

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 15 12 02 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
1ST CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

ADDRESS (number and street) Check if different than previously reported
12492 PIERINGE

CITY, STATE and ZIP CODE
CHARLEVOIX MI 49720

2. FEC IDENTIFICATION NUMBER
C 00024455

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
SATISFIED CRITERIA PRIOR TO JANUARY 1, 1994

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
- 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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>July 31, 1995 through DECEMBER 31, 1995</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 68.67
(b) Cash on Hand at Beginning of Reporting Period	\$ 312.93	
(c) Total Receipts (from Line 1B)	\$ 3915.00	\$ 4184.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4227.93	\$ 4252.67
7. Total Disbursements (from Line 3D)	\$ 2621.07	\$ 2645.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1606.86	\$ 1606.86
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 20463 Toll Free 800-424-9530 Local 202-219-3420
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
KAY ANN CHASE

Signature of Treasurer
Kay Ann Chase

Date
06/18/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 9437g.

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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	
15 th Congressional District Democratic Committee	FROM July 31, 1995 TO DECEMBER 31, 1995	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	3130	3130
ii. Unitemized	785	1004
iii. Total (add i and ii) >	3915	4134
b. Political Party Committees	- 0 -	50
c. Other Political Committees (such as PACs)	- 0 -	- 0 -
d. Total Contributions (add a ii, b and c) >	3915	4184
12. Transfers From Affiliated/Other Party Committees	- 0 -	- 0 -
13. All Loans Received	- 0 -	- 0 -
14. Loan Repayments Received	- 0 -	-
15. Offsets To Operating Expenditures (Refunds, Rebates, 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 Joint Activity	-	-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3915	4184
20. Total Federal Receipts (subtract line 18 from line 19) >	3915	4184
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures <i>BANK CHARGES</i>	46.37	65.52
c. Total Operating Expenditures (add a i, a ii, and b) >	46.37	65.52
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (Use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (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 a, b and c) >		
29. Other Disbursements	2574.70	2580.29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2621.07	2645.81
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >		

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 9

FOR LINE NUMBER 11-E

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)

1ST CONGRESSIONAL DISTRICT DEMOCRATIC ORGANIZATION

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUNE H. PALLOTTINI 2660 W. BELLEVUE LESLIE, MI 49251		8/26/95	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	
		60.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN KREUCHER 281 W. BACON HILLSDALE, MI 49249		8/26/95	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	
		60.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAN BENNETT 204 ALCOTT BELLAIRE, MI 49615	ISD	8/26/95	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation TEACHER	Aggregate Year-to-Date > \$	
		30.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANIS BURGESS 1704 - 14TH AVE. MENDOTA, MI 49658	SELF EMPLOYED	8/26/95	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation ATTORNEY	Aggregate Year-to-Date > \$	
		30.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. ALVA E. BEAMISH RTE. 1, BOX 38 DAFTER, MI 49724		8/28/95	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	
		30.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DARLENE E. BERENT 5588 BUCKHORN LK. RD. Highland		8/26/95	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	
		30.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD J. CALEBY 1315 PARK ST. SAULT STE. MARIE, MI 49783		8/25/95	\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	
		120.00	

SUBTOTAL of Receipts This Page (optional)

\$ 360.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 9
FOR LINE NUMBER 11.1

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NAME OF COMMITTEE (In Full)

1st Congressional District Democratic Organization

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHLEEN M. CLARK P.O. Box 57 HANOVER, MI 49241	MICHIGAN DEMOCRATIC PARTY	8/25/95	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation: FUNDRAISER	Aggregate Year-to-Date > \$ 60.00	
B. 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 > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN CHERRY 4116 ORME Circle CLIO, MI 48420		8/23/95	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation: STATE SENATOR	Aggregate Year-to-Date > \$ 60.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH HAMLIN 8 LAKERIDGE ADRJAN, MI 49221		8/25/95	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 60.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DIANA KETOLA 6232 SELSEY TRAVERSE	UAW	8/26/95	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation: FIELD REP	Aggregate Year-to-Date > \$ 60.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUTHAN M. HORKA 1019 E. SIXTH AVE SAULT STE MARIE, 49783		8/22/95	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 60.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEN HEALANSON 3433 LAKESHORE DR. SAULT STE. MARIE 49783		8/25/95	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 60.00	

SUBTOTAL of Receipts This Page (optional)

\$ 360.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 9

FOR LINE NUMBER 11.1

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NAME OF COMMITTEE (in Full)

