

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

1/8

2000 JUL 18 A 11:20

1. NAME OF COMMITTEE (in full) Continuing A Majority Party Action Committee (CAMPAC)	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 5915 Eastman Avenue Suite 100	2. FEC IDENTIFICATION NUMBER C00350462
CITY, STATE, and ZIP CODE Midland MI 48640	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- February 20 June 20 October 20
 July 15 Quarterly Report March 20 July 20 November 20
 October 15 Quarterly Report April 20 August 20 December 20
 January 31 Year End Report May 20 September 20 January 31
- Twelfth day report preceding _____
(election type) _____
election on _____ in the State of _____
- Thirtieth day report following the General Election
on _____ in the State of _____
- Termination report
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/2000</u> through <u>06/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		21782.05
(b) Cash on Hand at Beginning of Reporting Period	31236.38	
(c) Total Receipts (from line 19)	11850.00	31730.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43086.38	53512.75
7. Total Disbursements (from line 30)	12116.00	22542.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30970.38	30970.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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 800-424-9530
Local 202-219-3420

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
Jacqueline M. Medema

Signature of Treasurer *Jacqueline M. Medema* Date **7-13-00**

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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FEC FORM 3X
(revised 8/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEG FORM 3X)**

(revised 1/1/91)

NAME OF COMMITTEE Continuing A Majority Party Action Committee (CAMPAC)		REPORT COVERING PERIOD FROM 04/01/2000 TO: 06/30/2000	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		3750.00	12108.38
ii. Unitemized		0.00	315.00
iii. Total (add i and ii)*		3750.00	12423.38
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		8100.00	19307.32
d. Total Contributions (add a iii, b and c)*		11850.00	31730.70
12. Transfers From Affiliated/Other Party Committees		0.00	0.00
13. All Loans Received		0.00	0.00
14. Loan Repayments Received		0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..		0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)		0.00	0.00
18. Transfers From Nonfederal Account for Joint Activity		0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)*		11850.00	31730.70
20. Total Federal Receipts (subtract line 18 from line 19)*		11850.00	31730.70
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		0.00	0.00
ii. Non-Federal Share		0.00	0.00
b. Other Federal Operating Expenditures		1616.00	9042.37
c. Total Operating Expenditures (add a i, a ii, and b)*		1616.00	9042.37
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		10500.00	13500.00
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)		0.00	0.00
26. Loan Repayments Made		0.00	0.00
27. Loans Made		0.00	0.00
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		0.00	0.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions Refunds (add a, b, and c)*		0.00	0.00
29. Other Disbursements		0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)*		12116.00	22542.37
31. Total Federal Disbursements (subtract line 21 a ii from line 30)*		12116.00	22542.37
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		11850.00	31730.70
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)		11850.00	31730.70
35. Total Federal Operating Expenditures (add 21 a i and 21 b)*		1616.00	9042.37
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35)*		1616.00	9042.37

SCHEDULE A

ITEMIZED RECEIPTS

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

3 / 8

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)
Continuing A Majority Party Action Committee (CAMPAG)

Full Name, Mailing Address, and ZIP Code Stephen H. Zimmerman 800 Michigan National Tower Lansing MI 48933	Name of Employer Dykema Gossett	Date (month, day, year) 05/08/2000	Amount of Each Receipt this Period 250.00
	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Keith Hartwell 14301 Poplar Hill Rd. Germantown MD 20874	Name of Employer Chambers, Conlon, & Hartwell, Inc.	Date (month, day, year) 05/16/2000	Amount of Each Receipt this Period 500.00
	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Barbara M. Angus 816 N. Tazewell Street Arlington VA 22203	Name of Employer Price Waterhouse Cooper	Date (month, day, year) 06/08/2000	Amount of Each Receipt this Period 1000.00
	Occupation Lobbyist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Kenneth J. Kies 6109 Franklin Park Rd. Mclean VA 22101	Name of Employer Price Waterhouse Cooper	Date (month, day, year) 06/06/2000	Amount of Each Receipt this Period 1000.00
	Occupation Lobbyist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Warren T. Wamberg, Jr. 102 S. Wynstone Park Drive North Barrington IL 60010-8967	Name of Employer Clark / Barden, Inc.	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

