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CONGRESSMAN  
**SANDER LEVIN**  
12TH DISTRICT MICHIGAN

December 1, 2000

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Identification Number: C00156612

Reference: Pre-General Report (10/1/00 - 10/18/00)

Attn.: Pat Shepard, Senior Reports Analyst

RECEIVED  
FEC MAIL ROOM  
2000 DEC 12 A 11:30

Dear Ms. Shepard:

Enclosed you will find an amended Pre-General Report for the period of 10/1/00 - 10/18/00.

In preparing to file the Post-General report due on 12/7/00, our Committee noticed that the report we filed prior to the 10/26/00 deadline did not include the complete reporting period. The report filed only covered the period of 10/1/00 - 10/15/00. This amended report covers the entire period. Two copies of our full amended report are enclosed.

Thank you for your assistance.

Sincerely,



Danielle Randel

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 DEC 12 A 11:30

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Levin for Congress Committee		2. FEC IDENTIFICATION NUMBER C00156612	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. PO Box 1092		3. IS THIS REPORT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CITY, STATE and ZIP CODE Warren MI 48090	STATE/DISTRICT MI / 12		

### 4. TYPE OF REPORT

- April 15 Quarterly Report
- 12-Day Pre-Election Report for the General (Type of Election)  
election on 11/7/00 in the State of Michigan
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- July 31 Mid-Year Report (Non-election Year Only)  Termination Report

This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

### SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
10/1/00 through 10/18/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$89,041.47	\$678,884.67
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$89,041.47	\$678,884.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$221,510.48	\$496,180.39
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$84.22
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$221,510.48	\$496,096.17
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$301,129.21	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$3,000.00	

For further information contact:  
Federal Election Commission  
998 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-6530  
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 O'Brien Joseph	Date
Signature of Treasurer <i>Joseph J. O'Brien</i>	11/28/00

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 3  
(revised 4/87)

**DETAILED SUMMARY PAGE**  
of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full) Levin for Congress Committee	Report Covering the Period: From: 10/1/00 To: 10/16/00	
<b>I. RECEIPTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	\$23,775.00	
(ii) Unitemized	\$21,199.27	
(iii) Total of contributions from individuals	\$44,974.27	\$285,174.97
(b) Political Party Committees	\$0.00	\$392.50
(c) Other Political Committees (such as PACs)	\$44,067.20	\$293,317.20
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	\$89,041.47	\$578,884.67
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	\$0.00	\$0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	\$0.00	\$84.22
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	\$0.00	\$4,825.35
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	\$89,041.47	\$583,794.24
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b>	\$221,510.48	\$496,180.39
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	\$0.00	\$0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) Of All Other Loans	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$0.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$0.00	\$0.00
<b>21. OTHER DISBURSEMENTS</b>	\$10,000.00	\$25,000.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	\$231,510.48	\$521,180.39
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	443,598.22
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$	89,041.47
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>	\$	532,639.69
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>	\$	231,510.48
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b>	\$	301,129.21

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	8
FOR LINE NUMBER		
11(a)(i)		

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.

<b>NAME OF COMMITTEE (In Full)</b>			
Levin for Congress Committee C00156612			
<b>A. Full Name, Mailing Address and ZIP Code</b> Terence E Adderley PO Box 907 Bloomfield Hills, MI 48303-0907	<b>Name of Employer</b> Kelly Services Inc.	<b>Date (month, day, year)</b> 10/11/00	<b>Amount of Each Receipt this Period</b> \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Business Executive	<b>Aggregate Year-to-Date</b> > \$	\$300.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Norman H Beltner 4556 Fairway Ridge Ct West Bloomfield, MI 48323-3322	<b>Name of Employer</b> Honigman, Miller, et al	<b>Date (month, day, year)</b> 10/10/00	<b>Amount of Each Receipt this Period</b> \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$	\$300.00
<b>C. Full Name, Mailing Address and ZIP Code</b> J.E. Berry 10008 Creekwood Trail Davisburg, MI 48350	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 10/17/00	<b>Amount of Each Receipt this Period</b> \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Information Requested	<b>Aggregate Year-to-Date</b> > \$	\$500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Mitchell Bieznak 28555 Orchard Lake Rd Ste 220 Farmington Hills, MI 48334-2975	<b>Name of Employer</b> self	<b>Date (month, day, year)</b> 10/16/00	<b>Amount of Each Receipt this Period</b> \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> real estate	<b>Aggregate Year-to-Date</b> > \$	\$250.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Elspeth G Bobbs 630 E Alameda St Santa Fe, NM 87501-2205	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 10/17/00	<b>Amount of Each Receipt this Period</b> \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Property Manager	<b>Aggregate Year-to-Date</b> > \$	\$250.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Andrew H Card 5747 4th St N Arlington, VA 22205-1003	<b>Name of Employer</b> Amer Auto Manufact. Assoc	<b>Date (month, day, year)</b> 10/10/00	<b>Amount of Each Receipt this Period</b> \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> President & CEO	<b>Aggregate Year-to-Date</b> > \$	\$500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Dwight D Carlson 4370 Varsity Dr. Ann Arbor, MI 48108-2241	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 10/16/00	<b>Amount of Each Receipt this Period</b> \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Consultant	<b>Aggregate Year-to-Date</b> > \$	\$1,000.00
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$2,200.00
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 2 OF 8  
FOR LINE NUMBER 11(a)(1)

