

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL ROOM  
2001 JUL 24 A 10:08

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

CD0280941                      060601                      P 282  
BARBARA JOHNSON  
11TH DISTRICT DEMOCRATIC COMMI  
TTEE  
19104 VACRE  
LIVONIA                                      MI 48152

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

CD0280941

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)  
 Mar 20 (M3)  
 Apr 20 (M4)

May 20 (M5)  
 Jun 20 (M6)  
 Jul 20 (M7)

Aug 20 (M8)  
 Sep 20 (M9)  
 Oct 20 (M10)

Nov 20 (M11) (Non-Election Year Only)  
 Dec 20 (M12) (Non-Election Year Only)  
 Jan 31 (YE)

(e) Quarterly Reports:

April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)

(c) 12-Day PRE-Election Report for the:

Primary (12P)  
 Convention (12C)

General (12G)  
 Special (12S)

Runoff (12R)

Election on

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

in the State of \_\_\_\_\_

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

in the State of \_\_\_\_\_

5. Covering Period

7/1/01 through

through

6/30/2001

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

7/20/01

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437g.

Office Use Only

**FEC FORM 3X**  
(Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

11th District Democratic Comm.

Report Covering the Period:

From:

To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="01"/>		<input type="text" value="4302461"/>
(b) Cash on Hand at Beginning of Reporting Period .....	<input type="text" value="4302461"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2130000"/>	<input type="text" value="2150000"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="6452461"/>	<input type="text" value="6452461"/>
7. Total Disbursements (from Line 30) .....	<input type="text" value="1064038"/>	<input type="text" value="1064038"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="5388423"/>	<input type="text" value="5388423"/>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="00"/>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="00"/>	



This committee has qualified as a multicard/date committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

11th District Democratic Comm.

Report Covering the Period:

From:

11/01 11/01 01

To:

12/30 01

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	00	
(ii) Unitemized .....	00	
(ii) TOTAL (add Lines 11(a)(i) and (ii) .....	00	00
(b) Political Party Committees .....	00	00
(c) Other Political Committees (such as PACs) .....	00	00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	00	00
12. Transfers From Affiliated/Other Party Committees .....	215000	215000
13. All Loans Received .....	00	00
14. Loan Repayments Received .....	00	00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	00	00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	00	00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	00	00
18. Transfers from Nonfederal Account for Joint Activity .....	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	215000	215000
20. Total Federal Receipts (subtract Line 16 from Line 19) .....	215000	215000

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(e) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	00	00
(ii) Non-Federal Share .....	00	00
(b) Other Federal Operating Expenditures .....	429,038	429,038
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	429,038	429,038
22. Transfers to Affiliated/Other Party Committees .....	635,000	635,000
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	00	00
24. Independent Expenditures (use Schedule E) .....	00	00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441e(d)) (use Schedule F) .....	00	00
26. Loan Repayments Made .....	00	00
27. Loans Made .....	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	00	00
(b) Political Party Committees .....	00	00
(c) Other Political Committees (such as PACs) .....	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	00	00
29. Other Disbursements .....	00	00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	1,064,038	1,064,338
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) .....	1,064,038	1,064,338
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	00	00
33. Total Contribution Refunds (from Line 28(d)) .....	00	00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	00	00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	429,038	429,038
36. Offsets to Operating Expenditures (from Line 15, page 3) .....	00	00
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....	429,038	429,038

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

PAGE / OF 2

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 Dem. Comm. C00280941*

Full Name (Last, First, Middle Initial)  
 a. *11th District Dem. Comm. Sp. Bingo Lic. A03029*

Mailing Address  
*39277 Glen Castle*

City State Zip Code  
*Farm Hills, MI. 48336*

FEC ID number of contributing federal political committee.  
 C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) *Tr. of bingo proceeds to general fund*

Aggregate Year-to-Date  
 6,000.00

Date of Receipt  
 7 3 01

Amount of Each Receipt this Period  
 6,000.00

Full Name (Last, First, Middle Initial)  
 B. *11th District Dem. Comm. Sp. Bingo Lic. A03029*