3750.00

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER
11C

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NAME OF COMMITTEE (in Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name, Mailing Address, and ZIP Code BLUE CROSS AND BLUE SHIELD OF MICHIGAN POLITICAL 600 LAFAYETTE EAST #1920 DETROIT MI 48228	Name of Employer ACTION COMMITTEE (BCBSM PAC)	Date (month, day, year) 05/02/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code FEDERATION OF AMERICAN HEALTH SYSTEMS POLITICAL 801 PENNSYLVANIA AVENUE SUITE 245 WASHINGTON DC 20004	Name of Employer ACTION COMMITTEE	Date (month, day, year) 05/19/2000 In-Kind Contribution for fund-raiser	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
Full Name, Mailing Address, and ZIP Code FEDERATION OF AMERICAN HEALTH SYSTEMS POLITICAL 801 PENNSYLVANIA AVENUE SUITE 245 WASHINGTON DC 20004	Name of Employer ACTION COMMITTEE	Date (month, day, year) 05/30/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1100.00	
Full Name, Mailing Address, and ZIP Code AMERICAN MARITIME OFFICERS RETIREES ASSOCIATION 635 FOURTH AVENUE BROOKLYN NY 11232	Name of Employer VOLUNTARY POLITICAL ACTION FUND	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code BAKER & HOSTETLER POLITICAL ACTION COMMITTEE 1050 CONNECTICUT AVE NW SUITE 1100 WASHINGTON DC 20036	Name of Employer	Date (month, day, year) 08/06/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code NATIONAL FUNERAL DIRECTORS ASSOCIATION OF THE U.S. 13625 BISHOP'S DRIVE BROOKFIELD WI 53005	Name of Employer S INC POLITICAL ACTION CMTE (NFDU PAC)	Date (month, day, year) 08/08/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code NOVARTIS EMPLOYEE GOOD GOVERNMENT FUND 761 PENNSYLVANIA AVE SUITE 725 PO BOX 2005 WASHINGTON DC 20004	Name of Employer	Date (month, day, year) 05/09/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name, Mailing Address, and ZIP Code AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC) 222 S PROSPECT AVENUE C/O FINANCE DEPT PARK RIDGE IL 60068	Name of Employer SEPARATE SEGREGATED FUND (CRNA-PAC)	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code BLUEPAC BLUE CROSS AND BLUE SHIELD ASSOCIATION 1310 G STREET NW 12TH FLOOR WASHINGTON DC 20005	Name of Employer THE POLITICAL ACTION COMMITTEE	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code HOUSEHOLD INTERNATIONAL INC & SUBSIDIARY COMPANIES 2700 SANDERS ROAD PROSPECT HEIGHTS IL 60070	Name of Employer HOUSEHOLD POLITICAL ACTION COMMITTEE (HOUSEPAC)	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

8100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

6 / 8

FOR LINE NUMBER
21B

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NAME OF COMMITTEE (in Full)
Continuing A Majority Party Action Committee (CAMPAC)

<p>Full Name, Mailing Address, and ZIP Code Burnside & Lang, P.C. 5915 Eastman Ave. Suite 100 Midland MI 48640</p>	<p>Purpose of Disbursement Accounting Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 04/12/2000</p>	<p>Amount of Each Disbursement This Period 412.50</p>
<p>Full Name, Mailing Address, and ZIP Code Disabled Spirits Council of the US 1250 Eye Street N.W. Suite 400 Washington DC 20005-3988</p>	<p>Purpose of Disbursement Fundraising Expense- Jackets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 04/17/2000</p>	<p>Amount of Each Disbursement This Period 738.50</p>
<p>Full Name, Mailing Address, and ZIP Code Burnside & Lang, P.C. 5915 Eastman Ave. Suite 100 Midland MI 48640</p>	<p>Purpose of Disbursement Accounting Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 05/16/2000</p>	<p>Amount of Each Disbursement This Period 312.00</p>
<p>Full Name, Mailing Address, and ZIP Code FEDERATION OF AMERICAN HEALTH SYSTEMS POLITICAL ACTION COMMITTEE 801 PENNSYLVANIA AVENUE SUITE 245 WASHINGTON DC 20004</p>	<p>Purpose of Disbursement Food for fundraiser (m-kind) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 05/19/2000</p>	<p>Amount of Each Disbursement This Period 100.00</p>
<p>Full Name, Mailing Address, and ZIP Code Burnside & Lang, P.C. 5915 Eastman Ave. Suite 100 Midland MI 48640</p>	<p>Purpose of Disbursement Accounting Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 08/26/2000</p>	<p>Amount of Each Disbursement This Period 55.00</p>

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

1616.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

710

FOR LINE NUMBER
23

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NAME OF COMMITTEE (in Full)
Continuing A Majorly Party Action Committee (CAMPAC)

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - DH - 18) Contribution to candidate	Date (month, day, year)	Amount of Each Disbursement This Period
BOB NEY FOR CONGRESS PO BOX 490 ST CLAIRSVILLE OH 43950	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/17/2000	1000.00
Missourians for Matt Blunt P.O. Box 695 Jefferson City MO 65101	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/17/2000	500.00
ABRAHAM SENATE 2000 25600 TELEGRAPH ROAD 410 SOUTHFIELD MI 48034	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/19/2000	2000.00
ANNE NORTHUP FOR CONGRESS PO BOX 7313 LOUISVILLE KY 40257	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/18/2000	1000.00
FLETCHER FOR CONGRESS PO BOX 4703 LEXINGTON KY 40544	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/19/2000	1000.00
FRIENDS OF CLAY SHAW 2600 N E 14TH STREET CAUSEWAY POMPANO BEACH FL 33062	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/19/2000	1000.00
FRIENDS OF DON SHERWOOD PO BOX 186 WYALUSING PA 18853	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/19/2000	1000.00
SANTORUM 2000 PO BOX 10495 PITTSBURGH PA 15234	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/19/2000	1000.00
WHITFIELD FOR CONGRESS COMMITTEE P.O. BOX 391 HOPKINSVILLE KY 42241	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/18/2000	1000.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

8 / 8

FOR LINE NUMBER
23

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NAME OF COMMITTEE (in Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name, Mailing Address, and ZIP Code

KLINE FOR CONGRESS COMMITTEE
POST OFFICE BOX 21832

EAGAN

MN 55121

Purpose of Disbursement

(House - MN - 06)

Contribution to candidate

**Date (month,
day, year)**

06/20/2000

**Amount of Each
Disbursement This
Period**

1000.00

Disbursement for: Primary General

Other (specify):

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

10500.00

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 (R/C) 7.14.00
<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	
<i>DES</i> PREPARER	7.18.00 DATE PREPARED