



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

JUN 21 1995

James E. Snelson, Treasurer
4th Congressional District Democratic
Committee
202 North Laing Street
Laingsburg, MI 48848

Identification Number: C00099465

Reference: October Quarterly Report (7/1/94-9/30/94)

Dear Mr. Snelson:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) from an organization(s) which is not a political committee registered with the Commission. In order for your committee to accept contributions from unregistered organizations into accounts used to influence federal elections, your committee should take steps to insure that the contributor(s) used permissible funds to make the contribution(s) to avoid violating 2 U.S.C. §§441a(f) and 441b or 11 CFR §102.5(b). Under 11 CFR §102.5(b), organizations which are not political committees under the Act and choose to contribute to federal committees must either: 1) establish a separate account which contains only those funds permitted under the Act, or 2) demonstrate through a reasonable accounting method that the organization has received sufficient funds subject to the limitations and prohibitions in order to make the contribution.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. In addition, please clarify whether the contribution(s) received from the referenced organization(s) is permissible. To the extent that your committee has received impermissible funds, the Commission recommends that you transfer the impermissible funds to an account not used to influence

Celebrating the Commission's 20th Anniversary

YESTERDAY, TODAY AND TOMORROW
DEDICATED TO KEEPING THE PUBLIC INFORMED

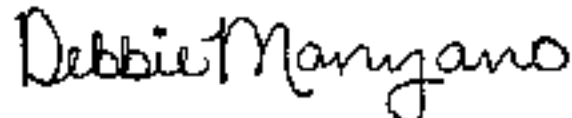
federal elections or refund the impermissible amount(s) to the donor(s) in accordance with 11 CFR §103.3(b). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. Should you choose to transfer-out or refund the contribution(s), the Commission will presume the funds were impermissible if no statement from your committee provides information to the contrary. Transfers-out and refunds should be disclosed on a Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee in transferring-out or refunding the amounts will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Debbie Manzano
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1 FOR LINE NUMBER 116

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)

FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

A. Full Name, Mailing Address and ZIP Code

CLINTON COUNTY DEM. COMMITTEE
3438 W. TOWNSEND RD.
ST. JOHNS, MI. 48873

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

8-15-94

540.00

Receipt For:

Primary

General

Other (specify): GENERAL FUND

Aggregate Year-to-Date > \$ 790.00

B. Full Name, Mailing Address and ZIP Code

GRATIOT COUNTY DEM. COMMITTEE
4205 E. OLIVE RD.
ST. LOUIS, MI. 48880

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

8-15-94

200.00

Receipt For:

Primary

General

Other (specify): GENERAL FUND

Aggregate Year-to-Date > \$ 450.00

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:

Primary

General

Other (specify):

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

Receipt For:

Primary

General

Other (specify):

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

Receipt For:

Primary

General

Other (specify):

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

Receipt For:

Primary

General

Other (specify):

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

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

94039441734

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

9
4
0
3
9
4
1
3
3
5

A. Full Name, Mailing Address and ZIP Code MID MICHIGAN LABOR COUNCIL AFSCIO 1331 S. WIND RD MT. PLEASANT, MI. 48858	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 480.00
	Occupation	8-15-94	

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL FUND	Aggregate Year-to-Date > \$ 480.00
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B. Full Name, Mailing Address and ZIP Code OPERATING ENGINEERS LOCAL 324 37450 SCHOOL CRAFT, SUITE 110 LIVONIA, MI. 48150	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 240.00
	Occupation	8-15-94	

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL FUND	Aggregate Year-to-Date > \$ 240.00
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C. Full Name, Mailing Address and ZIP Code P.A.C. NORTHERN MI. BUILDING TRADES 3301 VETERANS DR. SUITE 115 TRAVEL CITY, MI. 49684	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 240.00
	Occupation	8-15-94	

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL FUND	Aggregate Year-to-Date > \$ 240.00
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D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$
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E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$
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F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$
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G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$
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SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill in on this line number only)

911.00

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