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FEC
FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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.

12FE4MS

Batzell Long Federal Political Action Committee

ADDRESS (number and street)

150 W. Jefferson



Check if different
than previously
reported. (ACC)

Suite 900

Detroit

MI

48226

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C: 00375915

3. IS THIS
REPORT

NEW
(N) OR

AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

- April 15
Quarterly Report (Q1)
- July 15
Quarterly Report (Q2)
- October 15
Quarterly Report (Q3)
- January 31
Year-End Report (YE)
- July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- Termination Report
(TER)

(b) Monthly
Report
Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11)
(Non-Election
Year Only)
- Dec 20 (M12)
(Non-Election
Year Only)
- Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

In the
State of

(d) 30-Day
POST-Election
Report for the:

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

Election on

In the
State of

5. Covering Period

04 01 2002

through

06 30 2002

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

Keefe A. Brinks

Signature of Treasurer

Date

07 15 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.

Office
Use
Only

FEC FORM 3X
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Butzel Long Federal Political Action Committee

Report Covering the Period: From: **04 01 2002** To: **06 30 2002**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002	200 00	
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 18)	200 00	200 00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	200 00	200 00
7. Total Disbursements (from Line 30)	200 00	200 00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	00	00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Butzel Long Federal Political Action Committee

Report Covering the Period: From: 04 / 01 / 2002 To: 06 / 30 / 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	200 00	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii))	200 00	200 00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	200 00	200 00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
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		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	200 00	200 00
20. Total Federal Receipts (subtract Line 18 from Line 19)	200 00	200 00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	200.00	200.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	200.00	200.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	200.00	200.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	200.00	200.00
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	200.00	200.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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)

Butzel Long Federal Political Action Committee

Full Name (Last, First, Middle Initial) A. Richard Russel		Date of Receipt 06 07 2002
Mailing Address 1601 Quarton		Amount of Each Receipt this Period 200.00
City Birmingham	State MT	
FEC ID number of contributing federal political committee C 00375915		Aggregate Year-to-Date 200.00
Name of Employer Butzel Long, PC	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b 28	<input type="checkbox"/> 22 27	<input type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 28c	<input type="checkbox"/> 29		

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)
Butzel Long Federal Political Action Committee

Full Name (Last, First, Middle Initial) A. Carl Marlinga for Congress		Date of Disbursement 06/07/2000
Mailing Address PO Box 757		Amount of Each Disbursement this Period 200.00
City Sterling Heights	State Zip Code MI 48311	
Purpose of Disbursement P.A.C. Donation		Category/Type 011
Candidate Name Carl Marlinga		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City	State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
		% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER: C	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %	
Mailing Address	Date Incurred or Established	MM	DD
City State Zip Code	Date Due	MM	DD
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred			
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the estimated value?	
A depository account must be established pursuant to 11 CFR 100.7(b)(11)(K)(6) and 100.8(b)(12)(i)(B). Date account established:		Location of account: Address: City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE	
Title			

**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS**

(Use separate
schedule(s)
for each
numbered line)

Excluding Loans

NAME OF COMMITTEE (in full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (in Full)		FEC IDENTIFICATION NUMBER C	
Full Name (Last, First, Middle Initial) of Payee		Purpose of Expenditure	
Mailing Address		Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code			
Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Category/Type
		State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle Initial) of Payee		Purpose of Expenditure	
Mailing Address		Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code			
Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Category/Type
		State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle Initial) of Payee		Purpose of Expenditure	
Mailing Address		Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code			
Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Category/Type
		State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.</p>		Subscribed and sworn to before me this _____ day of _____, 20____. My Commission expires: _____	
Signature _____		NOTARY PUBLIC	
Date _____			

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full)

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/Type
Mailing Address				Date	
City		State	Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Aggregate General Election Expenditure for this Candidate ▶	

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/Type
Mailing Address				Date	
City		State	Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Aggregate General Election Expenditure for this Candidate ▶	

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/Type
Mailing Address				Date	
City		State	Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Aggregate General Election Expenditure for this Candidate ▶	

SUBTOTAL of Expenditures This Page (optional)	
TOTAL This Period (last page this line number only)	

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE (In Full) _____

USE ONLY ONE SECTION

A. NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (Check the appropriate line and enter % in box to right) _____ %

Presidential Year (65%)

All Other Years (60%)

B. HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (If checked, enter 65% in box to right) _____ %

OR

FUNDS EXPENDED:

• Estimated Direct Candidate Support – Federal _____ %

• Estimated Direct Candidate Support – Non-Federal _____ %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support – Federal _____ %

Actual Direct Candidate Support – Non-Federal _____ %

NOTE: Funds expended must be used if the Federal proportion is greater than 65% in any year.

C. SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

• Estimated Direct Candidate Support – Federal _____ %

• Estimated Direct Candidate Support – Non-Federal _____ %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support – Federal _____ %

Actual Direct Candidate Support – Non-Federal _____ %

D. STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION		NUMBER OF POINTS
Check all Offices appearing on the next General Election Ballot:		
1. President	<input type="checkbox"/> (1 Point)	
2. U.S. Senate	<input type="checkbox"/> (1 Point)	
3. U.S. Congress	<input type="checkbox"/> (1 Point)	
4. SUBTOTAL – Federal (ADD 1, 2, AND 3)		
5. Governor	<input type="checkbox"/> (1 Point)	
6. Other Statewide Office(s)	<input type="checkbox"/> (1 or 2 Points)	
7. State Senate	<input type="checkbox"/> (1 Point)	
8. State Representative	<input type="checkbox"/> (1 Point)	
9. Local Candidates	<input type="checkbox"/> (1 or 2 Points)	
10. Extra Non-Federal Point	<input type="checkbox"/> (1 Point)	
11. SUBTOTAL – Non-Federal (Add 5, 6, 7, 8, 9, and 10)		
12. TOTAL POINTS (Line 4 plus Line 11)		

FEDERAL ALLOCATION = Line 4 divided by Line 12 _____ %

**SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full) _____

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

<p>NAME OF ACTIVITY OR EVENT _____</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div>	<p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div>
<p>NAME OF ACTIVITY OR EVENT _____</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div>	<p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div>
<p>NAME OF ACTIVITY OR EVENT _____</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div>	<p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div>
<p>NAME OF ACTIVITY OR EVENT _____</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div>	<p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div>
<p>NAME OF ACTIVITY OR EVENT _____</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div>	<p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div>
<p>NAME OF ACTIVITY OR EVENT _____</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div>	<p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div>

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NON-FEDERAL ACCOUNTS**

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive

--

ii) Direct Fundraising
(List Events-Amount For Each)

DIRECT FUNDRAISING AMOUNT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Direct Fundraising

iii) Exempt Activity/Direct Candidate Support
(List Events-Amount For Each)

**EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT**

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For
Exempt Activity/Direct Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period
(Administrative/Voter Drive Amount)

--

TOTAL This Period (Direct Fundraising Amount)

--

TOTAL This Period (Exempt Activity/Direct Candidate Support)

--

TOTAL This Period (Total Amount Transferred)

--

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Water Drive	<input type="checkbox"/> Fundraising
City State Zip Code		<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:		Event Year-To-Date	
Description:		Date	
FEDERAL SHARE		+	NON-FEDERAL SHARE
		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Water Drive	<input type="checkbox"/> Fundraising
City State Zip Code		<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:		Event Year-To-Date	
Description:		Date	
FEDERAL SHARE		+	NON-FEDERAL SHARE
		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Water Drive	<input type="checkbox"/> Fundraising
City State Zip Code		<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:		Event Year-To-Date	
Description:		Date	
FEDERAL SHARE		+	NON-FEDERAL SHARE
		=	TOTAL AMOUNT

SUBTOTAL of Joint Federal and Non-Federal Activity This Page			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only) (Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))			
FEDERAL SHARE		NON-FEDERAL SHARE	= TOTAL AMOUNT
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)			

SCHEDULE I (FEC Form 3X)

AGGREGATION PAGE

NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)


NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT	Coverage Period From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
RECEIPTS (Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of \$200 During the Calendar Year)		
1. TOTAL RECEIPTS:	<input type="text"/>	<input type="text"/>
DISBURSEMENTS: (Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of \$200 During the Calendar Year)		
2. Transfers to Federal or Allocation Account for Allocable Expenses	<input type="text"/>	<input type="text"/>
3. Transfers to State/Local Party Organizations	<input type="text"/>	<input type="text"/>
4. Direct State/Local Candidate Support	<input type="text"/>	<input type="text"/>
5. Other Disbursements	<input type="text"/>	<input type="text"/>
6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5)	<input type="text"/>	<input type="text"/>
SUMMARY		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	<input type="text"/>	<input type="text"/>
8. RECEIPTS (from Line 1)	<input type="text"/>	<input type="text"/>
9. SUBTOTAL	<input type="text"/>	<input type="text"/>
10. DISBURSEMENTS (from Line 6)	<input type="text"/>	<input type="text"/>
11. ENDING CASH ON HAND	<input type="text"/>	<input type="text"/>

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7-16-02
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
 PREPARER	7-16-02 DATE PREPARED