REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 19 P 1:09

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
C00349969 091900 N 266
DIANE A PATROSKE
MICHIGAN IMMIGRATION POLITICAL
ACTION COMMITTEE
32577 BELLE POINTE CT
SHELBY TOWNSHIP MI 48316

2. FEC IDENTIFICATION NUMBER
C00349969

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 07-01-00 through 09-30-00		
6. (a) Cash on Hand January 1, 19____		$ 241 —
(b) Cash on Hand at Beginning of Reporting Period	$ 14,445.95	
(c) Total Receipts (from Line 19)	$ 20,106.60	$ 36,672.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 34,552.55	$ 36,913.60
7. Total Disbursements (from Line 30)	$ 9,577.85	$ 11,938.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 24,974.70	$ 24,974.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY 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 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
DIANE A. PATROSKE

Signature of Treasurer
Diane A. Patroske

Date
10-13-00

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

FEC FORM 3X
(revised 9/93)

FE3AN002

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

(revised 1/1/91)

NAME OF COMMITTEE: MICHIGAN IMMIGRATION POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 07-01-00 TO: 09-30-00

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)	11,075 —	21,425 —	11(a)(i)
ii. Unitemized (Contributions under $200)	9,030.71	15,246.71	11(a)(ii)
iii. Total (add i and ii) ➤	20,105.71	36,671.71	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	20,105.71	36,671.71	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	.89	.89	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	20,106.60	36,672.60	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	20,106.60	36,672.60	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	9,577.85	11,938.90	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	9,577.85	11,938.90	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	9,577.85	11,938.90	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/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) ➤	9,577.85	11,938.90	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	9,577.85	11,938.90	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	20,105.71	36,671.71	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	20,105.71	36,671.71	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	9,577.85	11,938.90	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	9,577.85	11,938.90	37

FE8ANI21

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 5

FOR LINE NUMBER 11.a.1.

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NAME OF COMMITTEE (In Full)
MICHIGAN IMMIGRATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JOEY McCUTCHEN, 1622 NORTH B STREET, PO BOX 1971, FORT SMITH AR 72902	SELF / ATTORNEY	7-7-00	200 —
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date $ 200 —		
B. JAY MARTIN, 2183 GRANDEUR DR, SAN PEDRO CA 90732	U.C.L.A.	7-7-00	200 —
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date $ 200 —		
C. PALMER STACY, PO BOX 17568, RALEIGH NC 27619	SELF / ATTORNEY	9-8-00	200 —
Receipt For: ☐ Primary ☒ General ☐ Other (specify).	Aggregate Year-to-Date $ 200 —		
D. DORIS T. WATKINS, 132 SOPER ROAD, ORLAND ME 04472	RETIRED	9-12-00	200 —
Receipt For: ☐ Primary ☒ General ☐ Other (specify).	Aggregate Year-to-Date $ 200 —		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) ..... 800 —

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

FEBAND04

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 5

FOR LINE NUMBER 11.a.1

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NAME OF COMMITTEE (in Full)

MICHIGAN IMMIGRATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
TIMOTHY R. REID 306 E BELLEFONTE AVE ALEXANDRIA VA 22301 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: FBI, 10 PENNSYLANIA AVE WASH DC 20535 Occupation: AGENT Aggregate Year-to-Date > $ 300 —	9-8-00	300 —
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ROGER A LUCHETA PO BOX 369 JOHNSTON ISLAND APO AP 96558 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: RAYTHEON JOHNSTON ISLAND Occupation: ENGINEER Aggregate Year-to-Date > $ 275 —	8-22-00	125 —
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MARTHA DRAKE 210 B SPRING LANE CHAPEL HILL NC 27514 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: RETIRED Occupation: Aggregate Year-to-Date > $ 350 —	9-12-00	250 —
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DONALD F THEODORE 675 THIRD ST NW GRAND RAPIDS, MI 49504- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CITY OF GRAND RAPIDS Occupation: LABORER Aggregate Year-to-Date > $ 500 —	9-8-00	100 —
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 775.00

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

FEBAND54

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 5

FOR LINE NUMBER 11.a.1.

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NAME OF COMMITTEE (In Full)

MICHIGAN IMMIGRATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK W. GAVRAS 4347 RAMSGATE LN BLOOMFIELD HILLS, MI 48302	SELF	8-22-00	500 —
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: ELECT. ENGINEER Aggregate Year-to-Date > $ 1,000 —		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ELIZABETH K VAN STAAVEREN 1008 NW CASCADE WAY McMINNVILLE OR 97128-9512	RETIRED	9-21-00	1,000 —
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: HOMEMAKER Aggregate Year-to-Date > $ 1,150 —		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) ..... > 1,500 —

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

FE8ANO64

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 5

FOR LINE NUMBER 11.a.1.