Mailing Address  
*39277 Glen Castle*

City State Zip Code  
*Farm Hills, MI. 48336*

FEC ID number of contributing federal political committee.  
 C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) *Tr. of bingo proceeds to general fund*

Aggregate Year-to-Date  
 11,000.00

Date of Receipt  
 2 12 01

Amount of Each Receipt this Period  
 5,000.00

Full Name (Last, First, Middle Initial)  
 c. *11th District Dem. Comm. Sp. Bingo Lic. A03029*

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  
 C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) *Tr. of bingo proceeds to general fund*

Aggregate Year-to-Date  
 17,000.00

Date of Receipt  
 3 20 01

Amount of Each Receipt this Period  
 3,000.00

SUBTOTAL of Receipts This Page (optional) *14,000.00*

TOTAL This Period (last page this line number only)

14,000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 21
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
11th District Dem. Comm. C00280941

A. Full Name (Last, First, Middle Initial)  
11th District Dem. Comm. Sp. Bingo Lic. A03023

Mailing Address  
39271 Glen castle

City Farm Hills, MI. State Zip Code 48336

FEC ID number of contributing federal political committee.  
C

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) *Tr. of bingo proceeds to general fund*  
Aggregate Year-to-Date *14,500.00*

Date of Receipt  
4/11/01

Amount of Each Receipt this Period  
3,500.00

B. Full Name (Last, First, Middle Initial)  
11th District Dem. Comm. Sp. Bingo Lic. A03023

Mailing Address  
39271 Glen castle

City Farm Hills, MI. State Zip Code 48336

FEC ID number of contributing federal political committee.  
C

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) *Tr. of bingo proceeds to general fund*  
Aggregate Year-to-Date *21,500.00*

Date of Receipt  
6/13/01

Amount of Each Receipt this Period  
4,000.00

C. Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  
C

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) *21,500.00*  
TOTAL This Period (last page this line number only) *21,500.00*

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE / OF 6			
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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NAME OF COMMITTEE (In Full)  
*11th District Dem. Comm. C00280941*

A. *Practical Political Consulting*

Full Name (Last, First, Middle Initial)

Mailing Address  
*P.O. Box 6249*

City  
*E. Lansing* State *MI* Zip Code *48826*

Purpose of Disbursement  
*0.01*

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) *mailing labels for convention call*

Date of Disbursement  
*7 9 01*

Amount of Each Disbursement this Period  
*826.70*

B. *Specifications Services Co.*

Full Name (Last, First, Middle Initial)

Mailing Address  
*2399 Telegraph Rd. P.O. Box 2003*

City  
*Southfield* State *MI* Zip Code *48037*

Purpose of Disbursement  
*0.01*

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) *Printing for Convention*

Date of Disbursement  
*7 5 01*

Amount of Each Disbursement this Period  
*74.62*

C. *Holiday Inn / Alegrias*

Full Name (Last, First, Middle Initial)

Mailing Address  
*38123 W. 10 Mile*

City  
*Farm Hills* State *MI* Zip Code *48335*

Purpose of Disbursement  
*0.01*

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) *Deposit for room for district Convention*

Date of Disbursement  
*7 9 01*

Amount of Each Disbursement this Period  
*250.00*

SUBTOTAL of Disbursements This Page (optional) *1,151.32*

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 6

21b  22  23  24  25  
 26  27  28a  28b  28c  29

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NAME OF COMMITTEE (In Full)  
*11th District Dem. Comm. Coo280941*

**A.** Full Name (Last, First, Middle Initial)  
*Postmaster*

Date of Disbursement  
*1 25 01*

Mailing Address  
*Livonia Mall*

City  
*Livonia, Mi* State  
*48152* Zip Code  
*-9998*

Purpose of Disbursement  
*Postage / FEC Report*

Candidate Name  
*[Blank]* Category/Type  
*001*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) *Mailing of FEC Report*

State: District:

**B.** Full Name (Last, First, Middle Initial)  
*State of Michigan*

Date of Disbursement  
*1 27 01*

Mailing Address  
*Dept. of Lottery*

City  
*Lansing, Mi* State  
*48106* Zip Code  
*48106*

Purpose of Disbursement  
*Fee / Bingo License*

Candidate Name  
*[Blank]* Category/Type  
*001*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) *yearly bingo license*

