

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 FEB -3 P 1:54

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Michigan Doctors' Political Action Committee		2. FEC IDENTIFICATION NUMBER 00001180
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 769, East Lansing, MI 48826		
CITY, STATE and ZIP CODE East Lansing, MI 48826		
3. <input type="checkbox"/> 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:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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  |

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

- (b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A	COLUMN B
Covering Period July 1 1999 through Dec. 31 1999		This Period	Calendar Year-to-Date
5.	Cash on Hand January 1, 19 <sup>99</sup>		\$28,057.27
6.	(a) Cash on Hand at Beginning of Reporting Period	\$ 81,806.59	
	(b) Total Receipts (from Line 19)	\$ 40,120	\$151,982.50
	(c) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 121,926.59	\$180,039.77
7.	Total Disbursements (from Line 30)	\$ 47,844.61	\$105,957.79
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 74,081.98	\$ 74,081.98
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

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

Michael A. Sandler, MD

Signature of Treasurer

*Michael A. Sandler*

Date

Jan. 31, 2000

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

FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS,  
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE Michigan Doctors' Political Action Committee		REPORT COVERING PERIOD FROM July 1, 1999 TO Dec. 31, 1999	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees	6,450	118,312.50
i.	Itemized (use Schedule A)	33,670	33,670
ii.	Unitemized	40,120	40,120
iii.	Total (add i and ii) >		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)	40,120	151,982.50
d.	Total Contributions (add a ii, b and c) >		
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	40,120	151,982.50
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	40,120	151,982.50
20.	Total Federal Receipts (subtract line 18 from line 19) >		
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)	20,767.92	20,767.92
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures (add a i, ii, and b) >	20,767.92	20,767.92
c.	Total Operating Expenditures	9,710	32,510
22.	Transfers to Affiliated/Other Party Committees	8,650	14,575
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)	10,716.69	26,216.69
26.	Loan Repayments Made		
27.	Loans Made		75.00
28.	Refunds of Contributions Tax:		
a.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		75.00
d.	Total Contribution Refunds (add a, b and c) >		11,813.18
29.	Other Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	47,844.61	105,957.79
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	47,844.61	105,957.79
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >		
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans)(from line 11d)	40,120	151,982.50
33.	Total Contribution Refunds (from line 28d)		75.00
34.	Net Contributions (other than loans)(subtract line 33 from 32)	40,120	151,907.50
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	20,767.92	20,767.92
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures (subtract line 36 from 35) >	20,767.92	20,767.92

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 14  
FOR LINE NUMBER 11A1

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)

Michigan Doctors' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gail F. Dawson, MD 10140 Halsey Grand Blanc, MI 48439	Self	11/23/99	225.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 225		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Paul Clodfelder 300 68th St. SE Grand Rapids, MI 49501-0165	Self	11/12/99	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Internal Medicine</u> Aggregate Year-to-Date > \$ 600		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Farr, MD 1715 Dabby Lane SE Grand Rapids, MI 49506	Self	11/29/99	225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 450		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Inad Haldad, MD 4204 W. Maple Ave Ada, MI 49221-1382	Self	11/29/99	225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 225		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. James Potter, MD 1675 Leahy #315 Muskegon, MI 49442	Self	11/9/99	225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 225		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter A. Duhamel, MD 1055 Stella Lane Rochester Hills, MI 48309	Self	11/12/99	225.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Physician</u> 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
Lois I. White, MD 1775 E 14 Mile Rd Birmingham, MI 48009	Self	11/17/99	225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Physician</u> Aggregate Year-to-Date > \$		

