



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-5

DEC 6 1996

Arthur J. Kubert, Treasurer  
Michigan Independent Political  
Action Committee  
150 West Jefferson, Suite 2500  
Detroit, MI 48226

Identification Number: C00292367

Reference: October Quarterly Report (7/1/96-9/30/96)

Dear Mr. Kubert:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a multicandidate committee from making a contribution to a candidate for federal office in excess of \$5,000 per election.

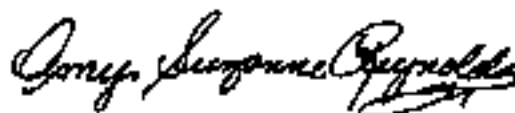
If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$5,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the contributor. In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Amy Suzanne Reynolds  
Reports Analyst  
Reports Analysis Division

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 1 OF 1  
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)

MICHIGAN INDEPENDENT POLITICAL ACTION COMMITTEE II

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ABRAHAM SENATE 2000 PO BOX 1468 ROYAL OAK, MI 48068	CONTRIBUTION	8/22/95	250 -
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/95	1,000 -
NICHOLSON FOR SENATE PO BOX 497 ROSEVILLE, MI 48066	CONTRIBUTION	9/15/95	1,000 -
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/95	1,000 -
BONIOR FOR CONGRESS 237 S. GRATIOT MT CLEMENS, MI 48043	CONTRIBUTION	10/17/95	500 -
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
FITZSIMMONS FOR CONGRESS 3830 PEARL RD, SUITE 180 ANN ARBOR, MI 48108	CONTRIBUTION	11/10/95	500 -
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
ROMNEY FOR SENATE COMMITTEE PO BOX 324 SOUTHFIELD, MI 48037	CONTRIBUTION	11/13/95	100 -
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
DICK CHRYSLER FOR CONGRESS PO BOX 1518 BRIGHTON, MI 48116	CONTRIBUTION	11/15/95	300 -
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/29/95	500 -
FRIENDS OF SENATOR CARL LEVIN PO BOX 1224 WARREN, MI 48090	CONTRIBUTION	12/8/95	150 -
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
TOM CAMPBELL FOR CONGRESS PO BOX 1297 EL GRANADA, CA 94018	CONTRIBUTION	12/12/95	250 -
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
DEAN ALTABELLI FOR CONGRESS PO BOX 1046 ESCANABA, MI 49829	CONTRIBUTION	12/27/95	1,000 -
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

6550 -

TOTAL This Period (last page this line number only)

6550 -

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

MICHIGAN INDEPENDENT POLITICAL ACTION COMMITTEE

96030424715

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PAT NOWAK FOR CONGRESS PO BOX 925 CLARKSTON, MI 48347	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/96	1,000 00
B. Full Name, Mailing Address and ZIP Code DICK CHRYSLER FOR CONGRESS PO BOX 1518 BRIGHTON, MI 48116	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/16/96	500.00
C. Full Name, Mailing Address and ZIP Code DONOR FOR CONGRESS % LEO LALONDE 24801 ROSALIND EASTPOINTE, MI 48021	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/13/96	500 00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF SENATOR CARL LEVIN PO BOX 1084 WARREN MI 48090-1084	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/96	125 00
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)

2125.00

TOTAL This Period (last page this line number only)

2125.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**MICHIGAN INDEPENDENT POLITICAL ACTION COMMITTEE**

4590-292-0654

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<b>NICHOLSON FOR SENATE PO BOX 497 ROSEVILLE, MI 48064</b>	<b>CONTRIBUTION</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>7/16/96</b>	<b>250.00</b>
<b>STUPAK FOR CONGRESS 7101 MICHIGAN SHORES DR MENOMINEE, MI 49858</b>	<b>CONTRIBUTION</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>7/30/96</b>	<b>1,000 -</b>
<b>FRIENDS OF SENATOR CARL LEVIN PO BOX 1084 WARREN, MI 48090</b>	<b>CONTRIBUTION</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>8/8/96</b>	<b>200 -</b>
<b>CHRYSLER FOR CONGRESS PO BOX 1518 BRIGHTON, MI 48116</b>	<b>CONTRIBUTION</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/5/96</b>	<b>5,000 -</b>
<b>PAT NOWAK FOR CONGRESS PO BOX 925 CLARKSTON MI 48247</b>	<b>CONTRIBUTION</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>9/9/96</b>	<b>1,500 -</b>
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)

**7950 -**

TOTAL This Period (last page this line number only)

**7950 -**

