

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed) **FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE** 2. DATE **8-29-94**

(b) Number and Street Address (Check if address is changed) **3438 W. TOWNSEND RD.** 3. IDENTIFICATION NUMBER **C 000 99465**

(c) City, State and ZIP Code **ST. JOHNS MI. 48879** 4. IS THIS STATEMENT AN AMENDMENT? YES NO

5. TYPE OF COMMITTEE (Check one)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)

(d) This committee is a DISTRICT committee of the DEMOCRATIC Party. (National, State or subordinate) (Democratic, Republican, etc.)

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name JIM SJOBERG	Mailing Address 3438 W. TOWNSEND RD. ST. JOHNS, MI. 48879	Title or Position CHAIRMAN
(517) 224-7895		

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name JAMES E. SNELSON	Mailing Address 202 N. WAINING ST. P.O. BOX 472 LAINESBURG, MI. 48848-0472	Title or Position TREASURER
(517) 651-2965		

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. CITY BANK	Mailing Address and ZIP Code ST. JOHNS MI. 48879
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER JAMES E. SNELSON	SIGNATURE OF TREASURER <i>James E. Snelson</i>	DATE 8-29-94
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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Federal Election Commission
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