

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FED. C. A.

Nov 22

Nov 22 11 26 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE</b>		2. FEC IDENTIFICATION NUMBER <b>C 000 99465 (FEC) 38-2977564 (IRS)</b>
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported <b>202 N. LAING ST. P.O. BOX 472</b>		
CITY, STATE and ZIP CODE <b>LANSINGBURG, MI. 48848-0472</b>		
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  |

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>4-1-94</u> through <u>6-30-94</u>		
6. (a) Cash on Hand January 1, 19____		\$ 2344.73
(b) Cash on Hand at Beginning of Reporting Period	\$ 2667.93	
(c) Total Receipts (from Line 1B)	\$ 1972.49	\$ 2757.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4640.42	\$ 5107.22
7. Total Disbursements (from Line 3D)	\$ 875.57	\$ 1337.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3764.85	\$ 3764.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ NONE	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ NONE	

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. 5437g.

FEC FORM 3X

(revised 1/1/91)

94032441939

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1)

NAME OF COMMITTEE COMMITTEE REPORT COVERING PERIOD  
FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC FROM 4-1-94 TO 6-30-94

**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) .....	459.00	494.00
ii. Unitemized .....		
iii. Total .....	459.00	494.00
b. Political Party Committees .....	1513.49	2263.48
c. Other Political Committees (such as PACs) .....	<del>212.49</del>	
d. Total Contributions .....	1972.49	2757.49
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 .....	1972.49	2757.49
20. Total Federal Receipts .....	1972.49	2757.49

**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 .....	161.97	348.28
22. Transfers to Affiliated/Other Party Committees .....	713.60	988.60
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
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. Individuals/Persons Other Than Political Committees .....		
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contribution Refunds .....		
29. Other Disbursements .....		
30. Total Disbursements .....	875.57	1337.37
31. Total Federal Disbursements .....	875.57	1337.37

**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 *5) .....		

94039441340

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 11  
FOR LINE NUMBER 119.1

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

94039441941

A. Full Name, Mailing Address and ZIP Code ROBERT DONOGHUE 120 McDONALD ST. MIDLAND, MI. 48640	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 200.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL ACCT.	ATTORNEY Aggregate Year-to-Date > \$ 200.00	4-1-94	

B. Full Name, Mailing Address and ZIP Code 50/50 DRAWING 4TH DIST. MEETING	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 186.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL ACCT.	Aggregate Year-to-Date > \$	4-1-94	

C. Full Name, Mailing Address and ZIP Code MARILYN L. OBT RICHARD J. OBT 201 E. ST. BOX 141 TRUFANT, MI. 49347	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 20.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL ACCT.	1997 FUNDRAISER Aggregate Year-to-Date > \$ 20.00	4-15-94	

D. Full Name, Mailing Address and ZIP Code 50/50 DRAWING 4TH DIST. MEETING	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 53.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL ACCT.	Aggregate Year-to-Date > \$	5-16-94	

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"/> 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
	Occupation		
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
	Occupation		
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) ..... 459.00

TOTAL This Period (last page this line number only) ..... 459.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

94032141942

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COMMITTEE CLAYTON COUNTY DEMOCRATIC CHAIR TIM SIBBORG 2438 W. TOWNSEND RD. ST. JOHNS MI, 48879 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>GENERAL ACCT.</u>		4-1-94	250.00
B. Full Name, Mailing Address and ZIP Code EVELYN HUNN 4TH DIST BINGO CHAIR 5951 N BALDWIN RD. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code ST. LOUIS MI, 48880 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code BINGO CLOSE OUT - FUNDS OF HAND INCLUDING START-UP FUNDS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>GENERAL ACCT.</u>		5-2-94	881.74
E. Full Name, Mailing Address and ZIP Code BINGO CLOSE OUT SALE OF LEFTOVER SHEETS, ETC. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>GENERAL ACCT.</u>		5-31-94	381.75
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	1513.49
TOTAL This Period (Use page and line number only)	1513.49

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF 11  
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)

FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

9403444194

A. 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
LIM STOBBERG 4TH DIST. CHAIR 3438 W. TOWNSEND ST. JOHNS, MI. 48878	MAIL, POSTAGE, FREIGHT	4-1-94	124.20
LINDA JASON SEC. 4TH DIST 414 E. GRAND AVE, MT. PLEASANT, MI. 48858	OPERATING EXPENSES <input checked="" type="checkbox"/> Other (specify) POSTAGE	4-22-94 6-26-94	21.75 15.57
FIRST OF AMERICA BANK 102 EAST BROADWAY MT. PLEASANT MI. 48858	BANK FEE	MAY	.45
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) .....

161.97

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOH LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

94039641744

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RANDY PETERSON, COMM YOUNG BOMS 414 DOUGLAS ST, #10 M7, PLEASANT, MI 48858	WORKSHOP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-22-94	200.00
B. Full Name, Mailing Address and ZIP Code MIDLAND COUNTY CHAIR ROBERT DONOHUE 120 McDONALD ST. MIDLAND, MI 48640	STATE CENTRAL MTG. EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	5-16-94	500.00
C. Full Name, Mailing Address and ZIP Code ROSCOMMON COUNTY CHAIR NISA DONALDSON 116 HILLTOP DR. ROSCOMMON, MI 48853	REIMBURSEMENT DEDUCTIONS - OIST, MTG. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-16-94	13.60
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 (ast page this line number only):

713.60

**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

*JMLH*  
 PREPARER

*11-23-94*  
 DATE PREPARED

94039641945