State: District:

**C.** Full Name (Last, First, Middle Initial)  
*Vicki Barnett*

Date of Disbursement  
*1 27 01*

Mailing Address  
*39271 Glencastle*

City  
*Farm Hills, MI* State  
*48336* Zip Code  
*48336*

Purpose of Disbursement  
*Reimbursement for postage & printing for district convention*

Candidate Name  
*[Blank]* Category/Type  
*001*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) *convention expense*

State: District:

SUBTOTAL of Disbursements This Page (optional) *626.11*

TOTAL This Period (last page this line number only)



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)								PAGE <u>3</u> OF <u>6</u>	
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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NAME OF COMMITTEE (In Full)  
11th District Dem. Comm. C00280941

Full Name (Last, First, Middle Initial) <u>A. Michael Shpiece</u>		Date of Disbursement <u>7 27 01</u>
Mailing Address <u>39322 Plum brook Farm Hills, Mi. 48331</u>		Amount of Each Disbursement this Period <u>11.19</u>
Purpose of Disbursement <u>Reimbursement for printing of copies for Convention</u>	Candidate Name	Category/Type <u>0.01</u>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Convention expense</u>	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <u>B. Alegrias</u>		Date of Disbursement
Mailing Address <u>38723 W. 10 Mile Farm Hills, Mi. 48335</u>		Amount of Each Disbursement this Period <u>633.25</u>
Purpose of Disbursement <u>Refreshments for district conv.</u>	Candidate Name	Category/Type <u>0.01</u>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Convention expense</u>	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <u>C. Daly Meritt Inc.</u>		Date of Disbursement <u>2 15 01</u>
Mailing Address <u>2600 Eureka Rd. Ste. 200 Taylor, Mi. 48180</u>		Amount of Each Disbursement this Period <u>795.00</u>
Purpose of Disbursement <u>Liability Ins. for bingo</u>	Candidate Name	Category/Type <u>0.01</u>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>bingo expense</u>	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional) .....	<u>1439.44</u>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 4 OF 6
	<input checked="" type="checkbox"/> 21b 25	<input type="checkbox"/> 22 27	<input type="checkbox"/> 23 26a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 26 28c	<input type="checkbox"/> 29	

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NAME OF COMMITTEE (In Full)  
**11th District Dem. Comm. Co0280941**

**A. Specs Service Co.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address **23499 Telegraph P.O. Box 2003**  
 City **Southfield, Mi.** State **MI** Zip Code **48037**

Date of Disbursement: **2 20 01**

Purpose of Disbursement: **Printing of postcards for district meeting** Category/Type: **001**

Amount of Each Disbursement this Period: **19.50**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) **Meeting**

State: \_\_\_\_\_ District: \_\_\_\_\_

**B. Michael Shpiece**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address **39322 Plumbrook 1**  
 City **Farm. Hills** State **MI** Zip Code **48331**

Date of Disbursement: **2 20 01**

Purpose of Disbursement: **Reimbursement for printing rules for dist. conv.** Category/Type: **001**

Amount of Each Disbursement this Period: **25.02**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) **Convention expense**

State: \_\_\_\_\_ District: \_\_\_\_\_

**C. Postmaster**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address **32465 W. 12 Mile**  
 City **Farm. Hills, Mi.** State **MI** Zip Code **48335**

Date of Disbursement: **3 24 01**

Purpose of Disbursement: **Postage** Category/Type: **001**

Amount of Each Disbursement this Period: **5,000.00**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) **Postage / mailing**

State: \_\_\_\_\_ District: \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional) **604.52**

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(a) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)										PAGE 5 OF 6
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
*11th District Dem. Comm. C00280941*

