

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>MICHIGAN INDEPENDENT POLITICAL ACTION COMM</b>		AUG 2 1 00 PM '95
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>150 W. JEFFERSON, SUITE 2500</b>		2. FEC IDENTIFICATION NUMBER <b>000292367</b>
CITY, STATE and ZIP CODE <b>DETROIT, MICHIGAN 48226</b>		3. <input checked="" type="checkbox"/> 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:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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  |

- 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 This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/95</u> through <u>6/30/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		
7. Total Disbursements (from Line 30)		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20488  
Toll Free 800-424-9530  
Local 202-219-3420

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 <b>ARTHUR J. KUBERT</b>	Date
Signature of Treasurer 	<b>7/31/95</b>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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**FEC FORM 3X**  
(revised 9/93)

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

(revised 1/1/81)

NAME OF COMMITTEE <i>MICHIGAN INDEPENDENT POLITICAL ACTION LEADER II</i>		REPORT COVERING PERIOD	
		FROM <i>1/1/75</i>	TO <i>6/30/75</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>10,000 00</i>	<i>10,000 00</i>
ii.	Unitemized .....		
iii.	Total ..... (add i and ii) >	<i>10,000 00</i>	<i>10,000 00</i>
b.	Political Party Committees .....		
c.	Other Political Committees (such as PACs) .....		
d.	Total Contributions ..... (add a iii, b and c) >	<i>10,000 00</i>	<i>10,000 00</i>
12.	Transfers From Affiliated/Other Party Committees .....		
13.	All Loans Received .....		
14.	Loan Repayments Received .....		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17.	Other Federal Receipts (Dividends, Interest, etc.) .....		
18.	Transfers from Nonfederal Account for Joint Activity .....		
19.	Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>10,000 00</i>	<i>10,000 00</i>
20.	Total Federal Receipts ..... (subtract line 18 from line 19) >	<i>10,000 00</i>	<i>10,000 00</i>
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share .....		
ii.	Non-Federal Share .....		
b.	Other Federal Operating Expenditures .....		
c.	Total Operating Expenditures ..... (add a i, a ii, and b) >		
22.	Transfers to Affiliated/Other Party Committees .....		
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	<i>7000 00</i>	<i>7000 00</i>
24.	Independent Expenditures (use Schedule E) .....		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .....		
26.	Loan Repayments Made .....		
27.	Loans Made .....		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees .....		
b.	Political Party Committees .....		
c.	Other Political Committees (such as PACs) .....		
d.	Total Contribution Refunds ..... (add a, b and c) >		
29.	Other Disbursements <i>INCOME TAX, BANK SVC FEES</i> .....	<i>64 97</i>	<i>64 97</i>
30.	Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>7064 97</i>	<i>7064 97</i>
31.	Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >		
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans) (from line 11d) .....	<i>10,000 00</i>	<i>10,000 00</i>
33.	Total Contribution Refunds (from line 28d) .....		
34.	Net Contributions (other than loans) (subtract line 33 from 32) .....		
35.	Total Federal Operating Expenditures ..... (add 21 a i and 21 b) >		
36.	Offsets to Operating Expenditures (from line 15) .....		
37.	Net Operating Expenditures ..... (subtract line 36 from 35) >		

9 5 0 3 2 9 1 0 9 0 6

**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 II.

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RUMNEY FOR SENATE COMMITTEE PO BOX 431168 PONTIAC, MI 48243	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/4/95	1,000.00
FRIENDS OF CARL LEVIN PO BOX 1234 WARREN, MI 48090	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/4/95 5/8/95	200.00 2900.00
ABRAHAM SENATE 2000 PO BOX 1468 ROYAL OAK, MI 48068	GENERAL 1994 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	5/2/95	2000.00
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) .....

