

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Aug 8 11 19 AM '95

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <i>11th District Democratic Comm.</i>	2. FEC IDENTIFICATION NUMBER <i>00280941</i>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>18104 Vieri Lane</i>	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <i>Livonia, Mi. 48152</i>	

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
- (b) Is this Report an Amendment? YES NO
- 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 |
- 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 _____

9 5 0 3 9 9 3 2 7 7 4

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <i>1-1-95</i> through <i>6-30-95</i>		
6. (a) Cash on Hand January 1, 19 _____		\$ <i>19357.44</i>
(b) Cash on Hand at Beginning of Reporting Period _____	\$ <i>19357.44</i>	
(c) Total Receipts (from Line 18) _____	\$ <i>48695.63</i>	\$ <i>48695.63</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) _____	\$ <i>68053.05</i>	\$ <i>68053.05</i>
7. Total Disbursements (from Line 30) _____	\$ <i>32235.74</i>	\$ <i>32235.74</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) _____	\$ <i>35817.31</i>	\$ <i>35817.31</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) _____	\$ <i>0</i>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9590 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) _____	\$ <i>0</i>	

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: *8/3/95*

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <i>11th District Democratic Comm. 000280941</i>		REPORT COVERING PERIOD FROM <i>1/1/95</i> TO <i>6/30/95</i>	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		0	0
i. Itemized (use Schedule A)		0	0
ii. Unitemized		0	0
iii. Total (add i and ii) >		0	0
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contributions (add a ii, b and c) >		0	0
12. Transfers From Affiliated/Other Party Committees		48,000.00	48,000.00
13. All Loans Received		0	0
14. Loan Repayments Received		0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		695.63	695.63
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0	0
17. Other Federal Receipts (Dividends, Interest, etc.)		0	0
18. Transfers from Nonfederal Account for Joint Activity		0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		48,695.63	48,695.63
20. Total Federal Receipts (subtract line 18 from line 19) >		48,695.63	48,695.63
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		0	0
i. Federal Share		0	0
ii. Non-Federal Share		7,135.74	7,135.74
b. Other Federal Operating Expenditures		7,135.74	7,135.74
c. Total Operating Expenditures (add a i, a ii, and b) >		14,271.48	14,271.48
22. Transfers to Affiliated/Other Party Committees		2,100.00	2,100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		1,000.00	1,000.00
24. Independent Expenditures (use Schedule E)		0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0	0
26. Loan Repayments Made		0	0
27. Loans Made		0	0
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		0	0
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contribution Refunds (add a, b and c) >		0	0
29. Other Disbursements		2,500.00	2,500.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		32,235.74	32,235.74
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		32,235.74	32,235.74
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		0	0
33. Total Contribution Refunds (from line 28d)		0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)		0	0
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		7,135.74	7,135.74
36. Offsets to Operating Expenditures (from line 15)		695.63	695.63
37. Net Operating Expenditures (subtract line 36 from 35) >		6,440.11	6,440.11

9503932715

SCHEDULE A

ITEMIZED RECEIPTS

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 Committee C00280941**

950399327:6

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
11th District Dem. Comm. Sp. Binge Lic. A03023, 100 Crooks Rd. Ste. 106 Clawson, Mi. 48017		1/6/95	6000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tr. of binge proceeds	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
11th District Dem. Comm. Sp. Binge Lic. A03023, 100 Crooks Rd. Ste. 106, Clawson, Mi. 48017		3/3/95	12000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tr. of binge proceeds	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
11th Cong. District Dem. Comm. Sp. Binge Lic. A03023, 100 Crooks Rd., Ste. 106, Clawson, Mi. 48017		4/4/95	10000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tr. of binge proceeds	Occupation	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
11th Cong. District Dem. Comm. Sp. Binge Lic. A03023, 100 Crooks Rd., Ste. 106, Clawson, Mi. 48017		4/26/95	10,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tr. of binge proceeds	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
11th Cong. District Dem. Comm. Sp. Binge Lic. A03023, 100 Crooks Rd., Ste. 106, Clawson, Mi. 48017		6/8/95	10000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tr. of binge proceeds	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) **48000.00**

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NAME OF COMMITTEE (in Full)

11th District Democratic Committee Coo 280941

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas M. Margulies 24800 Lahser Southfield, Mi. 48034		1/6/95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Refund of Security Deposit for campaign headquarters	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
Ameritech 444 Mich. Det, Mi. 48226		1/25/95	195.63
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Refund of deposit for campaign phone service	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
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	

95039732777

SUBTOTAL of Receipts This Page (optional)