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)

Levin for Congress Committee C00156612

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William S Cassels 18909 Mills Choice Rd Apt 6 Montgomery Village, MD 20886-3844	Not Applicable	10/10/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code Francois Castaing 8394 Mulfield Ct Bloomfield Hills, MI 48301-1503	Not Applicable	10/11/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$750.00
C. Full Name, Mailing Address and ZIP Code Lois P Cohn 4685 Kiftsgate Bnd Bloomfield Hills, MI 48302-2334	Self	10/13/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Art Dealer	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code Alan D Croft 522 N Maple Dr Beverly Hills, CA 90210-3409	Katan, Muchin, Zavis	10/18/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code Marvin C Daitch 26800 Telegraph Rd Ste 190 Southfield, MI 48034-6327	Mason, Steinhart, Jacobs	10/17/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Of Counsel	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code Betty Lou Eller 15179 La Grande Plz Warren, MI 48093-3862	Not Applicable	10/10/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code Victor Fazio 2224 N. Kentucky St Arlington, VA 22205	Consultant	10/4/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Clark and Weinstock	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional)

\$2,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 3 OF 8  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Levin for Congress Committee C00156612

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Richard L. Feigen 34 E 69th St New York, NY 10021-5016</p>	<p>Name of Employer Richard Feigen &amp; Company</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation President</p>	<p>Aggregate Year-to-Date &gt; \$ 500.00</p>	
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Ralph Gerson 394 Cranbrook Rd Bloomfield Hills, MI 48304-3408</p>	<p>Name of Employer Guardian Industries</p>	<p>Date (month, day, year) 10/5/00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney</p>	<p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Thomas Gottschalk 22025 Orchard Way Beverly Hills, MI 48025-3550</p>	<p>Name of Employer General Motors</p>	<p>Date (month, day, year) 10/17/00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney</p>	<p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Perry Green 3411 Princeton Way Anchorage, AK 99508-4442</p>	<p>Name of Employer David Green Fur</p>	<p>Date (month, day, year) 10/16/00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Furrier</p>	<p>Aggregate Year-to-Date &gt; \$ 250.00</p>	
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Constance Greenfield 279 Sturges Hwy Westport, CT 06880-1722</p>	<p>Name of Employer Not Applicable</p>	<p>Date (month, day, year) 10/13/00</p>	<p>Amount of Each Receipt this Period \$400.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Hortemaker</p>	<p>Aggregate Year-to-Date &gt; \$ 400.00</p>	
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Joseph Gullentag 2101 Connecticut Ave NW Apt 2 Washington, DC 20008-1752</p>	<p>Name of Employer U.S. Treasury Dept.</p>	<p>Date (month, day, year) 10/16/00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney</p>	<p>Aggregate Year-to-Date &gt; \$ 250.00</p>	
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Timothy M Haake 1301 K St NW Washington, DC 20005-3317</p>	<p>Name of Employer Haake &amp; Associates</p>	<p>Date (month, day, year) 10/10/00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney</p>	<p>Aggregate Year-to-Date &gt; \$ 500.00</p>	

SUBTOTAL of Receipts This Page (optional)

\$3,400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 4 OF 8  
FOR LINE NUMBER 11(b)(i)

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00156512

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Hoisington 5526 White Ash Haslett, MI 48840-9799	Health Care Assn. of MI	10/10/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Gov. Affairs	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Jasinowski 3228 Rilttenhouse St. NW Washington, DC 20015	National Association of Manufacturers	10/16/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Werner H Kramarsky 33 E 70th St New York, NY 10021-4941	Not Applicable	10/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold Kulish 5440 Lane Lake Rd Bloomfield Hills, MI 48302-2933	Comorant Co.	10/12/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Property Management	Aggregate Year-to-Date > \$	\$300.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Larson 580 Yarbore Dr Bloomfield Hills, MI 48304-3489	Taubman Company	10/10/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$	\$400.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles L Levin PO Box 20339 Ferndale, MI 48220-0339	N/A	10/16/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Levin 2806 Cambridge Rd. Detroit, MI 48221-1827	Self	10/16/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$	\$350.00

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

\$3,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 5 OF 8  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Levin for Congress Committee C00158612

