

STATEMENT OF ORGANIZATION

(See reverse side for instructions) FEDERAL ELECTION COMMISSION

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Lenawee Democratic Campaign Committee (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) P.O. Box 663 (c) City, State and ZIP Code Adrian, MI. 49221	FEDERAL ELECTION COMMISSION 4401 ROOM 1-07-97 JAN 14 12 32 PM '97 IDENTIFICATION NUMBER 100150649 4. IS THIS STATEMENT AN AMENDMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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 |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee (name of candidate)
- (d) This committee is a Subordinate committee of the Democratic (National, State or subordinate) (Democratic, Republican, etc.) Part _____
- (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 or a party committee.

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

Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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

Full Name	Mailing Address	Title or Position
James O. Holtz	6494 S. Adrian Hwy. Adrian, MI. 49221	Chairman

8. 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	Title or Position
Nancy Nichols	101 E. Maumee St., Adrian MI.	Treasurer
Debra Fellers	101 E. Maumee St., Adrian MI. 49221	Assistant Treasurer

9. 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
Society Bank	117 E. Maumee St. Adrian MI. 49221

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

TYPE OR PRINT NAME OF TREASURER <u>NANCY NICHOLS</u>	SIGNATURE OF TREASURER 	DATE <u>1-8-97</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §497. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM
(revised 4/8)

Federal Election Commission
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The Commission has added this page to the end of this filing to indicate how it was received.

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PREPARER

1-14-97
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