7,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE / OF  
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NAME OF COMMITTEE (in Full)

(MIPAC)

MICHIGAN INDEPENDENT POLITICAL ACTION COMMITTEE II

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRUCE D BIRGBAUER 150 WEST JEFFERSON, STE 2500 DETROIT, MI 48226	MILLER, BANFIELD, DADDUCK AND STONE, P.C.	2/1/95	140 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$ 140 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN W GELDER ALL FOLLOWING SAME AS ABOVE	ALL SAME AS ABOVE	2/1/95	140 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: "	Aggregate Year-to-Date > \$ 140 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS J. HEIDEN		2/1/95	140 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 140 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SAMUEL J MCKIM II		2/1/95	140 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 140 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERIC J BROWN, JR		2/1/95	120 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 120 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN J. CULLINS, JR		2/1/95	120 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 120 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER B. CONNOLLY, JR		2/1/95	120 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 120 -	

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

920-

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 3 OF 1  
FOR LINE NUMBER

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**NAME OF COMMITTEE (In Full)**

MICHIGAN POLITICAL ACTION COMMITTEE 72

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREGORY L. CLTNER		2/1/95	1.20 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1.20 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM J. DINHOFF		2/1/95	1.20 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1.20 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN B. DEVINE		2/1/95	1.20 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1.20 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH F. GALVIN		2/1/95	1.20 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1.20 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT E. GILBERT		2/1/95	1.20 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1.20 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEONARD D. GIUENZI		2/1/95	1.20 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1.20 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID D. JOSWICK		2/1/95	1.20 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1.20 -	

**SUBTOTAL** of Receipts This Page (optional) .....

8.40 -

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 3 OF  
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**NAME OF COMMITTEE (in Full)**

MICHIGAN INDEPENDENT POLITICAL ACTION COMMITTEE JT

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAWRENCE A. KING		2/1/95	1.00 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1.00 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS W. LIHN		2/1/95	1.20 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1.20 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROUQUE E. LIPARD		2/1/95	1.20 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1.20 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS R. NEIMAN		2/1/95	1.20 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1.20 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAWRENCE D OWEN		2/1/95	1.20 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1.20 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUEL L. PIELL		2/1/95	1.20 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1.20 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY T RUFLEY		2/1/95	1.20 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1.20 -	

**SUBTOTAL** of Receipts This Page (optional) .....

9.30 -

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF  
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NAME OF COMMITTEE (in Full)

MICHIGAN INDEPENDENT POLITICAL ACTION COMMITTEE II

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERIK H SEER		4/1/95	120-
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 120-	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN UZELAC		2/1/95	120-
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 120-	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARL N VAN ENDE		12/1/95	120-
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 120-	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W MARK FAISON		2/1/95	110-
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 110-	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL W HARTMANN		2/1/95	110-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 110-	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS P HUSTULES		2/1/95	110-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 110-	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES S. MEHRIND		2/1/95	110-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 110-	

9 3 0 3 7 1 0 9 1 1

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

800-

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 5 OF  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

MICHIGAN INDEPENDENT POLITICAL ACTION COMMITTEE II.

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN G. PALMS Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 110-	2/1/95	110-
B. Full Name, Mailing Address and ZIP Code THOMAS C. PHILLIPS Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 110-	2/1/95	110-
C. Full Name, Mailing Address and ZIP Code CLARENCE L. FORZA, JR. Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 110-	2/1/95	110-
D. Full Name, Mailing Address and ZIP Code JOAN A. THURBER Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 110-	2/1/95	110-
E. Full Name, Mailing Address and ZIP Code FRANK L. ANDREWS Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100-	2/1/95	100-
F. Full Name, Mailing Address and ZIP Code ORIN D. BRUSTAD Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100-	2/1/95	100-
G. Full Name, Mailing Address and ZIP Code JAMES C. FORESMAN Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 150-	2/1/95	150-

SUBTOTAL of Receipts This Page (optional)

240-

TOTAL This Period (last page this line number only)





ITEMIZED RECEIPTS

SCHEDULE A

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NAME OF COMMITTEE (In Full)

MICHIGAN INDEPENDENT POLITICAL ACTION COMMITTEE IL

A. Full Name, Mailing Address and ZIP Code

THOMAS G. APPELMAN

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

2/1/95

40 -

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date > \$ 40 -

B. Full Name, Mailing Address and ZIP Code

GARY A. BRUDER

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

2/1/95

40 -

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date > \$ 40 -

C. Full Name, Mailing Address and ZIP Code

CHARLES L. BURLEIGH, JR.