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

1650

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)  
**Michigan Doctors' Political Action Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas E. Damuth, MD 800 Cooper STE 4 Saginaw, MI 48602	Self	11/10/99	225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Physician</b>	Aggregate Year-to-Date > 6	225
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Kahn, MD 3424 Davenport Ave Saginaw, MI 48602	The Heart Group	10/26/99	225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Cardiology</b>	Aggregate Year-to-Date > 1	450
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan H. Adelman, MD 29820 Woodland Dr. Southfield, MI 48034	Self	11/17/99 10/19/99	225 225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Physician</b>	Aggregate Year-to-Date > 5	450
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fredrick L. Bruching, MD 5014 Villa Linda Pkwy Flint, MI 48532	Self	11/29/99	\$1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Physician</b>	Aggregate Year-to-Date > 5	1000
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick J. Droste, MD 1000 E. Paris SE #250 Grand Rapids, MI 49546	Self	11/12/99	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Physician</b>	Aggregate Year-to-Date > 5	200
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Springer, MD 7544 Hester Dr. NE Rockford, MI 49341	Self	11/4/99 11/22/99 11/29/99	125 100 150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Internal Medicine</b>	Aggregate Year-to-Date > 5	700
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ramesh Navam, MD 4370 Fashion Sq Blvd Saginaw, MI 48603	Self	10/12/99 10/26/99	150 150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Physician</b>	Aggregate Year-to-Date > 5	300

SUBTOTAL of Receipts This Page (optional) ..... **2775**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 14

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)

Michigan Doctors' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Higginbotham, MD 22250 Providence Dr STE 401 Southfield, MI 48075	Paretta Center for Orthopedics	10/26/99	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Orthopedics	Aggregate Year-to-Date > \$ 300	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Grant, MD 1574 Sodon Lake Dr. Bloomfield Hills MI 48302	Self	12/9/99	225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Anesthesiology	Aggregate Year-to-Date > \$ 225	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward J. Rotkowski, MD 1221 Sixth St. #312 Traverse City, MI 49684	Self	12/16/99	225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 225	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marsha Madigan, MD, MPH 9014 Island View Drive Lansing, MI 48848	Self	12/21/99	225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 225	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilford E. Maldonado, MD 4722 Huron Hills Okemos, MI 48864	Self	12/2/99	225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 225	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T. Trevor Singh, MD 4100 Beecher Rd Flint, MI 48532	Self	8/25/99	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 300	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Wilhelm, MD 702 W. Lake Lansing Rd E. Lansing, MI 48823	Self	8/12/99	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Ophthalmology	Aggregate Year-to-Date > \$ 300	

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

1500

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4  
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

Michigan Doctors' Political Action Committee

A. Full Name, Mailing Address and ZIP Code

Mohab K. Chedid, MD  
4620 GRASSYS PLWY  
Grand Blanc, MI 48439

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

SELF

Occupation  
Physician

Aggregate Year-to-Date > \$ 225

Date (month, day, year)

9/14/99

Amount of Each Receipt this Period

225

B. Full Name, Mailing Address and ZIP Code

Asok R. SONNAD, MD  
1380 E. Main St. Box 619  
Edmore, MI 48829

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

SELF

Occupation  
Physician

Aggregate Year-to-Date > \$

Date (month, day, year)

9/14/99

Amount of Each Receipt this Period

300

C. Full Name, Mailing Address and ZIP Code

Receipt For:  Primary  General  
 Other (specify):

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

Receipt For:  Primary  General  
 Other (specify):

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

Receipt For:  Primary  General  
 Other (specify):

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

Receipt For:  Primary  General  
 Other (specify):

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

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month, day, year)

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

525

TOTAL This Period (last page this line number only)

6450

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **5** OF **14**  
FOR LINE NUMBER **21A1**