695.63

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)			
11th District Democratic Comm, Coc280 941			
A. Full Name, Mailing Address and ZIP Code State of Michigan / Lottery Comm. Lansing, Mi. 48933	Purpose of Disbursement Bingo License Renewal Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Annual Renewal	Date (month, day, year) 1/19/95	Amount of Each Disbursement This Period 150.00
B. Full Name, Mailing Address and ZIP Code Korotkin, Schlesinger & Assoc. Inc. 36877 Northwestern Hwy. #400 Southfield, Mi. 48037	Purpose of Disbursement Liability for weekly Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Insurance Premium	Date (month, day, year) 1/23/95	Amount of Each Disbursement This Period 1570.00
C. Full Name, Mailing Address and ZIP Code Barbara Johnson 18104 Vaeri Lane Livonia, Mi. 48152	Purpose of Disbursement Reimbursement for Photocopies, Postage, Certified Mailings Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/27/95	Amount of Each Disbursement This Period 8.11
D. Full Name, Mailing Address and ZIP Code Botstord Inn 28000 Grand River Farm Hills, Mi. 48336	Purpose of Disbursement District Convention Expenses / Km Rental, Refresh. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Expenses	Date (month, day, year) 3/3/95	Amount of Each Disbursement This Period 666.60
E. Full Name, Mailing Address and ZIP Code Botstord Inn 28000 Grand River Farmington Hills, Mi. 48336	Purpose of Disbursement Officer's Meeting Expenses (Refreshments & Room Rental) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Expenses	Date (month, day, year) 3/14/95	Amount of Each Disbursement This Period 110.35
F. Full Name, Mailing Address and ZIP Code Postmaster Farmington, Mi. 48333-9998	Purpose of Disbursement Postage for District Dinner Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 4/26/95	Amount of Each Disbursement This Period 320.00
G. Full Name, Mailing Address and ZIP Code Botstord Inn 28000 Grand River Farm Hills, Mi. 48336	Purpose of Disbursement Refreshments for district meeting / room rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Expenses	Date (month, day, year) 5/15/95	Amount of Each Disbursement This Period 97.60
H. Full Name, Mailing Address and ZIP Code Botstord Inn 28000 Grand River Farmington Hills, Mi. 48336	Purpose of Disbursement Refreshments for dinner committee meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Expenses	Date (month, day, year) 5/15/95	Amount of Each Disbursement This Period 46.13
I. Full Name, Mailing Address and ZIP Code Deborah Goldberg 32709 Cloverdale Farmington, Mi. 48336	Purpose of Disbursement Reimbursement for name tags & pens for district dinner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Reimbursement of expenses	Date (month, day, year) 5/24/95	Amount of Each Disbursement This Period 17.34
GRAND TOTAL of Disbursements This Page (optional)			3016.13
GRAND TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 216

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 Committee Coo280941

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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
Postmaster Farmington, MI. 48333-9498	Postage for district mailing for advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Postage	4/11/95	820.00
Botstord Inn 28000 Grand River Farmington Hills, MI. 48336	Refreshments for district meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Meeting Expense	4/13/95	61.00
Botstord Inn 28000 Grand River Farmington Hills, MI. 48336	officers meeting Refreshments & meeting room Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Meeting Expenses	4/18/95	52.26
Cardwell Florist 32109 Plymouth Rd. Livonia, MI. 48150	Floral Arrangements for district dinner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) dinner expense	5/30/95	104.36
American Graphics Printing Co. 11537 Timken Warren, MI. 48089	Printing / Envelopes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Printing	6/8/95	41.34
American Graphics Printing Co. 11537 Timken Warren, MI. 48089	Printing / Dinner Book Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Printing	6/8/95	1138.74
Botstord Inn 28000 Grand River Farmington Hills, MI. 48336	officers meeting Refreshments, Room Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Meeting Expense	6/27/95	178.64
Botstord Inn 28000 Grand River Farmington Hills, MI. 48336	Roosevelt Dinner / food & beverage expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Dinner Expense	6/29/95	2223.27
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

4119.61

TOTAL This Period (last page this line number only)

7135.74

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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NAME OF COMMITTEE (in full)

11th District Democratic Committee Coo 280941

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Oakland County Dem Comm. 100 N. Crooks, Ste. 106 Crawson, Mi. 48017	Contribution	1/10/95	2400.00
Oakland County Democratic Comm. 100 N. Crooks Rd., Ste. 106 Crawson, Mi. 48017	Contribution	3/3/95	4800.00
Michigan Democratic Party Fed. Acct. 606 Townsend Lansing, Mi. 48933	Fundraiser tickets & 1/2 page advertisement	3/8/95	900.00
Oakland County Dem. Comm. 100 N. Crooks Rd. Ste. 106 Crawson, Mi. 48017	Contribution	3/30/95	4000.00
Oakland County Democratic Comm. 100 N. Crooks Rd., Ste. 106 Crawson, Mi. 48017	Housewife Phil Hart fundraiser tickets & advertisement	3/30/95	500.00
Oakland County Democratic Comm. 100 N. Crooks, Ste. 106 Crawson, Mi. 48017	Contribution	5/26/95	4000.00
Executive Committee of the 11th District Democratic Party 18104 Yacht Lane. Livonia, Mi. 48152	Transfer / Contribution	6/1/95	5000.00
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)

21600.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
> 11th District Democratic Committee C00280941

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Carl Kevin P.O. Box 1224 Warren, Mo. 63090-1224	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/8/95	1000.00
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

TOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1000.00

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)			
11th District Democratic Committee Co0280941			
A. Full Name, Mailing Address and ZIP Code Jan Procknow 100 N. Crooks Rd. Ste. 106 Clawson, Mi. 48017	Purpose of Disbursement Consultant Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Consultation	Date (month, day, year) 1/18/95	Amount of Each Disbursement This Period 1000.00
B. Full Name, Mailing Address and ZIP Code Jan Procknow 100 N. Crooks Rd. Ste. 106 Clawson, Mi. 48017	Purpose of Disbursement Consultant Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Consultation	Date (month, day, year) 3/4/95	Amount of Each Disbursement This Period 1000.00
C. Full Name, Mailing Address and ZIP Code Richard H. Austin Fund for Academic Excellence Wayne State University Detroit, Mi.	Purpose of Disbursement Contribution to Scholarship fund for accounting student Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	Date (month, day, year) 5/20/95	Amount of Each Disbursement This Period 500.00
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

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