

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) Name of Committee (in Full) <input type="checkbox"/> Check if name or address is changed. FIFTH CONGRESSIONAL DISTRICT DEMOCRATIC PARTY	2. Date 1-3-93
(b) Address (Number and Street) 55 RIVER TRAIL	3. FEC Identification Number 0000 36004
(c) City, State and ZIP Code BAY CITY, MI 48706	4. Is this an amended Statement? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (check one):

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District
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(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)

(d) This committee is a DISTRICT committee of the DEMOCRATIC Party. (National, State or subordinate) (Democratic, Republican, etc.)

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund nor a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

If the registering political committee has identified a "connected organization" above, please indicate type of organization:
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

6. Custodian of Records: (Identify by name, address (phone number - optional) and position, the person in possession of committee books and records.)

Full Name	Mailing Address and ZIP Code	Title or Position
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7. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address and ZIP Code	Title or Position
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8. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
FIRST OF AMERICA BANK 300 CENTER AVE. BAY CITY, MI 48708	

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

DEBRA S. ZARAZUA  3-1-93
 Type or Print Name of Treasurer SIGNATURE OF TREASURER Date

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

For further information contact: Federal Election Commission, Toll Free 800-424-9530, Local 202-523-4068

Federal Election Commission
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Eric Smith
PREPARER

3/5/93
DATE PREPARED

23305053