

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 JUL 17 P 2:52

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>Midland County Republican Committee</i>		2. FEC IDENTIFICATION NUMBER <i>C00109116</i>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>P.O. Box 100</i>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
CITY, STATE and ZIP CODE <i>Midland Mich 48640</i>		

## 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 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	<i>April 1, 2000 through June 30, 2000</i>		
6. (a) Cash on Hand January 1, 19_____			\$ <i>23,922.16</i>
(b) Cash on Hand at Beginning of Reporting Period		\$ <i>48,295.97</i>	
(c) Total Receipts (from Line 19)		\$ <i>7,157.50</i>	\$ <i>49,781.77</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <i>55,453.47</i>	\$ <i>79,381.63</i>
7. Total Disbursements (from Line 30)		\$ <i>8,609.51</i>	\$ <i>26,845.97</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <i>46,843.96</i>	\$ <i>46,843.66</i>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ _____	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ _____	
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 <i>Linda L. Harbron</i>	Date <i>7-1-2000</i>
Signature of Treasurer <i>Linda L. Harbron</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437g.

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FEC FORM 3X

(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 11/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
<i>Madison County Republican Committee</i>	FROM <i>4-1-00</i>	TO: <i>6-30-00</i>	
	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) .....	<i>5730.00</i>	<i>23,955.00</i>	11(a)(i)
ii. Unitemized .....	<i>1,560.00</i>	<i>25,465.00</i>	11(a)(ii)
iii. Total .....	<i>7090.00</i>	<i>49,420.00</i>	11(a)(iii)
b. Political Party Committees .....			11(b)
c. Other Political Committees (such as PACs) .....			11(c)
d. Total Contributions .....	<i>7090.00</i>	<i>49,420.00</i>	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.) .....	<i>67.50</i>	<i>361.77</i>	17
18. Transfers from Nonfederal Account for Joint Activity .....			18
19. Total Receipts .....	<i>7157.50</i>	<i>49,781.77</i>	19
20. Total Federal Receipts .....	<i>7157.50</i>	<i>49,781.77</i>	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	<i>6514.51</i>	<i>23,675.97</i>	21(a)(i)
ii. Non-Federal Share .....			21(a)(ii)
b. Other Federal Operating Expenditures .....			21(b)
c. Total Operating Expenditures .....	<i>6514.51</i>	<i>23,675.97</i>	21(c)
22. Transfers to Affiliated/Other Party Committees .....			22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	<i>649.00</i>	<i>1290.00</i>	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. Individual/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 .....			28(d)
29. Other Disbursements .....	<i>1450.00</i>	<i>1900.00</i>	29
30. Total Disbursements .....	<i>8607.51</i>	<i>26,865.97</i>	30
31. Total Federal Disbursements .....	<i>8607.51</i>	<i>9,704.51</i>	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11c) .....	<i>7090.00</i>	<i>49,420.00</i>	32
33. Total Contribution Refunds (from line 28d) .....	<i>-</i>		33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	<i>7090.00</i>	<i>49,420.00</i>	34
35. Total Federal Operating Expenditures .....	<i>7308.00</i>	<i>24,469.46</i>	35
36. Offsets to Operating Expenditures (from line 15) .....			36
37. Net Operating Expenditures .....	<i>7308.00</i>	<i>24,469.46</i>	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate criteria for each category of the Detailed Summary Page

PAGE 1 OF 2  
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 said committee.

NAME OF COMMITTEE (in Full)

**Midland County Republican Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (mo-day-yr)	Amount of Each Receipt this Period
<i>Ronald A. Allernang 2404 Forest Road Midland, MI 48642</i>	<i>Law Chemical</i>	<i>5-17-00</i>	<i>500-</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation <i>Area President</i>		
<i>Kent R. Davis 5810 Windsor Hwy Midland, MI 48640</i>		<i>4-10-00</i>	<i>500-</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation <i>Retired</i>		
<i>Donna Thayer 2900 Thayer Gresland, MI 48623</i>		<i>4-13-00</i>	<i>300-</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation <i>Retired</i>		
<i>Tom Darger 3406 Shields Ave Midland, MI 48642</i>		<i>6-19-00</i>	<i>500-</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation <i>Self Real Estate</i>		
<i>Kevin Collins 705 Adams Midland, MI 48642</i>		<i>6-15-00</i>	<i>350-</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation <i>Law Chemical Engineer</i>		
<i>Armonda Brink 1300 Crescent Midland, MI 48640</i>		<i>6-15-00</i>	<i>300-</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation <i>Homesmaker</i>		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (mo-day-yr)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation		

SUBTOTAL of Receipts This Page (optional)

