

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

JUL 14 12 00 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C00280741 060297 P 254
BARBARA JOHNSON
11TH DISTRICT DEMOCRATIC COMMI
TTEE
18104 VACRI
LIVONIA MI 48152

2. FEC IDENTIFICATION NUMBER
3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
 (Type of Election)
 election on _____ in the State of _____
 30-Day Post-Election 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>4/1/97</u> through <u>6/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 33,178.30
(b) Cash on Hand at Beginning of Reporting Period	\$ 33,178.30	
(c) Total Receipts (from Line 10)	\$ 30,000.00	\$ 30,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 63,178.30	\$ 63,178.30
7. Total Disbursements (from Line 30)	\$ 7,059.52	\$ 7,059.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 56,118.78	\$ 56,118.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-9420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type of Print Name of Treasurer

Barbara E. Johnson

Signature of Treasurer

Barbara E. Johnson

Date

7/9/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE
11th District Dem Comm. Co0281941

REPORT COVERING PERIOD
FROM 1-1-97 TO 6-30-97

	COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
I. Itemized (use Schedule A)	0	0	11a
II. Unitemized	0	0	11b
III. Total (add i and ii) >	0	0	11c
b. Political Party Committees	0	0	12a
c. Other Political Committees (such as PACs)	0	0	12b
d. Total Contributions (add a I, b and c) >	0	0	12c
12. Transfers From Affiliated/Other Party Committees	30,000.00	30,000.00	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	30,000.00	30,000.00	19
20. Total Federal Receipts (subtract line 16 from line 19) >	30,000.00	30,000.00	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
I. Federal Share	0	0	21a
II. Non-Federal Share	0	0	21b
b. Other Federal Operating Expenditures	1,397.02	1,397.02	21c
c. Total Operating Expenditures (add a I, a II, and b) >	1,397.02	1,397.02	21d
22. Transfers to Affiliated/Other Party Committees	5,662.50	5,662.50	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 44(a)(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28a
b. Political Party Committees	0	0	28b
c. Other Political Committees (such as PACs)	0	0	28c
d. Total Contributions Refunds (add a, b and c) >	0	0	28d
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7,059.52	7,059.52	30
31. Total Federal Disbursements (subtract line 21 d from line 30) >	7,059.52	7,059.52	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	0	0	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	0	0	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	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 committee.

NAME OF COMMITTEE (in Full)			
11th District Democratic Committee C00280941			
A. Full Name, Mailing Address and ZIP Code 11th Cong. District Dem. Comm. Sp. Bingo P.O. Box 223, 100 Crooks Rd. Ste. 106 Clawson, MI. 48017			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
		3/4/97	10 000.00
Occupation			
Receipt For: <input checked="" type="checkbox"/> Other (specify): Tr. of bingo proceeds to gen. fund		Aggregate Year-to-Date > \$ 10,000.00	
B. Full Name, Mailing Address and ZIP Code 11th Cong. District Dem. Comm. Sp. Bingo P.O. Box 223, 100 Crooks Rd. Ste. 106 Clawson, MI. 48017			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
		4/3/97	10 000.00
Occupation			
Receipt For: <input checked="" type="checkbox"/> Other (specify): Tr. of bingo proceeds to gen. fund		Aggregate Year-to-Date > \$ 20,000.00	
C. Full Name, Mailing Address and ZIP Code 11th Cong. Dist. Dem. Comm. Sp. Bingo P.O. Box 223, 100 Crooks Rd. Ste. 106 Clawson, MI. 48017			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
		6/13/97	10 000.00
Occupation			
Receipt For: <input checked="" type="checkbox"/> Other (specify): Tr. of bingo proceeds to gen. fund		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
Occupation			
Receipt For: <input type="checkbox"/> 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: <input type="checkbox"/> 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: <input type="checkbox"/> 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: <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
SUBTOTAL of Receipts This Page (optional)			30 000.00
TOTAL This Period (last page this line number only)			30 000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 216

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NAME OF COMMITTEE (In Full)

11th District Democratic Comm. Co0280941

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster Detroit, Mi. 48232	Mailing of FEC Report Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	1/15/97	2.52
Daly Mergitt Inc. P.O. Box 420 Wyandotte, Mi. 48192	Liability Insurance for weekly bingo Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Ins. premium	1/17/97	1244.50
State of Michigan/Lottery Comm. Lansing, Mi. 48933	Bingo License Renewal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/29/97	150.00
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)

TOTAL This Period (last page this line number only)

1397.02

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 Co0280941

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
Michigan Democratic Party / Fed. Acct. 606 Townsend Lansing, MI. 48933	Fundraiser Tickets & Advertisement Contribution	3/4/97	1662.50
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
Michigan Democratic Party / Fed. Acct. 606 Townsend Lansing, MI. 48933	Contribution Contribution	6/16/97	4000.00
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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

5662.50

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

7/10/97

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

E.S.
PREPARED

7/10/97
DATE PREPARED