FEC MAIL ROOM

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 AUG 13 A 10:3

USE FEC MAILNG LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Governor Engler Leadership Fund

ADDRESS (number and street) ☐ Check if different than previously reported
201 N Washington Square Suite 930

CITY, STATE and ZIP CODE
Lansing, MI 48933

2. FEC IDENTIFICATION NUMBER
C00349753

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 11/7/00 in the State of Michigan

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/19/00 through 11/27/00		
6. (a) Cash on Hand January 1, 19__		$ 9264.40
(b) Cash on Hand at Beginning of Reporting Period	$ 9264.40	
(c) Total Receipts (from Line 19)	$46600.27	$ 142574.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$55865.17	$ 178193.57
7. Total Disbursements (from Line 30)	$29935.66	$ 152264.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 25929.51	$ 25929.51
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)	$ 35000.00	

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: Carle J Hills

Signature of Treasurer: Carle J. Hills

Date: 08-07-01

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)

FE9AM103

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full)
Governor Engler Leadership Fund

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Comerica Bank 101 N Washington Square Lansing, MI 48933 Election: ☐ Primary ☐ General ☐ Other (specify):	35,000.00	0	35,000.00

Terms: Date Incurred 10/30/00 Date Due No due date - Revolving line of credit Interest Rate 25 %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

SUBTOTALS This Period This Page (optional) .....

TOTALS This Period (last page in this line only) .....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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 8-9-01
☐	Registered/Certified Mail	POSTMARKED (R/C)
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☐	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	

[illegible]	8-13-01
PREPARER	DATE PREPARED

(6/2000)