

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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 (in full) <b>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>	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).	
CITY, STATE and ZIP CODE <b>LANSING, MI. 48248-0472</b>		

## 4. TYPE OF REPORT

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>1-1-94</u> through <u>3-31-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>			\$ 2344.73
(b) Cash on Hand at Beginning of Reporting Period		\$ 2344.73	
(c) Total Receipts (from Line 19)		\$ 785.00	\$ 785.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 3129.73	\$ 3129.73
7. Total Disbursements (from Line 30)		\$ 461.80	\$ 461.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 2667.93	\$ 2667.93
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 <b>JAMES E. SNELSON</b>	Date <b>11-21-94</b>
Signature of Treasurer <i>James E. Snelson</i>	

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

94039441946

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1)

NAME OF COMMITTEE COMMITTEE REPORT COVERING PERIOD  
 FROM 1-1-74 TO: 3-31-74  
FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC

### 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) .....	35.00	35.00
ii. Unitemized .....	0	0
iii. Total ..... (add i and ii) >	35.00	35.00
c. Political Party Committees .....	250.00	250.00
d. Other Political Committees (such as PACs) .....	0.00	0.00
d. Total Contributions ..... (add a iii, b and c) >	785.00	785.00
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) >	785.00	785.00
20. Total Federal Receipts ..... (subtract line 18 from line 19) >	785.00	785.00

### 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) >	186.80	186.80
22. Transfers to Affiliated/Other Party Committees .....	275.00	275.00
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 ..... (add a, b and c) >		
29. Other Disbursements .....		2
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	461.80	461.80
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >	461.80	461.80

### 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) .....		

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

11 a. i.

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

9403441948

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUE DAVID BOX 465 STANTON, MI. 48888 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL ACCT.	FUND RAISER FROM 1993 DIRECT REQUEST DONATION Occupation	3-15-94	15.00 Aggregate Year-to-Date > \$ 15.00
PAUL W. OF SHEILA L. SHARLOW 3079 W. KENT SHERIDAN, MI. 48884 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL ACCT.	FUND RAISER FROM 1993 DIRECT REQUEST DONATION Occupation	3-15-94	20.00 Aggregate Year-to-Date > \$ 20.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period Aggregate Year-to-Date > \$
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period Aggregate Year-to-Date > \$
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period Aggregate Year-to-Date > \$
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period Aggregate Year-to-Date > \$
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional) .....

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

35.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 116

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NAME OF COMMITTEE (in Full)

DEMOCRATIC

FOURTH CONGRESSIONAL DISTRICT COMMITTEE

94039441949

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GRATIOT CO. DEM. COMMITTEE CHAIR: JOHN HANSEN 4205 E. OLIVE RD. ST. LOUIS, MI. 48820		1-19-74	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL ACCT.	Occupation	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
INABELLA CO. DEM. COMMITTEE CHAIR: DAVID LEWIS 602 S. FRANCHER MT. PLEASANT MI.		2-8-74	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): GENERAL ACCT.	Occupation	Aggregate Year-to-Date > \$ 500.00	
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) .....

750.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

94039441950

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>MICHIGAN DEMOCRATIC PARTY 606 TOWNSEND ST. LANSING, MI. 48933</u>	<u>2 TICKETS TO JEFF JACK FUNDRAISING DINNER FOR MONROE</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>CONTRIBUTION</u>	<u>2-28-94</u>	<u>250.00</u>
<u>MICHIGAN DEMOCRATIC PARTY 606 TOWNSEND ST. LANSING, MI. 48933</u>	<u>MARILYN ROYHOW WORKSHOP</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>CONTRIBUTION</u>	<u>2-28-94</u>	<u>25.00</u>
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) .....

275.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21

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**NAME OF COMMITTEE (In Full)**

FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

94039441351

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WINDA MASON 414 EAST GRAND AVE. MT. PLEASANT, MI. 48858	POSTAGE TO COMMITTEE SECRETARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-12-94	29.00
JOB SHOP PRINTING 2321 WEST MAIN LANSING, MI. 48917	STATIONERY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-14-94	154.96
FIRST BANK OF AMERICA MIDLAND, MI. 102 S. BROADWAY MT. PLEASANT MI. 48858	BANK FEES JAN, FEB, MARCH Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	JAN. FEB. MAR.	1.21 1.35 1.28
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) .....

186.80

**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

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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

94039441952