

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C00306035 121499
 N 266 KENNETH D MAHONEY
 SECOND CONGRESSIONAL DISTRICT
 DEMOCRATIC PARTY
 8008 OLD CHANNEL TRAIL
 MONTAGUE MI 48437

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2600 FEB -3 P 1:41

2. FEC IDENTIFICATION NUMBER
C00306035

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:

- | | | |
|--------------------------------------|---------------------------------------|------------------------------------------------|
| <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 checked="" 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 This Period | COLUMN B Calendar Year-to-Date |
|---------|-------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. | Covering Period <u>June 30, 1999</u> through <u>January 31, 2000</u> | | |
| 6. | (a) Cash on Hand January 1, 19 <u>99</u> | | \$ 3263 ⁴³ |
| | (b) Cash on Hand at Beginning of Reporting Period | \$ 2605 ⁴³ | |
| | (c) Total Receipts (from Line 18) | \$ 4636 | \$ 4825 ⁴⁴ |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 7241.43 | \$ 8088.43 |
| 7. | Total Disbursements (from Line 30) | \$ 6040.16 | \$ 6887.16 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 1201.27 | \$ 1201.27 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0 | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-684-1100 |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0 | |

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

Ken Mahoney

Signature of Treasurer

Ken Mahoney

Date

1/27/00

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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE | REPORT COVERING PERIOD | | |
|-------------------------------------------------------------------------------------------|-------------------------------|---------------------------|----------|
| | FROM | TO: | |
| | COLUMN A Total This Period | COLUMN B Calendar Year | |
| I. Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | 0 | 0 | 11(a)(1) |
| i. Itemized (use Schedule A) | 4086 ⁰⁰ | 4275 | 11(a)(2) |
| ii. Unitemized | 4086 ⁰⁰ | 4275 | 11(a)(3) |
| iii. Total (add i and ii) > | 550 ⁰⁰ | 550 | 11(b) |
| b. Political Party Committees | 0 | 0 | 11(c) |
| c. Other Political Committees (such as PACs) | 0 | 0 | 11(d) |
| d. Total Contributions (add a ii, b and c) > | 4636 | 4825 | 12 |
| 12. Transfers From Affiliated/Other Party Committees | 0 | 0 | 13 |
| 13. All Loans Received | 0 | 0 | 14 |
| 14. Loan Repayments Received | 0 | 0 | 15 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0 | 0 | 16 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0 | 0 | 17 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0 | 0 | 18 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0 | 0 | 19 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 4636 | 4825 ⁰⁰ | 20 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | 4636 | 4825 ⁰⁰ | |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | 0 | 0 | 21(a)(1) |
| i. Federal Share | 0 | 0 | 21(a)(2) |
| ii. Non-Federal Share | 1040.16 | 1887.16 | 21(b) |
| b. Other Federal Operating Expenditures | 1040.16 | 1887.16 | 21(c) |
| c. Total Operating Expenditures (add a i, a ii, and b) > | 0 | 0 | 22 |
| 22. Transfers to Affiliated/Other Party Committees | 5000 | 5000 | 23 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 0 | 0 | 24 |
| 24. Independent Expenditures (use Schedule E) | 0 | 0 | 25 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0 | 0 | 26 |
| 26. Loan Repayments Made | 0 | 0 | 27 |
| 27. Loans Made | 0 | 0 | |
| 28. Refunds of Contributions To: | | | |
| a. Individual/Persons Other Than Political Committees | 0 | 0 | 28(a) |
| b. Political Party Committees | 0 | 0 | 28(b) |
| c. Other Political Committees (such as PACs) | 0 | 0 | 28(c) |
| d. Total Contribution Refunds (add a, b and c) > | 0 | 0 | 28(d) |
| 29. Other Disbursements | 0 | 0 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 6040.16 | 6887.16 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | 6040.16 | 6887.16 | 31 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans) (from line 11d) | 4636 ⁰⁰ | 4825 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0 | 0 | 33 |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | 4636 ⁰⁰ | 4825 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | 1040.16 | 1887.16 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0 | 0 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | 1040.16 | 1887.16 | 37 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER

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)

2nd Congressional District Democratic Party (Michigan) C00306035

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------|-----------------------------------------------|
| IBEW COPE 1125 15 th Street, NW Washington D.C. 20005 | | 10/31/99 | \$250 for tickets for the October Fund-raiser |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > \$ 250 ⁰⁰ | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| United Steel Workers of America District 2 PAC (Michigan) 13333 Hancock Taylor MI 48180 | | 10/31/99 | \$300 for tickets to the October fundraiser |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > \$ 300 ⁰⁰ | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > \$ | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > \$ | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > \$ | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | 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 |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > \$ | | |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

550⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

2nd Congressional District MI Democratic

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Bob Shranger for Congress. 6152 Longbridge Road Pentwater MI 49449 | Pay Down Campaign Debt from 1998 General El. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8/18/99 | 2500 ⁰⁰ |
| Bob Shranger for Congress 6152 Longbridge Road Pentwater MI 49449 | Pay Down Campaign Debt from 1998 General Election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/14/99 | 2500 ⁰⁰ |
| 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)



TOTAL This Period (last page this line number only)

5000⁰⁰

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 7/31/00 |
| <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 | |
|  |  |
| PREPARER | DATE PREPARED |