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

2/1/95

40 -

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date > \$ 40 -

D. Full Name, Mailing Address and ZIP Code

BEVERLY HALL BURNS

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

2/1/95

40 -

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date > \$ 40 -

E. Full Name, Mailing Address and ZIP Code

JOHN R. COOK

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

2/1/95

40 -

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date > \$ 40 -

F. Full Name, Mailing Address and ZIP Code

CHRISTOPHER J. DEMBOWSKI

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

2/1/95

40 -

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date > \$ 40 -

G. Full Name, Mailing Address and ZIP Code

DONNA J. DONATI

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

2/1/95

40 -

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date > \$ 40 -

SUBTOTAL of Receipts This Page (optional)

630 -

TOTAL This Period (last page this line number only)

4  
9  
1  
4

**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 INDEPENDENT POLITICAL ACTION COMMITTEE II

10  
7  
2  
3  
3  
2

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALLYN D. KANTOR		2/1/95	90-
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 90-	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD W. KEIM		2/1/95	90-
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 90-	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT L. KETCHUM		2/1/95	90-
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 90-	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH F. MAYBROCK, JR.		2/1/95	90-
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 90-	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEVIN M. MCCARTHY		2/1/95	90-
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 90-	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFFREY M. McHUGH		2/1/95	90-
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 90-	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN J. OTT		2/1/95	90-
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 90-	

**SUBTOTAL** of Receipts This Page (optional) .....

630-

**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

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE E. PARKER II		2/1/45	40 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 90 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUNALD N. RIBACK		2/1/45	40 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 90 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES E. RITTER		2/1/45	40 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 90 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY J. SAYLOR		2/1/45	40 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 90 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL H. TRAISSON		1/1/45	90 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 90 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J KEVIN TRIMMER		2/1/45	40 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 90 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES G. VANTINE, JR.		2/1/45	40 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 90 -	

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

630 -

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

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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 INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER W LUALABA JR		2/1/95	80--
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 80	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES W WILLIAMS		2/1/95	80-
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 80	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL R. ATKINS		2/1/95	80-
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 80	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARJORY G. BASILE		2/1/95	80--
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 80	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN A CAMPBELL		2/1/92	80--
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 80	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDREA L. FISHER		2/1/95	80--
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 80	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD A. GIFFIN		2/1/95	80--
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 80	

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

580--

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

25032310917

**SCHEDULE A**

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RYAN H HAYWOOD		2/1/95	80-
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 80	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL J. HODGE		2/1/95	80-
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 80	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH E. KODOP		2/1/95	80-
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 80	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK E. PUTNEY		2/1/95	80-
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 80	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENT E SHAFER		2/1/95	80-
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 80	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMANDA VAN DUSEN		2/1/95	60-
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 60	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN D WEYING		2/1/95	80-
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 80	

SUBTOTAL of Receipts This Page (optional)

540-

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

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>RONALD E BAYLOR</u>		<u>2/1/95</u>	<u>60.-</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>60</u>	
<u>MICHAEL P BOARLEY</u>		<u>2/1/95</u>	<u>60.-</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>60</u>	
<u>CYNTHIA B. FAULHABER</u>		<u>2/1/95</u>	<u>60.-</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>60</u>	
<u>JEROME R. WATSON</u>		<u>2/1/95</u>	<u>60.-</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>60</u>	
<u>LELAND D. BARRINGER</u>		<u>2/1/95</u>	<u>60.-</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>60</u>	
<u>MICHAEL G. CAMPBELL</u>		<u>2/1/95</u>	<u>60.-</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>60</u>	
<u>TERRENCE M BRAWFORD</u>		<u>2/1/95</u>	<u>60.-</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>60</u>	

**SUBTOTAL** of Receipts This Page (optional) ..... 4.20-

**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

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**NAME OF COMMITTEE (In Full)**

MICHIGAN INDEPENDENT POLITICAL ACTION COMMITTEE INC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>MICHAEL A INDENBAUM</u>		<u>2/1/95</u>	<u>60--</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>60</u>	
<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>
<u>KEVIN V MOODY</u>		<u>2/1/95</u>	<u>60--</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>60</u>	
<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>
<u>JAMES E. SPURR</u>		<u>2/1/95</u>	<u>60--</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>60</u>	
<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>
<u>BRAD B ARBUCKLE</u>		<u>2/1/95</u>	<u>60--</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>60</u>	
<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>
<u>LEROY L ASHER</u>		<u>4/1/95</u>	<u>50--</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>60</u>	
<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>
<u>VERNON BENNETT III</u>		<u>2/1/95</u>	<u>50--</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>50</u>	
<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>
<u>MARK T BUNSTRA</u>		<u>2/1/95</u>	<u>60--</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>60</u>	

