REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 MAY -1 P 1:55

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
MICHIGAN IMMIGRATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
52679 BELLE POINTE CT

CITY, STATE and ZIP CODE
SHELBY TWP MI 48316-2916

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 01-01-00 through 03-31-00		
6. (a) Cash on Hand January 1, 2000		$ 241 —
(b) Cash on Hand at Beginning of Reporting Period	$ 241 —	
(c) Total Receipts (from Line 19)	$ 12,201 —	$ 12,201 —
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 12,442 —	$ 12,442 —
7. Total Disbursements (from Line 30)	$ 1,357.71	$ 1,357.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 11,084.29	$ 11,084.29
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
04-27-00

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)

FEBAN121

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 01-01-00 TO: 03-31-00

	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)	7,950 —	7,950 —	11(a)(i)
ii. Unitemized	4,251 —	4,251 —	11(a)(ii)
iii. Total (add i and ii) ➤	12,201 —	12,201 —	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) ➤	12,201 —	12,201 —	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) ➤	12,201 —	12,201 —	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	12,201 —	12,201 —	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	1,357.71	1,357.71	21(a)(i)
ii. Non-Federal Share	—	—	21(a)(ii)
b. Other Federal Operating Expenditures	1,357.71	1,357.71	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	1,357.71	1,357.71	21(c)
22. Transfers to Affiliated/Other Party Committees	—	—	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	—	—	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) ➤	1,357.71	1,357.71	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1,357.71	1,357.71	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	12,201.00	12,201.00	32
33. Total Contribution Refunds (from line 28d)	—	—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	12,201.00	12,201.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1,357.71	1,357.71	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	1,357.71	1,357.71	37

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11a.1

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)

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. WAYNE M OTTO 19720 FLAMINGO ST LIVONIA MI 48152 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: RETIRED MI DEPT OF AGRICULTURE Occupation: RETIRED Aggregate Year-to-Date > $ 250 —	2-6-00	250 —
B. JOHN R. THOMAS 847 McELLEN WAY LAFAYETTE, CA 94549 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: CHEVRON OIL OF CALIFORNIA Occupation: RETIRED Aggregate Year-to-Date > $ 1,000 —	2-6-00	1,000 —
C. HENRY M BUHL 114 GREENE ST 5TH FLR NEW YORK, NY 10012 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: ASSOC. OF COMMUNITY EMPLOYMENT PROGRAMS FOR THE HOMELESS Occupation: SOCIAL WORKER Aggregate Year-to-Date > $ 1,000.00	2-6-00	1,000 —
D. WILLIAM W. CHIP 2700 35TH PLACE NW WASH DC 20007 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: DELOITTE & TOUCHE 555 12TH ST NW WASH DC 20004 Occupation: ATTORNEY Aggregate Year-to-Date > $ 500 —	2-6-00	500 —
E. CORDELIA S MAY TWO GATEWAY CENTER, STE 1800 PITTSBURGH PA 15222 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: SELF-EMPLOYED Occupation: PHILANTHROPIST Aggregate Year-to-Date > $ 5,000 —	3-9-00	5,000 —
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) > 7,750 —

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

FEBAN121

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11a i

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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. DONALD F THEODORE 675 THIRD ST NW GRAND RAPIDS MI 49342-1148 Receipt For: [X] Primary [ ] General [ ] Other (specify):	CITY OF GRAND RAPIDS BLDG SERVICE 1350 SCRIBNER NW GRAND RAPIDS 49504 LABORER Aggregate Year-to-Date $ 200 —	2-6-00 3-22-00	100 — 100 —
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) ..... 200 —

TOTAL This Period (last page this line number only) ..... 7,950 —

FEBAN12

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/c

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)
MICHIGAN IMMIGRATION POLITICAL ACTION COMMITTEE

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
A. U S POSTMASTER SHELBY TWP MI 48318	PO BOX RENTAL Disbursement for: X Primary	3-23-00	57.00
B. DIGITCOM SERVICES INC 12923 VENICE BLVD LOS ANGELES CA 90066-3509	VOICE MAIL SERVICE Disbursement for: X Primary	3-23-00	39.78
C. BEST BUY #411 FLINT MI 48503	COMPUTER PURCHASE Disbursement for: X Primary	3-29-00	454.28
D. SAMS CLUB FLINT MI 48503	COMPUTER ACCESSORIES MONITOR PRINTER CABLES Disbursement for: X Primary	3-29-00 3-29-00	231.02 436.43
E. TCF NATIONAL BANK PO BOX 8600 ANN ARBOR MI 48107 (FORMERLY GREAT LAKES BANK)	CHECK PRINTING CHARGE BANK FEES Disbursement for: X Primary	2-29-00	82.80 6.40
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) 1,357.71

TOTAL This Period (last page this line number only) 1,357.71

FE8AN'21

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
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4-28-00
☐	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	

SKI	5-4-00
PREPARER	DATE PREPARED

(4/98)