Full Name (Last, First, Middle Initial) <b>A. Sam's Club</b>		Date of Disbursement <i>3 24 01</i>
Mailing Address <i>24800 Haggerty Rd.</i>		Amount of Each Disbursement this Period <i>77.22</i>
City <i>Farm Hills, MI</i>	State Zip Code <i>MI 48331</i>	
Purpose of Disbursement <i>Purchase of labels</i>		Category/Type <i>001</i>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>labels for monthly mailing to members</i>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vicki Barnett</b>		Date of Disbursement <i>3 24 01</i>
Mailing Address <i>39271 Glencastle</i>		Amount of Each Disbursement this Period <i>143.68</i>
City <i>Farm Hills, MI</i>	State Zip Code <i>MI 48336</i>	
Purpose of Disbursement <i>Reimbursement for permit (postoffice) &amp; postcards</i>		Category/Type <i>001</i>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>permit &amp; postcards</i>	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Big Bay Rest.</b>		Date of Disbursement <i>3 24 01</i>
Mailing Address <i>20788 Farm Rd.</i>		Amount of Each Disbursement this Period <i>39.09</i>
City <i>Farm, MI</i>	State Zip Code <i>MI 48336</i>	
Purpose of Disbursement <i>Refreshments for breakfast meeting</i>		Category/Type <i>001</i>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>breakfast meeting refreshments</i>	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<i>259.99</i>
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE <u>6</u> OF <u>6</u>
	<input checked="" type="checkbox"/> 21b 28	<input type="checkbox"/> 22 27	<input type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 28c	<input type="checkbox"/> 29	

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NAME OF COMMITTEE (In Full)  
11th District Dem. Comm. Coo280941

**A. Farm Hills Manor**

Full Name (Last, First, Middle Initial)  
Farm Hills Manor

Date of Disbursement  
3 28 01

Mailing Address  
23666 Orchard Lake Rd.

City  
Farm Hills, MI 48366

State  
MI

Zip Code  
48366

Purpose of Disbursement  
Room Rental / Refreshments for meeting

Candidate Name

Amount of Each Disbursement this Period  
175.00

Category/Type  
OOI

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) Monthly meeting expense

State: District:

**B. Postmaster**

Full Name (Last, First, Middle Initial)  
Postmaster

Date of Disbursement  
4 11 01

Mailing Address  
Livonia Mall

City  
Livonia MI 48152-9998

State  
MI

Zip Code  
48152-9998

Purpose of Disbursement  
Postage

Candidate Name

Amount of Each Disbursement this Period  
34.00

Category/Type  
OOI

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) Postage

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 209.00

TOTAL This Period (last page this line number only) ..... ▶ 429.038

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24		
<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 25	<input type="checkbox"/> 26c
					<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full) <i>11th District Dem. Comm. Co#280941</i>		Date of Disbursement <i>1/20/01</i>	
Full Name (Last, First, Middle Initial) <i>Executive Comm. of the 11th District</i>		Amount of Each Disbursement this Period <i>3000.00</i>	
Mailing Address <i>18104 Vaerri Lane</i>		City <i>Livonia</i> State <i>Mi.</i> Zip Code <i>48152</i>	
Purpose of Disbursement <i>Contribution</i>		Category/Type <i>O.L.B.</i>	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Contribution</i>		State: District:	
Full Name (Last, First, Middle Initial) <i>MDP/Fed. Aect.</i>		Date of Disbursement <i>3/28/01</i>	
Mailing Address <i>6006 Townsend</i>		Amount of Each Disbursement this Period <i>350.00</i>	
City <i>Lansing</i> State <i>Mi.</i> Zip Code <i>48933</i>		Purpose of Disbursement <i>Purchase of Jeff Jack Ad</i>	
Candidate Name		Category/Type <i>O.L.I.</i>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Contribution for Jeff Jack Ad</i>	
State: District:			
Full Name (Last, First, Middle Initial) <i>Ex. Comm. of the 11th District</i>		Date of Disbursement <i>5/22/01</i>	
Mailing Address <i>18104 Vaerri Lane</i>		Amount of Each Disbursement this Period <i>3000.00</i>	
City <i>Livonia</i> State <i>Mi.</i> Zip Code <i>48152</i>		Purpose of Disbursement <i>Contribution</i>	
Candidate Name		Category/Type <i>O.L.I.</i>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Contribution</i>	
State: District:			
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)		<i>6350.00</i>	

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-20-01
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>JMP</i> PREPARER	 7-24-01 DATE PREPARED