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NAME OF COMMITTEE (in full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michigan State Medical Society 120 W. SAGINAW E. LANSING MI 48826	LABELS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/15/99	125.00
B. Full Name, Mailing Address and ZIP Code Abbott Press 120 W. SAGINAW E. Lansing MI 48826	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/27/99	65.95
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 Postmaster E. LANSING MI 48826	P.O. BOX EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/25/99	98.69
E. Full Name, Mailing Address and ZIP Code Abbott Press 120 WEST SAGINAW E. LANSING MI 48826	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/25/99	1,282.57
F. Full Name, Mailing Address and ZIP Code Physician Service Group 120 West Saginaw E. Lansing MI 48826	PRODUCTION OF SOLICITATIONS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/15/99	9,276.34
G. Full Name, Mailing Address and ZIP Code Abbott Press 120 West Saginaw E. Lansing MI 48823	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/20/99	501.98
H. Full Name, Mailing Address and ZIP Code Classic Cuisine Catering 28611 W. Twelve Mile Rd. Farmington MI 48334	DINNER EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/20/99	423.00
I. Full Name, Mailing Address and ZIP Code Creative Catering, by Dianne 1020 S. Washington St. Owosso MI 48867	DINNER EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/20/99	148.40

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

11,921.93

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 14  
FOR LINE NUMBER 2141

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michigan Business Forms PO Box 1068 E. Lansing, MI 48826	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/99	201.98
B. Full Name, Mailing Address and ZIP Code Team Telecom Inc. 116 1/2 Bailey St. E. Lansing MI 48823	PHONE BANK Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/99	4,129.75
C. Full Name, Mailing Address and ZIP Code E.A. Dion, Inc. 33 Franklin Mckay Rd Attleboro, MA 02703-0993	PAC PINS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/99	355.90
D. Full Name, Mailing Address and ZIP Code CAMPBELL Catering 4616 N. Grand River Lansing MI 48906	DINNER EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/99	454.80
E. Full Name, Mailing Address and ZIP Code			
F. Full Name, Mailing Address and ZIP Code Westin Southfield Detroit 1500 Town Center Southfield, MI 48075	CATERING COST Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/99	3,111.14
G. Full Name, Mailing Address and ZIP Code			
H. Full Name, Mailing Address and ZIP Code VIALOG Group Communication PO Box 9449 Boston, MA 02209-9449	Conference call for meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/99	14.40
I. Full Name, Mailing Address and ZIP Code AMA 1101 Vermont Ave NW Washington DC 20005	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/99	123.42

SUBTOTAL of Disbursements This Page (optional)

8,391.39

TOTAL This Period (last page this line number only)



SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 14

FOR LINE NUMBER 21 A;

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Noto's Restaurant 6600 28th St. SE Grand Rapids, MI 49546	DINNER EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/20/99	454.60
B. 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
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) .....

454.60

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

20,767.92

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 14  
FOR LINE NUMBER 22

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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave Washington DC 20005	PAC DUES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/99	950.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave Washington DC 20005	PAC DUES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/99	3,300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave Washington DC 20005	PAC DUES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/99	200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave Washington DC 20005	PAC DUES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/99	2,260.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave Washington DC 20005	PAC DUES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/1/99	1.100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave Washington DC 20005	PAC DUES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/99	1.600.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave Washington DC 20005	PAC DUES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/99	100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave Washington DC 20005	PAC DUES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/1/99	200.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

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

9710

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

9710.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 14

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Raczkowski Leadership Fund 32406 Bonnet Farmington Hills, MI 48334	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/99	100
Judith L. Servant Leadership Fund 2457 Spring Lake Lane Brighton MI 48114	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/99	150
Vander Roost for State Rep. 2689 N. 37th St. Galesburg MI 49053	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/99	150
Miller for Michigan PO Box 791 Mt. Clemens, MI 48046	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/99	100
Friends of Andy Newmann 937 S. Third Ave. Alpena, MI 49707	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/99	125
Posthumus Leadership Fund 900 Sparrow Ave Lansing MI 48910	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/99	200
Shugars Leadership Fund 5315 Angling Rd. Portage MI 49024	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/99	500
Begrow Leadership Fund 522 Michigan St. Port Huron, MI 48060	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/99	400
Committee to Elect Godchaux P.O. Box 206 Birmingham, MI 48012-0206	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/99	200
SUBTOTAL of Disbursements This Page (optional)			1925
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 10 OF 14  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens For Rackowski Po Box 20042 Lansing MI 48901-2042	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/99	150
Committee to Elect Mike Bishop 803 W. University Rochester MI 48307	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/99	125
Committee to Elect Bisbee for State Rep. P.O. Box 87 Jackson MI 49204	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/99	300
Committee to Elect Mike Green 104 N. Main Vassar, MI 48768	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/99	150
Hammerstrom Leadership Fund 811 Merrill St. Lansing MI 48912	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/99	600
Jim Howell for State Rep. 7001 Andrews St. Charles MI 48655	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/99	75.00
Citizens for Shirley Johnson 4222 Sheridan Dr. Royal Oak, MI 48073	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/99	150
Citizens For Law Cante 45209 Woodleigh Way Plymouth, MI 48170	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/99	200
Posthumus Leadership Fund 900 Sparrow Ave. Lansing MI 48910	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/99	200