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

380--

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

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>HAROLD W. BULLER</i>		<i>2/1/45</i>	<i>50 -</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>&gt; \$ 50</i>	
<i>DOUGLAS W. ERIN</i>		<i>2/1/45</i>	<i>50 -</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>&gt; \$ 50</i>	
<i>GREGORY V. B. BENS</i>		<i>2/1/45</i>	<i>50 -</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>&gt; \$ 50</i>	
<i>BRIAN J. DOREN</i>		<i>2/1/45</i>	<i>50 -</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>&gt; \$ 50</i>	
<i>PAMELA E. UNELER</i>		<i>1/1/45</i>	<i>50 -</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>&gt; \$ 50</i>	
<i>DAVID A. FRENCH</i>		<i>2/1/45</i>	<i>50 -</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>&gt; \$ 50</i>	
<i>GILBERT E. COVE</i>		<i>2/1/45</i>	<i>50 -</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>&gt; \$ 50</i>	

**SUBTOTAL** of Receipts This Page (optional) .....

*300 -*

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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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 03

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IRENE BRUCE HATHAWAY		2/1/95	50 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL A. LIMARCO		2/1/95	50 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL A. LUBERTO		2/1/95	50 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALISON B. MARSHALL		4/1/95	50 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KAREN A. M'COY		2/1/95	50 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL P. M'GEE		2/1/95	50 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MEGAN P. NORRIS		2/1/95	50 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50	

**SUBTOTAL** of Receipts This Page (optional) .....

350 -

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

12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>DAVID N. DREZOWAN</u>		<u>1/1/95</u>	<u>50 -</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>\$ 50</u>	
<u>SUSAN H. PATTON</u>		<u>2/1/95</u>	<u>50 -</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>\$ 50</u>	
<u>ROBERT F. RHODES</u>		<u>1/1/95</u>	<u>50 -</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>\$ 50</u>	
<u>JAY B. RISING</u>		<u>2/1/95</u>	<u>50 -</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>\$ 50</u>	
<u>STEVEN A. ROACH</u>		<u>2/1/95</u>	<u>50 -</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>\$ 50</u>	
<u>JOHN B. SHCA</u>		<u>2/1/95</u>	<u>50 -</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>\$ 50</u>	
<u>STEVEN M. STANKIEWICZ</u>		<u>2/1/95</u>	<u>50 -</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>\$ 50</u>	

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

350 -

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

1  
2  
3  
4  
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6  
7  
8  
9  
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12

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 17 OF FOR LINE NUMBER

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**NAME OF COMMITTEE (in Full)**

MICHIGAN INDEPENDENT POLITICAL ACTION COMMITTEE - II

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DEBORAH W THOMPSON Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/1/95	50 -
B. Full Name, Mailing Address and ZIP Code	Occupation	Aggregate Year-to-Date	
STEPHEN M TUVK Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		> \$ 50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RICHARD T. URBIS Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/1/95	50 -
D. Full Name, Mailing Address and ZIP Code	Occupation	Aggregate Year-to-Date	
RICHARD F X. URISKI Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		> \$ 50	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
THOMAS A. VAN DIS Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/1/95	50 -
F. Full Name, Mailing Address and ZIP Code	Occupation	Aggregate Year-to-Date	
RICHARD A WALAWENDGE Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		> \$ 50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROBERT E. L. WRIGHT Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/1/95	50 -
	Occupation	Aggregate Year-to-Date	
		> \$ 50	

<b>BUSTOTAL</b> of Receipts This Page (optional)	370 -
<b>TOTAL</b> This Period (last page this line number only)	10000 -

9 5 0 3 2 5 1 0 9 4

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE OF  
FOR LINE NUMBER

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**NAME OF COMMITTEE (in Full)**

MICHIGAN INDEPENDENT POLITICAL ACTION COMMITTEE II

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARTHUR J KUBERT 150 W JEFFERSON, SUITE 2500 DETROIT, MI 48226	MILLER, EARFIELD, DADBEK AND STONE, P.C.	4/30/95 (MEMO)	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): EXEMPT ACCTG SVCS	Occupation: DIRECTOR OF FINANCE	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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) .....

7 3 0 3 9 5 1 0 9 3 5

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

Registered/Certified Mail

POSTMARKED

7-31-95

No Postmark

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

MRI

PREPARER

8-2-95

DATE PREPARED

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2