

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -9 P 5:02

1. NAME OF COMMITTEE (in full)
Continuing A Majority Party Action Committee (CAMPAC)

ADDRESS (number and street) Check if different than previously reported
5815 Eastman Avenue Suite 100

CITY, STATE, and ZIP CODE
Midland MI 48640

2. FEC IDENTIFICATION NUMBER
C00350462

3. This committee has qualified as a multi-candidate 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 _____ (election type)
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 This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/1999</u> through <u>12/31/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from line 19)	24415.00	24415.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24415.00	24415.00
7. Total Disbursements (from line 3D)	2632.95	2632.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21782.05	21782.05
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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
Jacqueline M. Medema

Signature of Treasurer
Jacqueline M. Medema

Date
1-28-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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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 Continuing A Majority Party Action Committee (CAMPAC)		REPORT COVERING PERIOD	
		FROM 07/01/1999	TO: 12/31/1999
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
I. Itemized (use Schedule A)	6550.00	6550.00	11.a.i.
II. Unitemized	365.00	365.00	11.a.ii.
III. Total (add i and ii)*	6915.00	6915.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	17500.00	17500.00	11.c.
d. Total Contributions (add a iii, b and c)*	24415.00	24415.00	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)*	24415.00	24415.00	19.
20. Total Federal Receipts (subtract line 18 from line 19)*	24415.00	24415.00	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
I. Federal Share	0.00	0.00	21.a.i.
II. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	1632.95	1632.95	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)*	1632.95	1632.95	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	1000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds (add a, b, and c)*	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)*	2632.95	2632.95	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)*	2632.95	2632.95	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	24415.00	24415.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	24415.00	24415.00	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)*	1632.95	1632.95	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)*	1632.95	1632.95	37.

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER
11A1

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)
Continuing A Majority Party Action Committee (CAMPAC)

<p>Full Name, Mailing Address, and ZIP Code Dennis Muchmore Po Box 20114 Lansing MI 48901</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Muchmore & Associates</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 09/08/1999</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>Full Name, Mailing Address, and ZIP Code David A. Bockorny 1101 16th Street Suite 500 Washington DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bergner-Bockorny, Inc.</p> <p>Occupation Self-employed</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 11/17/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code Susan Molinari 4004 Sharp Place Alexandria VA 22304</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer none</p> <p>Occupation homemaker</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 11/18/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code L. William Paxon 4004 Sharp Place Alexandria VA 22304</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Akin, Gump, Strauss, Hauer, & Feld, LL</p> <p>Occupation Senior Advisor</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 11/18/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code Saginaw Chippewa Indian Tribe 7070 E. Broadway Mt. Pleasant MI 48858</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Tribal government</p> <p>Aggregate Year-to-Date > \$ 5000.00</p>	<p>Date (month, day, year) 12/31/1999</p>	<p>Amount of Each Receipt this Period 5000.00</p>

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

6550.00

SCHEDULE A

ITEMIZED RECEIPTS

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

417

FOR LINE NUMBER
11C

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name, Mailing Address, and ZIP Code The Blue Cross and Blue Shield Association PAC 1310 G Street N.W. 12th Floor Washington DC 20005	Name of Employer Occupation	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period 1000.00 Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC) 325 7TH STREET NW WASHINGTON DC 20007	Name of Employer AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC)	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2500.00		
Full Name, Mailing Address, and ZIP Code ARCHER DANIELS MIDLAND COMPANY-ADM PAC P. O. BOX 1470 DECATUR IL 62525	Name of Employer Occupation	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code CMS Energy-Employees for Better Govt.-Federal 212 W. Michigan Ave Jackson MI 49201	Name of Employer Occupation	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code DYKEMA GOSSETT FEDERAL PAC 800 MICHIGAN NATIONAL TOWER LANSING MI 48933	Name of Employer Occupation	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 2500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2500.00		
Full Name, Mailing Address, and ZIP Code NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE 1805 KING STREET ALEXANDRIA VA 22314	Name of Employer NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2500.00		
Full Name, Mailing Address, and ZIP Code NORTHWEST AIRLINES POLITICAL ACTION COMMITTEE (NWA REPUBLIC AIRLINES PAC) 5101 NORTHWEST DRIVE ST PAUL MN 55111	Name of Employer NORTHWEST AIRLINES POLITICAL ACTION COMMITTEE (NWA REPUBLIC AIRLINES PAC)	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 7
			FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name, Mailing Address, and ZIP Code AMERICAN SOCIETY OF ANESTHESIOLOGISTS INCORPORATED POLITICAL ACTION COMMITTEE 520 N. NORTHWEST HIGHWAY PARK RIDGE IL 60068	Name of Employer	Date (month, day, year) 11/23/1999	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		

Full Name, Mailing Address, and ZIP Code FUND FOR AMERICAN OPPORTUNITY 1900 L ST NW #610 WASHINGTON DC 20036	Name of Employer	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	17500.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 7
			FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)
Continuing A Majority Party Action Committee (CAMPAG)

Full Name, Mailing Address, and ZIP Code American Express P.O. Box 27096 Greensboro NC 27499	Purpose of Disbursement Food cost for fundraising event	Date (month, day, year) 11/23/1999	Amount of Each Disbursement This Period 782.85
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Full Name, Mailing Address, and ZIP Code American Express P.O. Box 27096 Greensboro NC 27499	Purpose of Disbursement Office Supplies	Date (month, day, year) 11/23/1999	Amount of Each Disbursement This Period 165.10
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Full Name, Mailing Address, and ZIP Code American Express P.O. Box 27096 Greensboro NC 27499	Purpose of Disbursement Postage	Date (month, day, year) 11/23/1999	Amount of Each Disbursement This Period 198.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Full Name, Mailing Address, and ZIP Code Burnside & Lang, P.C. 5915 Eastman Ave. Suite 100 Midland MI 48640	Purpose of Disbursement Accounting fees	Date (month, day, year) 12/27/1999	Amount of Each Disbursement This Period 495.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	1620.95

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	717
			FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (Senate - MI - 00)	Date (month, day, year)	Amount of Each Disbursement This Period
ABRAHAM FOR SENATE (1994) 26660 TELEGRAPH ROAD SUITE 410 SOUTHFIELD MI 48034	Contribution to candidate committee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/20/1999	1000.00

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SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	1000.00

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.

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Date of Receipt

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Date of Receipt

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SES
PREPARER

3-7-00
DATE PREPARED