1ST CONGRESSIONAL DISTRICT DEMOCRATIC ORGANIZATION

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEONARD A. BALLOEN 6190 BIRCHVIEW DR. SAGINAW, MI 48609		8/25/95	\$ 60 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	60.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. H. PALLOTH 2660 W. BELLEVUE LESLIE, MI 49251		8/26/95	\$ 60 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	60.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID WOJCIK 7900 NUNTINGTON RD. ROYAL OAK, MI 48070		8/25/95	\$ 60 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	60.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HUGH WOLFEN BARBER P.O. Box 192 RUDYARD, MI 49780	STATE OF MICHIGAN DEPT OF CORRECTIONS	8/25/95	\$ 60 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation REP	Aggregate Year-to-Date > \$	60.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SYLVIA PERKINS 1716 MAPLE RIDGE HASKETT, MI 48810	MICHIGAN DEMOCRATIC PARTY	8/25/95	\$ 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation ADMINISTRATIVE ASS.	Aggregate Year-to-Date > \$	60.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUTH MAENZEL 12075 NINE MILE RD. SOUTH LYON, MI 48178		8/26/95	\$ 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	60.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN KRUCHER 281 W. BACON HILSDALE, MI 49249		8/26/95	\$ 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	120.00

SUBTOTAL of Receipts This Page (optional)

\$420⁰⁰

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 9
FOR LINE NUMBER 11.2

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NAME OF COMMITTEE (in Full)

1ST CONGRESSIONAL DISTRICT DEMOCRATIC ORGANIZATION

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARBERY P. PAINTER P.O. Box 222 CURTIS 49820		8/26/95	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 60.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARK WISTI 107 W. BAREGA HOUGHTON, MI 49431		8/26/95	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 60.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ANNA SPEICHER 2723 RIVERSIDE DR. SAULT STE. MARIE, 49783		8/26/95	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 60.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GORDON A. NEWLAND Box 79 BRIMLEY, MI 49715		8/26/95	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 60.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SHELIA ROBERTSON		8/26/95	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 30.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MILDRED LEWIN P.O. Box 6 RUDYARD 49780		8/26/95	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 30.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CAROL MOORE 521 HIGH ST. MARQUETTE, MI 49855		8/22/95	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation: UNEMPLOYED	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$360.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 9
FOR LINE NUMBER 11.3

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NAME OF COMMITTEE (In Full)

1st CONGRESSIONAL DISTRICT DEMOCRATIC ORGANIZATION

A. 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 checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	
B. 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 checked="" type="checkbox"/> Other (specify):	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
JANE MICHENER 2115 DEVONSHIRE ANN ARBOR, MI 48104		8/16/95	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	30.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL KOEN 1930 WASHTEWAW AVE. ANN ARBOR, 48104		8/25/95	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	30.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA A. FREDERICK 16781 - 26 MILE AVE. ALBION, 49224		8/25/95	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	30.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH HOLLOWELL 15336 ROBSON DETROIT, MI 48227		8/26/95	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	30.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAROLYN SPARKS Hitting 10239 BURGUNDY DIXONDALE, 48221	MICHIGAN DEMOCRATIC PARTY	8/25/95	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	30.00

SUBTOTAL of Receipts This Page (optional) \$ 150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **9**

FOR LINE NUMBER **111**

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NAME OF COMMITTEE (in Full)

1st Congressional District Democratic Organization

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gloria C. Cobbin 5182 S. MARTINDALE ST. DETROIT, MI 48204		8/25/95	\$ 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 30.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
THOMAS BALDINI		8/26/95	\$ 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 30.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DON COOPER 627 S. MAGAZINE ST. SAULT STE MARIE 49783		8/26/95	\$ 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 30.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gloria C. Cobbin 5182 S. MARTINDALE ST. DETROIT, MI 48204		8/28/95	\$ 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 60.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DON COOPER 627 S. MAGAZINE ST. SAULT STE MARIE 49783		8/23/95	\$ 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 60	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
REBECCA H. VARNER LANSING, MI 48906		8/21/95	\$ 120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 120.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RITA M. DALE 1313 DAVITT SAULT STE MARIE, 49783		8/5/95	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$ 30.00	

SUBTOTAL of Receipts This Page (optional)

\$ 300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 9
FOR LINE NUMBER 11-I

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)

