

Page 2

Write or Type Committee Name

FIRST CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

Report Covering the Period

From

04 ' 01 ' 2002

To

06 ' 30 ' 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2002</u>		<u>465030</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>14145</u>	
(c) Total Receipts (from Line 19)	<u>40000</u>	<u>40000</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>154145</u>	<u>505030</u>
7. Total Disbursements (from Line 30)	<u>41395</u>	<u>392230</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>112800</u>	<u>112800</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 15)

SATISFIED CRITERIA PRIOR TO 06/2001

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9590
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FED Form 28X (Revised 1/01)

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Write or Type Committee Name

FIRST CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

Report Covering the Period:

From:

04/01/2002

To:

06/30/2002

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)

(ii) Unitemized

(iii) TOTAL (add Lines 11(a)(i) and (ii)

(b) Political Party Committees

(c) Other Political Committees (such as PACs)

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)

350.00
50.00
400.00

350.00
50.00
400.00

12. Transfers From Affiliated/Other Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)

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 Joint Activity

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)

20. Total Federal Receipts (subtract Line 18 from Line 19)

400.00
400.00

400.00
400.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form BX (Revised 1/01)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H)			
(i) Federal Share			
(ii) Non-Federal Share			
(b) Other Federal Operating Expenditures			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))			
22. Transfers to Affiliated/Other Party Committee			
23. Contributions to Federal Candidates/Committees and Other Political Committees			3,200.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committee (2 U.S.C. §441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))			
29. Other Disbursements	4,139.5	7,323.30	
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	4,139.5	39,233.30	
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	4,139.5	39,233.30	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from Line 11(d), page 3)	400.00	5030.30	
33. Total Contribution Refunds (from Line 28(d))			
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)			
35. Total Federal Operating Expenditures (add Line 21(a)(B) and Line 21(b))			
36. Offsets to Operating Expenditures (from Line 15, page 3)			
37. Net Operating Expenditures (subtract Line 36 from Line 35)			

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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 contributors.

NAME OF COMMITTEE (in Full)
First Congressional District Dems

A. Smith Kelvin
 Full Name (Last, First, Middle Initial)
 Mailing Address: **10186th Ave S**
 City: **Escanaba** State: **Mi** Zip Code: **49829**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: _____ Occupation: **RETIRED**
 Receipt For: Primary General Other (specify) **DONATION**
 Aggregate Year-to-Date: **300.00**

Date of Receipt: **06/12/2002**
 Amount of Each Receipt this Period: **300.00**

B. Northern Michigan Ac State
 Full Name (Last, First, Middle Initial)
 Mailing Address: **238 E 10th St**
 City: **Traverse City** State: **Mi** Zip Code: **49684**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: _____ Occupation: _____
 Receipt For: Primary General Other (specify) **DONATION**
 Aggregate Year-to-Date: **50.00**

Date of Receipt: **06/12/2002**
 Amount of Each Receipt this Period: **50.00**

C. Dennis Baldeneill
 Full Name (Last, First, Middle Initial)
 Mailing Address: **200 Garfield**
 City: **Kingsford** State: **Mi** Zip Code: **49802**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: _____ Occupation: **RETIRED**
 Receipt For: Primary General Other (specify) **DONATION**
 Aggregate Year-to-Date: **50.00**

Date of Receipt: **06/12/2002**
 Amount of Each Receipt this Period: **50.00**

SUBTOTAL of Receipts This Page (optional) _____
TOTAL This Period (not page this line number only) _____

400.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF
<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
<input type="checkbox"/>	23	<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	29

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NAME OF COMMITTEE (in Full) First Congressional District Dems		Date of Disbursement 09 16 2002	
Full Name (Last, First, Middle Initial) A. United States Post Office		Mailing Address United States Post Office	
City Kincheloe	State Mi	Zip Code 49788	Amount of Each Disbursement this Period 13.25
Purpose of Disbursement Mailing report		Category Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Mailing		
State: District:			
Full Name (Last, First, Middle Initial) B. Sault Printing		Date of Disbursement 09 19 2002	
Mailing Address P.O. Box 323 344 Debra Blvd		City Sault	
State Mi	Zip Code 49783	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement Deposit on Printing		Category Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Printing Cost		
State: District:			
Full Name (Last, First, Middle Initial) C.		Date of Disbursement	
Mailing Address		City	
State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

