

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Nov 21 11 23 AM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 C00099465 091696 N 250
 JAMES E. SNELSON
 4TH CONGRESSIONAL DISTRICT DEM
 OCRATIC COMMITTEE
 202 N LAING ST.
 PO BOX 472
 LAINGSBURG MI 48648

2. FEC IDENTIFICATION NUMBER
 C00099465
 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

Twelfth day report preceding GENERAL
 (Type of Election)
 election on NOV 5, 1996 in the State of MI
 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>10-1-96</u> through <u>10-16-96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 4299.02
(b) Cash on Hand at Beginning of Reporting Period	\$ 2008.42	
(c) Total Receipts (from Line 19)	\$ 750.00	\$ 4490.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 2758.42	\$ 8789.02
7. Total Disbursements (from Line 30)	\$ 890.40	\$ 6921.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1868.02	\$ 1868.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9520 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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 [Signature] Date 11/9/96

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 1/1/91)

NAME OF COMMITTEE <i>DEMOCRATIC COMM</i> <i>FOURTH CONGRESSIONAL DISTRICT</i>		REPORT COVERING PERIOD FROM <i>10-1-96</i> TO <i>10-16-96</i>	
		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)			540.00
ii. Unitemized			1070.00
iii. Total (add i and ii) >			1610.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)	300.00		1340.00
d. Total Contributions (add a iii, b and c) >	300.00		2950.00
12. Transfers From Affiliated/Other Party Committees	850.00		1540.00
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) >	750.00		4490.00
20. Total Federal Receipts (subtract line 18 from line 19) >	750.00		4490.00
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			2780.60
c. Total Operating Expenditures (add a i, a ii, and b) >			2780.60
22. Transfers to Affiliated/Other Party Committees			250.00
23. Contributions to Federal Candidates/Committees and Other Political Committees			3000.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	890.40		890.40
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			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	890.40		6921.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	890.40		6921.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	300.00		2950.00
33. Total Contribution Refunds (from line 28d)	0		
34. Net Contributions (other than loans) (subtract line 33 from 32)	300.00		2950.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00		2780.00
36. Offsets to Operating Expenditures (from line 15)	0.00		
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00		2780.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

116

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

A. Full Name, Mailing Address and ZIP Code MI. STATE APPELO POLITICAL EDUCATION AND CONTRIBUTIONS FUND 419 WASHINGTON SR SOUTH	Name of Employer Occupation BREAKFAST	Date (month, day, year) 10/1/96	Amount of Each Receipt this Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LABOR DELEGATE	Aggregate Year-to-Date > \$300.00		
B. Full Name, Mailing Address and ZIP Code SUITE 200 LANSING, MI 48933	Name of Employer Occupation	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 Occupation	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 Occupation	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 Occupation	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 Occupation	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 Occupation	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 this line number only)

\$300.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 12

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NAME OF COMMITTEE (In Full)

FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRAWFORD CO. DEMOCRATIC PARTY 350 E. 1172 GRAYLING, MI. 49738	Name of Employer ANTHONY DORNY TREASURER Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/7/96	Amount of Each Receipt this Period \$ 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Name of Employer WALTER HAGEN TREASURER Occupation Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 10/7/96	Amount of Each Receipt this Period \$ 200.00
B. Full Name, Mailing Address and ZIP Code GRATIOT COUNTY DEMOCRATIC PARTY 112 MAPLE AVE. ALMA, MI. 48810	Name of Employer ROBERTA VALIANT TREASURER Occupation Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 10/7/96	Amount of Each Receipt this Period \$ 200.00
C. Full Name, Mailing Address and ZIP Code CLINTON COUNTY DEMOCRATIC COMMITTEE 3438 W. TOWNSEND ST. ST. JOHNS MI. 48879	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 450.00

SCHEDULE F

ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full) FOURTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE																																																																																									
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:																																																																																									
Full Name, Mailing Address and ZIP Code of Subordinate Committee																																																																																									
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Federal Election Commission
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