

RECEIVED
FEC MAIL ROOM

2000 JUL 28 P 2:53

July 21, 2000

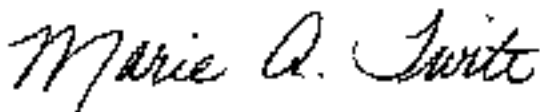
Federal Election Commission
999 E Street N.W.
Washington, D.C. 20463

Dear Manager:

I was unable to file this report by July 15, 2000 because of a medical emergency. I have had 5 major surgeries and then my mother-in-law suffered a heart attack and had a quadruple by-pass. We are all doing fine now and I apologize for any inconvenience that I may have caused.

I see that there is a new law for untimely filing. If you determine that you must fine me, please send the paper work to my address at 4165 Truckey Road.

Sincerely,



Marie A. Twite
Treasurer
4165 Truckey Road
Alpena, Michigan 49707

(517) 356-9328

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 28 P 2:53

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) First Congressional District Democratic Comm.		2. FEC IDENTIFICATION NUMBER C00024455
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 4165 Truckey Road % Marie Twite		
CITY, STATE and ZIP CODE Alpena, Michigan 49707		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) 1/1/94 Satisfied criteria prior to		

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

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 31

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election Report following the General Election

on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	04/01/00 through 06/30/00		
6. (a) Cash on Hand January 1, 2000			\$ 252.34
(b) Cash on Hand at Beginning of Reporting Period		\$ 252.34	
(c) Total Receipts (from Line 19)		\$ 3,551.12	\$ 3,551.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 3,803.46	\$ 3,803.46
7. Total Disbursements (from Line 30)		\$ 3,527.73	\$ 3,527.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 275.73	\$ 275.73
9. Debts 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 800-424-9530 Local 202-694-1100
10. Debts 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

07/21/00

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

(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
First Congressional District Democratic Committee		FROM 04/01/00	TO 06/30/00	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	3,551.00	3,551.00	11(a)(i)
ii.	Unitemized			11(a)(ii)
iii.	Total			11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions	3,551.00	3,551.00	11(d)
12.	Transfers From Affiliated/Other Party Committees			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 Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)12	.12	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts	3,551.12	3,551.12	19
20.	Total Federal Receipts	3,551.12	3,551.12	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures	427.73	427.73	21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees			23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(b)) (use Schedule F) ..			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds			28(d)
29.	Other Disbursements	3,100.00	3,100.00	29
30.	Total Disbursements	3,527.73	3,527.73	30
31.	Total Federal Disbursements	3,527.73	3,527.73	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			35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures	- 0 -	- 0 -	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11A

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 COMMITTEE (In Full)

First Congressional District Democratic Committee

A. Full Name, Mailing Address and ZIP Code Ronald Meneghel 2049 N. Partridge Pt. Road Alpena, Michigan 49707		Name of Employer Retired	Date (month, day, year) 4/08/00	Amount of Each Receipt this Period \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Committee discretion		Occupation _____	Aggregate Year-to-Date > \$20.00	
B. Full Name, Mailing Address and ZIP Code M. Carroll Volpe P.O. Box 63 Honor, MI 49640		Name of Employer Unemployed	Date (month, day, year) 4/08/00	Amount of Each Receipt this Period \$5.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Comm. Discretion		Occupation _____	Aggregate Year-to-Date > \$5.00	
C. Full Name, Mailing Address and ZIP Code Kay Ann Chase 12492 Pineridge Charlevoix, MI 49720		Name of Employer Self-Employed	Date (month, day, year) 4/11/00	Amount of Each Receipt this Period \$526.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Comm. Discretion		Occupation Consultant	Aggregate Year-to-Date > \$526.00	
D. Full Name, Mailing Address and ZIP Code Hannahville Indian Comm. N14911 Hannahville B-1 Road Wilson, MI 49896		Name of Employer Self-Employed	Date (month, day, year) 04/13/00	Amount of Each Receipt this Period \$3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Comm. Disc.		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)

\$3,551.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21C & 29

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 COMMITTEE (in Full)

First Congressional Deistrict Democratic Committee.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kay Ann Chase 12492 Pineridge Charlevoix, MI 49720	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Mbrs. Mailing	4/14/00	\$150.00
B. Full Name, Mailing Address and ZIP Code B.J. Fund Menominee, Michigan	Purpose of Disbursement Memorial Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) memorial	5/16/00	\$100.00
C. Full Name, Mailing Address and ZIP Code Kay Chase 124922Pineridge Charlevoix, Michigan 49720	Purpose of Disbursement postage & printing expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Mbrs. Mailing	6/15/00	\$277.73
D. Full Name, Mailing Address and ZIP Code Stupak for Congress Menominee, Michigan	Purpose of Disbursement campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/00	\$3,000.00
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)


TOTAL This Period (last page this line number only)

\$3,527.73

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7/24/00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	7/28/00 DATE PREPARED