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Liberatore 4054 52nd Ter NW Washington, DC 20016-1832	Chrysler Corpor	10/17/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$		\$1,000.00
B. Full Name, Mailing Address and ZIP Code Betty G Lichter 650 Laurel Ave Apt 201 Highland Park, IL 60035-3574	Name of Employer: not applicable	Date (month, day, year): 10/18/00	Amount of Each Receipt this Period: \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$		\$250.00
C. Full Name, Mailing Address and ZIP Code James E Lieber 831 W End Ave New York, NY 10024-1006	Name of Employer: Self	Date (month, day, year): 10/5/00	Amount of Each Receipt this Period: \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investments/Attorney Aggregate Year-to-Date > \$		\$1,000.00
D. Full Name, Mailing Address and ZIP Code Gheorghe Marinescu 44555 Woodward Ave. Suite 502 Pontiac, MI 48341-2982	Name of Employer: Self - Employed	Date (month, day, year): 10/11/00	Amount of Each Receipt this Period: \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$		\$250.00
E. Full Name, Mailing Address and ZIP Code Arthur Marshall 2330 Industrial Rd Las Vegas, NV 89102-4818	Name of Employer: Semi Retired	Date (month, day, year): 10/16/00	Amount of Each Receipt this Period: \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Nevada Gaming Comm. Aggregate Year-to-Date > \$		\$250.00
F. Full Name, Mailing Address and ZIP Code Dennis Minano 37 Kingsley Manor Ct Bloomfield Hills, MI 48304-2813	Name of Employer: General Motors	Date (month, day, year): 10/17/00	Amount of Each Receipt this Period: \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Auto Executive Aggregate Year-to-Date > \$		\$1,000.00
G. Full Name, Mailing Address and ZIP Code Monica Moffat 14511 Harbor Is Detroit, MI 48215-3148	Name of Employer: Moffat, McGuire	Date (month, day, year): 10/11/00	Amount of Each Receipt this Period: \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Marketing Design Aggregate Year-to-Date > \$		\$250.00

SUBTOTAL of Receipts This Page (optional) ..... \$3,950.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 8 OF 8  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

Levin for Congress Committee 000156612

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Mustafa Mohalarem 15981 Lauderdale Ave. Beverly Hills, MI 48025	General Motors	10/17/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Economist	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code William D O'Bryan 21465 Atlantic Ave Warren, MI 48091-2828	Name of Employer N/A	Date (month, day, year) 10/10/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$300.00
C. Full Name, Mailing Address and ZIP Code William D O'Bryan 21465 Atlantic Ave Warren, MI 48091-2828	Name of Employer N/A	Date (month, day, year) 10/16/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$300.00
D. Full Name, Mailing Address and ZIP Code Orlando Padilla 5999 Orchard Woods Dr. West Bloomfield, MI 48324	Name of Employer General Motors	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Jeanne Pryce 194 Charlevoix Grosse Pointe, MI 48236	Name of Employer Information Requested	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Rudolph Rasin 328 E 8th St Hinsdale, IL 60521-4504	Name of Employer Rasin Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code Debra Nickin Ribitwer 1265 Stuyvessant Rd Bloomfield Hills, MI 48301-2142	Name of Employer Ribitwer and Assoc.	Date (month, day, year) 10/12/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
<b>SUBTOTAL of Receipts This Page (optional)</b>			<b>\$3,700.00</b>
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 7 OF 8  
FOR LINE NUMBER 11(a)(5)

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**NAME OF COMMITTEE (In Full)**

Lavin for Congress Committee C00156612

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack A Robinson 1589 Kirkway Bloomfield Hills, MI 48302	JAR Group	10/11/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Rajesh Saxena 17253 Ellen Dr Livonia, MI 48152-2988	Name of Employer Wayne County	Date (month, day, year) 10/5/00	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Civil Engineer	Aggregate Year-to-Date > \$	\$255.00
C. Full Name, Mailing Address and ZIP Code Barbara Schlais 839 Cedar Point Rd. Sandusky, OH 44870	Name of Employer Information Requested	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Rudolph Schlais 839 Cedar Point Rd. Sandusky, OH 44870	Name of Employer General Motors	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Clyde Selig 1319 Keller Ln Seguin, TX 78155-4011	Name of Employer SMI-Texas	Date (month, day, year) 10/12/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive VP	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code John F. Smith 1660 Apple Ln Bloomfield Hills, MI 48302-1303	Name of Employer G.M.C.	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Louis J Taratool 3490 Piedmont Rd NE Atlanta, GA 30305-1743	Name of Employer Tara Corporation	Date (month, day, year) 10/18/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Developer	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional)

\$4,275.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 8 OF 8  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Levin for Congress Committee C00156612

