

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee (Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL

JUL 24 12 45 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE OR CANDIDATE  
C00139279 120293 CP 247  
LONNIE L. BONE

2. ADDRESS  
MICHIGAN CREDIT UNION LEAGUE LEGISLATIVE ACTION FUND  
20800 CIVIC CENTER DRIVE  
PO BOX 52102  
DETROIT MI 48235

2. FEC IDENTIFICATION NUMBER

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
- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period 4/1/98 through 6/30/98		This Period	Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 1998		\$ 66,653.95
	(b) Cash on Hand at Beginning of Reporting Period	\$ 74,421.41	
	(c) Total Receipts (from Line 10)	\$ 21,334.98	\$ 37,491.86
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 95,756.39	\$ 104,145.81
7.	Total Disbursements (from Line 9)	\$ 16,824.60	\$ 25,214.02
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 78,931.79	\$ 78,931.79
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 20463 Toll Free 800-424-9630 Local 202-219-3420
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  
Lonnie L. Bone

Signature of Treasurer  
*Lonnie L. Bone*

Date  
7-15-98

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)

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

(revised 1/1/91)

NAME OF COMMITTEE Michigan Credit Union League Legislative Action Fund		REPORT COVERING PERIOD FROM 4/1/98 TO 6/30/98	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,600.00	5,449.93	1600
ii. Unitemized	19,209.25	30,989.19	1600
iii. Total (add i and ii) >	20,809.25	36,439.12	1600
b. Political Party Committees	-0-	-0-	1100
c. Other Political Committees (such as PACs)	-0-	-0-	1100
d. Total Contributions (add a ii, b and c) >	20,809.25	36,439.12	1600
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	2
13. All Loans Received	-0-	-0-	3
14. Loan Repayments Received	-0-	-0-	4
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	5
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	6
17. Other Federal Receipts (Dividends, Interest, etc.)	525.73	1,052.74	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) >	21,334.98	37,491.86	19
20. Total Federal Receipts (subtract line 18 from line 19) >	21,334.98	37,491.86	20
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	2100
ii. Non-Federal Share	-0-	-0-	2100
b. Other Federal Operating Expenditures	699.60	1,652.02	2100
c. Total Operating Expenditures (add a i, a ii, and b) >	699.60	1,652.02	2100
22. Transfers to Affiliated/Other Party Committees	10,000.00	15,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,125.00	8,545.60	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-	17.00	2800
b. Political Party Committees	-0-	-0-	2800
c. Other Political Committees (such as PACs)	-0-	-0-	2800
d. Total Contribution Refunds (add a, b and c) >	-0-	17.00	2800
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	16,824.60	25,214.02	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	16,824.60	25,214.02	31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	20,809.25	36,439.12	32
33. Total Contribution Refunds (from line 28d)	-0-	17.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	20,809.25	36,422.12	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	699.60	1,652.02	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	699.60	1,652.02	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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 Credit Union League Legislative Action Fund

<b>A. Full Name, Mailing Address and ZIP Code</b> Leroy (Jack) Madison 929 E. Gillespie Flint, MI 48505  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dort FCU	Date (month, day, year) 5/21/98	Amount of Each Receipt this Period 250.00
	Occupation Chairman  Aggregate Year-to-Date > \$ 250.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> David Palmer 6563 Deer Ridge Dr. Clarkston, MI 48348  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Flagship FCU	Date (month, day, year) 5/21/98	Amount of Each Receipt this Period 250.00
	Occupation CEO  Aggregate Year-to-Date > \$ 250.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Darlene Powell 25160 Dutch Settlement Dowagiac, MI 49047  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dowagiac Area FCU	Date (month, day, year) 4/23/98	Amount of Each Receipt this Period 250.00
	Occupation CEO  Aggregate Year-to-Date > \$ 250.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Gary Powers 2857 Flint River Lapeer, MI 48446  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dort FCU	Date (month, day, year) 5/21/98	Amount of Each Receipt this Period 250.00
	Occupation CEO  Aggregate Year-to-Date > \$ 250.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Carrie VanDyke 631 S. Foster Lansing, MI 48912  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lansing Automakers	Date (month, day, year) 4/9/98	Amount of Each Receipt this Period 350.00
	Occupation Board Member  Aggregate Year-to-Date > \$ 350.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Fred Woolley 4918 Danbury Troy, MI 48098  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer USA-FCU	Date (month, day, year) 6/10/98	Amount of Each Receipt this Period 250.00
	Occupation Board Member  Aggregate Year-to-Date > \$ 250.00		
<b>G. Full Name, Mailing Address and ZIP Code</b>     Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation  Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	1,600.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (in Full)**

Michigan Credit Union League Legislative Action Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michigan Services Credit Union P.O. Box 5040 Southfield, MI 48086		4/30/98 5/31/98 6/30/98	174.59 180.92 168.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation		Aggregate Year-to-Date > \$ 1,050.92
<b>B. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Central Corporate Credit Union P.O. Box 5040 Southfield, MI 48086		4/30/98 5/31/98 6/30/98	.62 .60 .60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation		Aggregate Year-to-Date > \$ 1.82
<b>C. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
<b>D. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
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) .....	525.73

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **1** OF **1**  
 FOR FILING NUMBER **21b**

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**NAME OF COMMITTEE (in Full)**  
**Michigan Credit Union League Legislative Action Fund**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Big Red Q Quick Print 27028 Plymouth Rd. Redford, MI 48239	raffle ticket printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>expenses</b>	5/27/98	699.60
B. 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
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) .....

699.60

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

Michigan Credit Union League Legislative Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CULAC ( 00007880) 305 15th Street Washington, DC 20005	contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/21/98	10,000.00
B. 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
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) .....

10,000.00

**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)

Michigan Credit Union League Legislative Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Garcia P.O. Box 1243 Bay City, MI 48706	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/18/98	750.00
B. Full Name, Mailing Address and ZIP Code David Bonior 237 S. Gratiot Mt. Clemens, MI 48043	Purpose of Disbursement contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/9/98	Amount of Each Disbursement This Period 375.00
C. Full Name, Mailing Address and ZIP Code Dave Camp P.O. Box 423 Midland, MI 48640	Purpose of Disbursement contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/18/98	Amount of Each Disbursement This Period 600.00
D. Full Name, Mailing Address and ZIP Code Dale Kildee P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/9/98 4/30/98	Amount of Each Disbursement This Period 1,000.00 200.00
E. Full Name, Mailing Address and ZIP Code Joe Knollenberg 27867 Orchard Lake Rd. Farmington Hills, MI 48334	Purpose of Disbursement contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/8/98 6/18/98	Amount of Each Disbursement This Period 600.00 1,400.00
F. Full Name, Mailing Address and ZIP Code Bart Stupak 817 Ninth Menominee, MI 49858	Purpose of Disbursement contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/9/98 5/15/98	Amount of Each Disbursement This Period 1,000.00 200.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement contribution 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 contribution 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 contribution 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) .....

6,125.00

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 2/15/98
<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	
 <i>SKP</i> PREPARER	 <i>2/24/98</i> DATE PREPARED