*3430-*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full) **Midland County Republican Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (mo-day-yr)	Amount of Each Receipt this Period
Thomas L. Lendington 399 Borden Road Sanford, Wis 48657	State of Michigan Occupation: Judge	5-5-00	300-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (mo-day-yr)	Amount of Each Receipt this Period
Richard J. Salinski 914 Berlin Drive Midland, Wis 48640	Salinski Associates Occupation: Management Consultant	5-5-00	300-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (mo-day-yr)	Amount of Each Receipt this Period
Wayne W. Crosby 3313 Oakfield Drive Midland, Wis 48640	Re/Trap of Midland Occupation: Real Estate	5-10-00	500-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (mo-day-yr)	Amount of Each Receipt this Period
William A. Cline 4405 Thornland Midland, Wis 48640	Self Occupation: Physician	5-10-00	300-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (mo-day-yr)	Amount of Each Receipt this Period
Colleen C. Starks 524 Adelbert Midland, Wis 48640	Homeowner Occupation: Homeowner	5-5-00	300-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (mo-day-yr)	Amount of Each Receipt this Period
Calya M. Rogers 5809 Windy Hyle Midland, Wis 48640	Homeowner Occupation: Homeowner	5-15-00	300-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (mo-day-yr)	Amount of Each Receipt this Period
William S. Akreutte 3711 Applewood Midland, Wis 48640	State of Michigan Occupation: Senator	5-15-00	300-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		

SUBTOTAL of Receipts This Page (if partial) ..... 2300-

TOTAL This Period (last page this line number only) ..... 5730-

**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)**

*Midland County Republican Committee*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Amount of Each Disbursement This Period
<i>L. J. M. Leasing 213 E. Main Midland, Tex 49640</i>	<i>Save Camp for Congress - District 10</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-1-00 5-1-00 6-1-00 215- 215- 215-
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

*645-*

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

*645-*

**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)**

*Midland County Republican Committee*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>L &amp; M Leasing 213 E. Main Midland, Mich 48640</i>	<i>Bice Schmitts for State Senator in 1st Dist</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4-1-00 5-1-00 6-1-00</i>	<i>150- 150- 150-</i>
<i>Supreme Court Room Box 700859 Plymouth, Mich 48170</i>	<i>Candidate Support</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5-22-00</i>	<i>1000-</i>
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) .....

*1450-*

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

*1450*

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER

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**NAME OF COMMITTEE (In Full)**

*Midland County Republican Committee*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>L &amp; M Leasing 213 E. Main Midland TX 48640</i>	<i>County Portion of Headquarters Rent</i>	<i>4-1-00</i>	<i>385.00</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>5-1-00</i>	<i>385.00</i>
	<input type="checkbox"/> Other (specify)	<i>6-1-00</i>	<i>385.00</i>
<i>Linda Harbison 2500 N. Swede Rd. Midland TX 48642</i>	<i>County Convention Mtg. Room Rent</i>	<i>4-1-00</i>	<i>50.00</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
<i>Valley Plaza 5221 Bay City Road Midland TX 48642</i>	<i>Annual Breakfast Expense</i>	<i>4-1-00</i>	<i>418.28</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
<i>Q.T.A. Box 27-680 Kansas City, Mo 64180-0680</i>	<i>Phone</i>	<i>4-12-00</i>	<i>12.98</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>5-10-00</i>	<i>13.41</i>
	<input type="checkbox"/> Other (specify)	<i>6-8-00</i>	<i>21.24</i>
<i>Ameritech Saginaw TX 48603</i>	<i>Phone</i>	<i>4-12-00</i>	<i>47.43</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>5-5-00</i>	<i>46.86</i>
	<input type="checkbox"/> Other (specify)	<i>6-1-00</i>	<i>49.37</i>
<i>Consumers Energy Lansing, TX 48937</i>	<i>Utilities</i>	<i>4-12-00</i>	<i>164.10</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>5-5-00</i>	<i>177.14</i>
	<input type="checkbox"/> Other (specify)	<i>6-5-00</i>	<i>178.57</i>
<i>Midland Daily News Box 432 Midland TX 48640</i>	<i>Annual Breakfast Expense</i>	<i>4-12-00</i>	<i>684.00</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
<i>Quick Reliable Printing 94 Ashman Circle Midland TX 48640</i>	<i>Office Supplies</i>	<i>4-12-00</i>	<i>388.06</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
<i>Rider's Type &amp; Design 3600 Mary Jane Midland TX 48642</i>	<i>Office Supplies</i>	<i>4-12-00</i>	<i>563.13</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

*3969.53*

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Midland County Republican Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. B. Offices Products 125 Ashman St. Midland, Mi 48640	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-17-00	23.32
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelly Services 143 Ashman St. Midland, Mi 48640	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-27-00 5-17-00 6-15-00	595.20 357.12 476.10
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Indiana Insurance Co. 233 E. Larkin St. Midland, Mi 48640	Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-00	355-
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Midland Postmaster Midland, Mi 48640	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-24-00 6-8-00	99- 33-
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Richmond Arapahoe, Mi 48657	Cleaning Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-10-00	30.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jackson Flowers 13535 B. Ashman Midland, Mi 48642	Memorial Wreath Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-5-00	29.68
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
4th Congressional District 5134 Blue Road Hudson, Mi 48624	Ticket Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-4-00	350-
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Karen Halcomb Jefferson Road Midland, Mi 48640	Parade Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	- - -	216.50
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
- - -	- - -	- - -	- - -

SUBTOTAL of Disbursements This Page (optional)

2544.98

TOTAL This Period (last page this line number only)

6514.51



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 (R/C) 7-13-00
<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	
 <i>DES</i> PREPARER	 7-17-00 DATE PREPARED