

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <u>11th District Democratic Comm</u>	APR 15 12 13 PM '96
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>18104 Vaeri Lane</u>	2. FEC IDENTIFICATION NUMBER <u>C00280941</u>
CITY, STATE and ZIP CODE <u>Livonia, Mi. 48152</u>	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

## 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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

Twentieth 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>1-1-96</u> through <u>3-31-96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>			\$ <u>85002.17</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>85002.17</u>	
(c) Total Receipts (from Line 19)		\$ <u>30000.00</u>	\$ <u>30000.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <u>115002.17</u>	\$ <u>115002.17</u>
7. Total Disbursements (from Line 30)		\$ <u>25127.50</u>	\$ <u>25127.50</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <u>89874.67</u>	\$ <u>89874.67</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <u>0</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <u>0</u>	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9520  
Local 202-376-3120

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  
Barbara E. Johnson

Signature of Treasurer  
Barbara E. Johnson

Date  
4/4/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g

9 4 0 3 0 4 0 4 7 5 6

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
<i>11th District Democratic Comm Coord 80941</i>	FROM <i>1-1-96</i>	TO: <i>3-31-96</i>
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....	<i>0</i>	<i>0</i>
ii. Unitemized .....	<i>0</i>	<i>0</i>
iii. Total ..... (add i and ii) >	<i>0</i>	<i>0</i>
b. Political Party Committees .....	<i>0</i>	<i>0</i>
c. Other Political Committees (such as PACs) .....	<i>0</i>	<i>0</i>
d. Total Contributions ..... (add a ii, b and c) >	<i>0</i>	<i>0</i>
12. Transfers From Affiliated/Other Party Committees .....	<i>30000.00</i>	<i>30000.00</i>
13. All Loans Received .....	<i>0</i>	<i>0</i>
14. Loan Repayments Received .....	<i>0</i>	<i>0</i>
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	<i>0</i>	<i>0</i>
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	<i>0</i>	<i>0</i>
17. Other Federal Receipts (Dividends, Interest, etc.) .....	<i>0</i>	<i>0</i>
18. Transfers from Nonfederal Account for Joint Activity .....	<i>0</i>	<i>0</i>
19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>30000.00</i>	<i>30000.00</i>
20. Total Federal Receipts ..... (subtract line 18 from line 19) >	<i>30000.00</i>	<i>30000.00</i>
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share .....	<i>0</i>	<i>0</i>
ii. Non-Federal Share .....	<i>0</i>	<i>0</i>
b. Other Federal Operating Expenditures .....	<i>1465.00</i>	<i>1465.00</i>
c. Total Operating Expenditures ..... (add a i, a ii, and b) >	<i>1465.00</i>	<i>1465.00</i>
22. Transfers to Affiliated/Other Party Committees .....	<i>23412.50</i>	<i>23412.50</i>
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	<i>250.00</i>	<i>250.00</i>
24. Independent Expenditures (use Schedule E) .....	<i>0</i>	<i>0</i>
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F) ..	<i>0</i>	<i>0</i>
26. Loan Repayments Made .....	<i>0</i>	<i>0</i>
27. Loans Made .....	<i>0</i>	<i>0</i>
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees .....	<i>0</i>	<i>0</i>
b. Political Party Committees .....	<i>0</i>	<i>0</i>
c. Other Political Committees (such as PACs) .....	<i>0</i>	<i>0</i>
d. Total Contribution Refunds ..... (add a, b and c) >	<i>0</i>	<i>0</i>
29. Other Disbursements .....	<i>0</i>	<i>0</i>
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>25137.50</i>	<i>25137.50</i>
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >	<i>25137.50</i>	<i>25137.50</i>
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) .....	<i>0</i>	<i>0</i>
33. Total Contribution Refunds (from line 28d) .....	<i>0</i>	<i>0</i>
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	<i>0</i>	<i>0</i>
35. Total Federal Operating Expenditures ..... (add 21 a i and 21 b) >	<i>0</i>	<i>0</i>
36. Offsets to Operating Expenditures (from line 15) .....	<i>0</i>	<i>0</i>
37. Net Operating Expenditures ..... (subtract line 35 from 36) >	<i>0</i>	<i>0</i>

200304737

11(a)(i)  
11(a)(ii)  
11(a)(iii)  
11(b)  
11(c)  
11(d)  
12  
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15  
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21(a)(i)  
21(a)(ii)  
21(b)  
21(c)  
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25  
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28(a)  
28(b)  
28(c)  
28(d)  
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37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 12

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 committees.

NAME OF COMMITTEE (In Full)

11th District Democratic Committee C00280941

9 5 0 3 0 4 7 1 8

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
11th Cong. District Democratic Comm. Sp. Binga Aect. Lic. No. A03623 100 Crooks Rd., Ste. 106 Clawson, MI. 48017		7/16/96	10,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Transfer of bingo proceeds	Occupation	Aggregate Year-to-Date	\$ 10,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
11th Cong. District Democratic Comm. Sp. Binga Aect. Lic. No. A03623 100 Crooks Rd., Ste. 106 Clawson, MI. 48017		3/1/96	10,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tr. of bingo proceeds to general fund	Occupation	Aggregate Year-to-Date	\$ 20,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
11th Cong. Dist. Democratic Comm. Sp. Binga Aect. Lic. No. A03623 100 Crooks Rd., Ste. 106 Clawson, MI. 48017		3/23/96	10,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tr. of bingo proceeds to general fund	Occupation	Aggregate Year-to-Date	\$ 30,000.00
D. 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	\$
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)

30,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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)  
 11th District Democratic Comm. C00280941

9 6 0 3 0 4 0 4 7 5 9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Daly Merritt, Inc. P.O. Box 420 Wyandotte, Mi. 48192	Liability insurance for Bingo Hall Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Bingo Expense	1/1/96	1315.00
State of Michigan KANSING, MI.	Bingo License Renewal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Bingo Expense	1/29/96	150.00
C. 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
D. 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
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1465.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 11th District Democratic Comm C0280441

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0

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Ex. Comm. of the 11th District Comm. 18104 Vaccinane. Livonia, MI 48152	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	7/16/96	20000.00
B. Full Name, Mailing Address and ZIP Code Michigan Democratic Party Fed. Act. 606 Townsend Lansing, MI 48933	Purpose of Disbursement Purchase fundraiser tickets / Fed. Act. Program BK. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/96	1412.50
C. Full Name, Mailing Address and ZIP Code Democratic National Committee 430 S. Capitol, S.E. Washington, D.E. 20003	Purpose of Disbursement Purchase fundraiser tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/96	2000.00
D. 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
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)	23412.50
TOTAL This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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)  
 11th District Democratic Comm Cov 280941

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Carl Levin P.O. Box 1084 Warren, MI 48090	Fundraiser Tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/16/96	250.00
B. 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
C. 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
D. 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
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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

4-9-96

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

AS  
 PREPARER

4-15-96  
 DATE PREPARED

96030404762