

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

Nov 22 11 25 AM '94

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE		2. FEC IDENTIFICATION NUMBER C 000 99465 (FEC) 38-2977564 (IRS)
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 202 N. LINDA ST. P.O. BOX 472	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on (date).	
CITY, STATE and ZIP CODE LANSING, MI. 48848-0472		

## 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
- 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 \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7-1-94</u> through <u>9-30-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ <u>2344.73</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>3764.85</u>	
(c) Total Receipts (from Line 19)	\$ <u>3237.00</u>	\$ <u>5994.49</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>7001.85</u>	\$ <u>8389.22</u>
7. Total Disbursements (from Line 30)	\$ <u>4314.55</u>	\$ <u>5651.96</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>2687.26</u>	\$ <u>2687.26</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>NONE</u>	For further information contact: Federal Election Commission 950 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3423
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>NONE</u>	

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 JAMES E. SNELSON

Signature of Treasurer James E. Snelson Date 11-21-94

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)

NAME OF COMMITTEE

REPORT COVERING PERIOD

FROM 7-1-94 TO: 9-30-94

**I. Receipts**

COLUMN A Total This Period	COLUMN B Calendar Year
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11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	677.85	1071.85
ii. Unitemized	959.15	959.15
iii. Total (add i and ii) >	1537.00	2031.00
b. Political Party Committees	240.00	3003.49
c. Other Political Committees (such as PACs)	960.00	960.00
d. Total Contributions (add a iii, b and c) >	3237.00	5994.49
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3237.00	5994.49
20. Total Federal Receipts (subtract line 18 from line 19) >	3237.00	5994.49

**II. Disbursements**

21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) >	2314.59	2663.96
22. Transfers to Affiliated/Other Party Committees		988.60
23. Contributions to Federal Candidates/Committees and Other Political Committees	2000.00	2000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4314.59	5651.96
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	4314.59	5651.96

**III. Net Contributions/Operating Expenditures**

32. Total Contributions (other than loans) (from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from line 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)		

94032441932

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 11a, 1.

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

9403441933

A. Full Name, Mailing Address and ZIP Code DONNA M. LUTKE 218 S. MARTIN ST. MC BAIN, MI. 49657	Name of Employer M, E, A. (FUND RAISING CASH COLLECTED (7-23-94)) Occupation TEACHER	Date (month, day, year) 8-15-94 8-15-94	Amount of Each Receipt this Period 85.00 492.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL FUND	Aggregate Year-to-Date > \$ 577.85		
B. 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):	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):	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):	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):	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):	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page only line number only)

577.85

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

94037441734

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CLINTON COUNTY DEM. COMMITTEE 3438 W. TOWNSEND RD. ST. JOHNS, MI. 48878		8-15-94	540.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL FUND	Occupation	Aggregate Year-to-Date > \$ 790.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GRATIOT COUNTY DEM. COMMITTEE 4205 E. OLIVE RD. ST. LOUIS, MI. 48880		8-15-94	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL FUND	Occupation	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
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 > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

740.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 11c.

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NAME OF COMMITTEE (in Full)

FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

940341935

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M.D. MICHIGAN LABOR COUNCIL AFL-CIO 1331 S. WINN RD MT. PLEASANT, MI. 48858		8-15-94	480.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL FUND	Occupation	Aggregate Year-to-Date > \$ 480.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OPERATING ENGINEERS LOCAL 324 37450 SCHOOL CRAFT, SUITE 110 LIVENIA, MI. 48150		8-15-94	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL FUND	Occupation	Aggregate Year-to-Date > \$ 240.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P.A.C. NORTHERN MI. BUILDING TRADES 3101 VETERANS DR. SUITE #115 TRAVERE CITY, MI. 49784		8-15-94	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL FUND	Occupation	Aggregate Year-to-Date > \$ 240.00	
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) .....

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

960.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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  
3  
4  
4  
1  
3  
6

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
EYLA SJOBERG 3438 W. TOWNSEND RD. ST. JOHNS MI. 48879	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) POSTAGE	7-16-94	58.00
JIM SJOBERG 3438 W. TOWNSEND RD. ST. JOHNS MI. 48879	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) MILEAGE	7-16-94	129.60
DONNA WITKE 218 S. MARTIN ST. MORRIS MI. 49657	Purpose of Disbursement: EXPENSES OF FUNDS-RAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-22-94	1796.73
ROBERT DONOHUE 120 MADONNA ST. MIDLAND MI. 48640	Purpose of Disbursement: MOSTROWITZ AWARD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) AWARD	9-10-94	66.83
THE LASER CONNECTION 305 E. MAIN ST. MIDLAND, MI. 48640	Purpose of Disbursement: MOSTROWITZ RECOGNITION AWARD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) SCULPTURE	9-10-94	225.00
CITY BANK P.O. BOX 100 ST. JOHNS, MI. 48879	Purpose of Disbursement: BANK CHARGE FOR NEW CHECKS AND LEDGER. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-30-94	38.43
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)

2314.53

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)  
 FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

94039441937

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.A. LOCAL 85 PAC P.O. BOX 6547 SABINA W, MI. 48608	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LOCAL FUND	9-10-94	2000.00
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

SUBTOTAL of Disbursements This Page (OPTIONAL)	
TOTAL This Period (last page this line number only)	2000.00

**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

*11-23-94*

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

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

*JMN*  
 PREPARER

*11-23-94*  
 DATE PREPARED

9 4 0 3 y 4 4 1 9 3 8