1st Congressional District Democratic Organization

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>DELORIS SWICK</u> <u>420 DILLON ST.</u> <u>Sault Ste Marie 49783</u>		<u>8/5/95</u>	<u>\$30.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>OFF YEAR FUNDRAISER</u>	Occupation	Aggregate Year-to-Date > \$ <u>30.00</u>	
B. Full Name, Mailing Address and ZIP Code <u>CYNTHIA SUPPA</u> <u>1205 TWEED</u> <u>Sault Ste Marie 49783</u>		<u>8/5/95</u>	<u>\$30.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>OFF YEAR FUNDRAISER</u>	Occupation	Aggregate Year-to-Date > \$ <u>30.00</u>	
C. Full Name, Mailing Address and ZIP Code <u>DON COOPER</u> <u>627 S. MAGAZINE ST.</u> <u>Sault Ste Marie 49783</u>		<u>8/5/95</u>	<u>\$30.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>OFF YEAR FUNDRAISER</u>	Occupation	Aggregate Year-to-Date > \$ <u>90.00</u>	
D. Full Name, Mailing Address and ZIP Code <u>JANET L. WITTBRODT</u> <u>66 N. 7 Mile Rd.</u> <u>MIDLAND, MI 48640</u>		<u>8/11/95</u>	<u>\$60.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>OFF YEAR FUNDRAISER</u>	Occupation	Aggregate Year-to-Date > \$ <u>60.00</u>	
E. Full Name, Mailing Address and ZIP Code <u>THOMAS BRACKETT, Jr.</u> <u>610 N. HIGHLAND</u> <u>DEARBORN 48128</u>		<u>8/15/95</u>	<u>\$60.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>OFF YEAR FUNDRAISER</u>	Occupation	Aggregate Year-to-Date > \$ <u>60.00</u>	
F. Full Name, Mailing Address and ZIP Code <u>RICHARD ORT</u> <u>201 E. ST., BOX 141</u> <u>TRUANT, 49347</u>		<u>8/16/95</u>	<u>\$60.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>OFF YEAR FUNDRAISER</u>	Occupation	Aggregate Year-to-Date > \$ <u>60.00</u>	
G. Full Name, Mailing Address and ZIP Code <u>DEBBIE SISK</u> <u>1013 E. 6th</u> <u>Sault Ste Marie 49783</u>		<u>8/12/95</u>	<u>\$30.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>OFF YEAR FUNDRAISER</u>	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$360.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 9
FOR LINE NUMBER 11.1

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NAME OF COMMITTEE (In Full)

1ST CONGRESSIONAL DISTRICT DEMOCRATIC ORGANIZATION

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOROTHY M. WALKER 941 ELIRA RD. WATERFORD 48328		8/17/95	\$ 90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	90.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DON HAKALA RT 1, Box 107 BRIMLEY 49715		8/19/95	\$ 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	60.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BETSY A. RICE 10462 WEST AVE. MATTAWAN 49071		8/14/95	\$ 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation TEACHER	Aggregate Year-to-Date > \$	60.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHARON CURSON 12008 BELLEVILLE RD BELLEVILLE 48111		8/16/95	\$ 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	30.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES A. WARNER 338 ROBERTSON BATTLE CREEK 49017		8/16/95	\$ 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	60.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOAN BAKER 810 BROWN ST. SUITE STE MARIE 49783		8/15/95	\$ 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	60.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAURA SIMMONS 21640 BERG SOUTHFIELD 48034		8/15/95	\$ 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation	Aggregate Year-to-Date > \$	60.00

SUBTOTAL of Receipts This Page (optional)

\$420.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 9
FOR LINE NUMBER 11-1

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NAME OF COMMITTEE (in Full)

1st Congressional District Democratic Org

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RONALD A. MENZGHEL 2049 N. PARTRIDGE PT. RD. ALPENA, 49707		8/17/95	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation: RETIRED	Aggregate Year-to-Date > \$ 30.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DENNIS HENDRICKSON 418 E. HARRIE NEWBERRY, 49668		8/18/95	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation:	Aggregate Year-to-Date > \$ 30.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LAUREL DAVIE 41 PARTRIDGE DR. KINCHELOE, 49788		8/17/95	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation:	Aggregate Year-to-Date > \$ 30.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ALYCE SMITH 950 MORAN LINDOLO PK, MI 48116		8/17/95	\$90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation:	Aggregate Year-to-Date > \$ 90.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
M. CARROLL VOLPE P.O. Box 63 HONOR 49640	B.C. + T LU 81	8/17/95	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation:	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROBERT H. FELZKE P.O. Box 154 HONOR, MI 49640	U.A.W. LU 652	8/17/95	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OFF YEAR FUNDRAISER	Occupation: Retiree	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)

\$460.00

TOTAL This Period (last page this line number only)

\$3

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF 11
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

1ST CONGRESSIONAL DISTRICT DEMOCRATIC ORGANIZATION

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
YEGAS KEWADIN/DREAM CATCHERS 2186 SHUNK RD. SAULT STE MARIE 49783	DINNER EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	8/16/95	\$1,000.00
M. CARROLL VOLPE P.O. Box 63 HONOR 49640	REIMBURSEMENT DINNER EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	8/24/95	\$160.00
DREAM CATCHERS 2186 SHUNK RD. SAULT STE MARIE 49783	DINNER EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	8/26/95	1214.75
M. CARROLL VOLPE P.O. Box 63 HONOR, MI 49740	POSTAGE & EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) STATE CENTRAL	8/31/95	200.95
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)

\$ 2,574.70

TOTAL This Period (last page this line number only)

\$ 2,574.70

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

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

6/12/97

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

6/17/97
DATE PREPARED