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NAME OF COMMITTEE (In Full)

MICHIGAN IMMIGRATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JACK C COORSEY 2505 LAWNDALE EVANSTON IL 60201 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 2,000 —	9-22-00	1,000 —
B. DAVID A YOUNG 1874 PEARY WAY LIVERMORE CA 94550 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Employer: LAWRENCE LIVERMORE NAT. LABORATORY Occupation: PHYSICIST Aggregate Year-to-Date > $ 2,000 —	9-12-00	2,000 —
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 3,000

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

FEA/N064

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 5

FOR LINE NUMBER 11.a.1

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NAME OF COMMITTEE (in Full)

MICHIGAN IMMIGRATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code PHILLIP L. WHITE 3823 ALADDIN TERRACE JACKSONVILLE FL 32223 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer U. S. NAVY Occupation ENGINEER Aggregate Year-to-Date $ 5,000—	Date (month, day, year) 7-25-00	Amount of Each Receipt this Period 5,000—
B. 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
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)	5,000—
TOTAL This Period (last page this line number only)	11,075—

FE8AV084

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 30

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NAME OF COMMITTEE (in Full)
MICHIGAN IMMIGRATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. U. S. POSTMASTER FLINT, MI	POSTAGE STAMPS Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7-11-00 8-24-00	9.90 23.00
B. Full Name, Mailing Address and ZIP Code	INTERNET FEE Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7-11-00	45.00
C. Full Name, Mailing Address and ZIP Code AMERITECH BILL PAYMENT CENTER SAGINAW MI 48863-8080	PHONE BILLS Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7-29-00 8-28-00	140.34 146.98
D. Full Name, Mailing Address and ZIP Code DONUTS/JOE LANDRY	DONUTS FOR MEETING Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7-29-00	16.50
E. Full Name, Mailing Address and ZIP Code OFFICE MAX/JOE LANDRY FLINT, MI	COPIES FOR MEETING Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7-29-00	27.06
F. Full Name, Mailing Address and ZIP Code STAPLES 3801 LAPEER RD FLINT MI 48503	BLACK INKJET C. FILM CARTRIDGE Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7-28-00 7-25-00	37.06 33.90
G. Full Name, Mailing Address and ZIP Code U.S. OFFICE PRODUCTS 5223 COMMERCE RD. FLINT, MI 48507	TONER Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7-27-00	47.91
H. Full Name, Mailing Address and ZIP Code OMNIPRINT 9700 PHILADELPHIA COURT LANHAM MD 20706-4405	LETTERS OF SOLICITATION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7-7-00	2,704.81
I. Full Name, Mailing Address and ZIP Code ALEXANDER WEIDNER 3613 E. COURT ST. FLINT MI 48508	PRINTING COSTS Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9-1-00	595.72

SUBTOTAL of Disbursements This Page (optional) 3,838.18

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

FE6AN121

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 30

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NAME OF COMMITTEE (In Full)

MICHIGAN IMMIGRATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SMATHERS & ASSOCIATES PO BOX 237 WEAVER, AL 36277	NEWSPAPER ADS Disbursement for: Primary [X] General Other (specify)	8-28-00	336.38
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
I.P.C. / JOE LANDRY 609 E. COLONIA LANE NOKOMIS, FL 34275	PLASTIC BAGS Disbursement for: Primary [X] General Other (specify)	9-27-00	76.50
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
U.S. POSTMASTER / J. LANDRY FLINT, MI	334 STAMPS Disbursement for: Primary [X] General Other (specify)	9-27-00 9-29-00	33.00 66.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
U.S. OFFICE PRODUCTS 5228 COMMERCE RD FLINT, MI 48507	TONER/COPIER Disbursement for: Primary [X] General Other (specify)	9-27-00	49.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
STAPLES 1950 S. ROCHESTER RD. ROCHESTER, MI 48306	COPIER CARTRIDGE PRINTING CALCULATOR Disbursement for: Primary [X] General Other (specify)	9-6-00 9-25-00	162.76 59.98
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
U.S. POSTMASTER SHELBY TOWNSHIP	OVERNIGHT MAIL CERTIFIED MAIL P.O. BOX RENTAL Disbursement for: Primary [X] General Other (specify)	8-23-00 9-18-00 9-15-00 9-29-00	2.98 11.75 31.50 (2) 57.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
TCF NATIONAL BANK PO BOX 8600 ANN ARBOR MI 48107	BANK FEES Disbursement for: Primary [X] General Other (specify)	07-31-00 08-29-00	5.00 10.00
H. 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)		
I. 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)		

SUBTOTAL of Disbursements This Page (optional) 842.05

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

FEBAN12'

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 30

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NAME OF COMMITTEE (in Full)

MICHIGAN IMMIGRATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. JOE McCUTCHEN 2916 HEATHER OAKS WAY FORT SMITH AR 72908-9116	REIMBURSAL FOR OUT OF POCKET EXPENSES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8-20-00	4,897.62
B.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	4,897.62
TOTAL This Period (last page this line number only)	9,577.85

FERAN121

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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J.G.	10 19 00
PREPARER	DATE PREPARED

(6/2000)