01/25/2002 17 : 46

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

Candice Miller for Congress

ADDRESS (number and street) ▼ 70 Macomb Place, Suite 310

Check if different than previously reported. (ACC) 70 Macomb Place, Suite 310

Mount Clemens | MI | 48043

2. **FEC IDENTIFICATION NUMBER** ▼ — C00365593

CITY ▲ | STATE ▲ | ZIP CODE ▲

3. IS THIS REPORT — X NEW (N) **OR** AMENDED (A)

STATE ▼ DISTRICT: MI | 10

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 07 01 2001 through 12 31 2001

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: Mr. Robert D. Leslie

Signature of Treasurer: Electronically Filed by Mr. Robert D. Leslie — Date 01 25 2002

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

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(Revised 1/2001)