SUBTOTAL of Disbursements This Page (optional)

1950

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF 14  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Mark Schauer PO Box 1455 Battle Creek, MI 49016	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/99	100
Fund for Michigan's Future PO Box 374 Midland, MI 48640	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/99	600
Shugars Leadership Fund 5315 Angling Road Portage, MI 49024	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/99	100
Committee to Elect Mark Jansen 6857 Linden SE Grand Rapids, MI 49548	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/99	125
Committee to Elect Geiger PO Box 88 Woodland, MI 48897	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/99	150
Citizens for State Senator Bill Bullard, Jr. 219 E. Commerce St. 106 Milford MI 48381	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/99	150
Garcia for State Rep. PO Box 136 St. Johns, MI 48879	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/99	100
The Stille Millennium Fund PO Box 224 Grand Haven, MI 49417	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/99	150
Friends of Paul Dewese 3896 N. Williamston Rd Williamston MI 48895	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/99	500

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

1975

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Graham for Attorney General P.O. Box 1909 Royal Oak, MI 48068	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/20/99	150
Jelkema for State Rep. P.O. Box 432 Grand Haven, MI 49417	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/20/99	150
Larry Julian for State Rep. 257 <del>North</del> N M13 Lennon, MI 48449	Ticket purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/20/99	150
Cate to Re-Elect Charles Perricone, 1909 Nichols Rd Kalamazoo, MI 49006	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/20/99	200
Cate to Re-Elect Richardville PO Box 2261 Monroe MI 48161	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/20/99	150
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) .....	800
TOTAL This Period (last page this line number only) .....	6,650. <sup>00</sup>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 13 OF 14

FOR LINE NUMBER 26

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michigan National Bank PO Box 79001 Detroit, MI 48279-2722	Loan Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/99	5,000.00
Michigan National Bank PO Box 79001 Detroit MI 48279-2722	Loan Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/99	5,716.69
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)

10,716.69

TOTAL This Period (last page this line number only)

10,716.69

**LOANS**

Name of Committee (in Full) <b>Michigan Doctors' Political Action Committee</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source  Michigan National Bank P.O. Box 79001 Detroit, MI 48279-2722 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan  \$25,000.00	Cumulative Payment To Date  26,216.69	Balance Outstanding at Close of This Period  00.00
Terms: Date Incurred <u>10/23/98</u> Date Due <u>10/23/99</u> Interest Rate <u>8.0</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code  Kevin A. Kelly Executive Director, MDPAC P.O. Box 769 East Lansing, MI 48826	Name of Employer MSMS, E.Lansing, MI  Occupation Managing Director  Amount Guaranteed Outstanding: \$ 25,000.00	(This area is shaded to indicate that the information provided is not to be reported on this schedule.)	
2. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source  Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$	(This area is shaded to indicate that the information provided is not to be reported on this schedule.)	
2. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			00
TOTALS This Period (last page in this line only) .....			00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			



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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/31/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
RB	2/3/00
PREPARER	DATE PREPARED