REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
MCAA PAC

ADDRESS (number and street) ☐ Check if different than previously reported
1910 S HIGHLAND AVE STE 101

CITY, STATE and ZIP CODE
LOMBARD IL 60143

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
JUL 30 10 00 AM '99

2. FEC IDENTIFICATION NUMBER
C00291799

3. ☐ 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:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ 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 This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1-1-99 through 6-30-99		
6. (a) Cash on Hand January 1, 19 99		$ -6411.57
(b) Cash on Hand at Beginning of Reporting Period	$ 6411.57	
(c) Total Receipts (from Line 19)	$ 5220.00	$ 5220.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 11631.57	$ 11631.57
7. Total Disbursements (from Line 30)	$ 2525.51	$ 2525.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 9106.06	$ 9106.06
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)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
LIZ FIDORUK

Signature of Treasurer
Liz Fidoruk

Date
7-29-99

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)

FEBAN191

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

(revised 1/1/91)

NAME OF COMMITTEE: MCAAPAC

REPORT COVERING PERIOD FROM 1-1-99 TO: 6-30-99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1500.00	1500.00	11(a)(i)
ii. Unitemized	3720.00	3720.00	11(a)(ii)
iii. Total (add i and ii) ➤			11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	5220.00	5220.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5220.00	5220.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5220.00	5220.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	2025.51	2025.51	21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	2025.51	2025.51	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2525.51	2525.51	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2525.51	2525.51	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5220.00	5220.00	32
33. Total Contribution Refunds (from line 28d)	—	—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5220.00	5220.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	2525.51	2525.51	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	2525.51	2525.51	37

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21(a)(i)

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)

MCAAPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
B. Full Name, Mailing Address and ZIP Code OAKBROOK BANK PO BOX 5165 OAKBROOK IL 60522	Purpose of Disbursement BANK SERV CHARGES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	day, year 1-31-99, 2-28-99 3-31-99, 4-30-99 5-31-99, 6-30-99	Amount of Each Disbursement This Period $150.00
C. Full Name, Mailing Address and ZIP Code MCAA 1910 S HIGHLAND AVE #101 LOMBARD IL 60148	Purpose of Disbursement FOR PAC RECEPTION $1461.93 / OFFIC 206.68 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 1-8-99	Amount of Each Disbursement This Period $1875.51
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2025.51
TOTAL This Period (last page this line number only)	2025.51

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

MCAAPAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. WILLIAM MCCONNELL BOX 144 MARSHFIELD HILLS, MA 02054 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Architectural Paving & Stone 402 LIBBEY PKWY WEYMOUTH MA 02189 Occupation: MASON CONTRACTOR Aggregate Year-to-Date $ 500.00	2-18-99	$500.00
B. ROBERT M HEITKAMP JR PO BOX 167 ST ALBANS, MO 63073 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEITKAMP MASONRY INC 16141 WESTWOODS BUS PK ELLISVILLE MO 63021 Occupation: MASON CONTRACTOR Aggregate Year-to-Date $ 500.00	2-17-99	$500.00
C. ROBERT FENIMORE 2300 HIGGINS LN FORT WORTH TX 76111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	FENIMORE-BLYTHE INC 2300 HIGGINS LN FORT WORTH TX 76111 Occupation: MASON CONTRACTOR Aggregate Year-to-Date $ 250.00	3-1-99	$250.00
D. SHIRLEY J DENTINGER WC DENTINGER JR 2625 TILTON LN BROOKFIELD WI 53045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BILL DENTINGER INC N29W22775 MARTEAN LN. WAUKESHA WI 53186 Occupation: MASON CONTRACTOR Aggregate Year-to-Date $ 250.00	2-3-99	$250.00
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)	1 500.00
TOTAL This Period (last page this line number only)	1 500.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

MCAAPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HASTERT FOR CONGRESS PO BOX 625 BATAVIA, IL 60510-0625	REF CONGRES CAMPAIGN ILLINOIS 14TH Disbursement for: Primary General Other (specify)	4-8-99	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$500.00
TOTAL This Period (last page this line number only)	$500.00

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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.

☒	Hand Delivered	Date of Receipt 7/30/99
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

SM — PREPARER

7/30/99 — DATE PREPARED

(4/98)