<p>A. Full Name, Mailing Address and ZIP Code Harold Waldfoegel 8074 Huntington Rd Huntington Woods, MI 48070-1641</p>	<p>Name of Employer Not Applicable</p>	<p>Date (month, day, year) 10/16/00</p>	<p>Amount of Each Receipt this Period \$150.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation Retired</p>	<p>Aggregate Year-to-Date \$ 5250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Clifford L. Weisberg 29140 Appleblossom Ln Farmington Hills, MI 48331-2419</p>	<p>Name of Employer Weisberg &amp; Walkon, PC</p>	<p>Date (month, day, year) 10/10/00</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation Attorney</p>	<p>Aggregate Year-to-Date \$ 3300.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Michael Wessel 1225 I St. NW Suite 350 Washington, DC 20005</p>	<p>Name of Employer Wessel and Associates</p>	<p>Date (month, day, year) 10/11/00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation Attorney</p>	<p>Aggregate Year-to-Date \$ 5500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Sanford Wolek 5031 Coshocton Dr Waterford, MI 48327-3326</p>	<p>Name of Employer TCI Agency</p>	<p>Date (month, day, year) 10/8/00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation President</p>	<p>Aggregate Year-to-Date \$ 5500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date \$</p>
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date \$</p>
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date \$</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1,250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$23,775.00</p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 1 OF 6  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00158812

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AK Steet PAC 703 Curtis St. Middletown, OH 45043-		10/11/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code Amer. Hospital Assn. PAC 325 Seventh St NW Washington, DC 20004-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
C. Full Name, Mailing Address and ZIP Code Amer. Hospital Assn. PAC 325 Seventh St NW Washington, DC 20004-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/5/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
D. Full Name, Mailing Address and ZIP Code Amer. Medical Assn. PAC 1101 Vermont Avenue NW Washington, DC 20006	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,000.00
E. Full Name, Mailing Address and ZIP Code Amer. Optometric Assn. PAC 1505 Prince Street #300 Alexandria, VA 22315	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,500.00
F. Full Name, Mailing Address and ZIP Code American Electric Power Committee for Responsible 810 Pennsylvania Ave. NW Suite 214 Washington, DC 20004-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/10/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Archer Daniels Midland PAC PO Box 1470 Decatur, IL 62525	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			\$6,500.00
<b>TOTAL</b> This Period (last page this line number only) .....			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 2 OF 6  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Levin for Congress Committee C00156512

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Archer's Arrows PAC 2 Woodward Ave. Detroit, MI 48226		10/13/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Brooke Holdings Inc. PAC Jackson National Life 5901 Executive Drive Lansing, MI 48911		10/10/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Budd Citizenship Committee c/o The Budd Company 3155 W. Big Beaver Troy, MI 48067		10/12/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code Chicago Mercantile Exchange PAC 30 S Wacker Drive Chicago, IL 60606		10/10/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Collier Shannon Rill & Scott PAC 3050 K Street NW Washington, DC 20007		10/11/00	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$2,500.00
F. Full Name, Mailing Address and ZIP Code Corning Employees COREPAC 1350 I Street NW Suite 500 Washington, DC 20004		10/3/00	\$487.20
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,987.20
G. Full Name, Mailing Address and ZIP Code Corning Employees COREPAC 1350 I Street NW Suite 500 Washington, DC 20004		10/11/00	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$3,987.20

SUBTOTAL of Receipts This Page (optional)

\$6,487.20

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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<b>NAME OF COMMITTEE (In Full)</b> Levin for Congress Committee CD0156612			
<b>A. Full Name, Mailing Address and ZIP Code</b> Credit Union Legis. Action Council 805 Fifteenth St. N.W. #300 Washington, DC 20005	Name of Employer  Occupation	Date (month, day, year) 10/10/00	Amount of Each Receipt This Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Detroit Regional Chamber PAC P.O. Box 33840 One Woodward Ave. Detroit, MI 48232-0840	Name of Employer  Occupation	Date (month, day, year) 10/11/00	Amount of Each Receipt This Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Electronic Data Sys. Empl. PAC 1331 Pennsylvania Avenue, N.W. Suite 1300 North Washington, DC 20004	Name of Employer  Occupation	Date (month, day, year) 10/17/00	Amount of Each Receipt This Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$2,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Equitable Life Assurance Society 1700 Pennsylvania Ave NW S-525 7th Floor, 37K Washington, DC 20006	Name of Employer  Occupation	Date (month, day, year) 10/5/00	Amount of Each Receipt This Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> GenCorp 1025 Connecticut Ave. NW Suite 501 Washington, DC 20036	Name of Employer  Occupation	Date (month, day, year) 10/11/00	Amount of Each Receipt This Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Guardian Industries Fed. PAC 2300 Harmon Rd Auburn Hills, MI 48326	Name of Employer  Occupation	Date (month, day, year) 10/5/00	Amount of Each Receipt This Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Hotel and Restaurant Employees 1219 26th St., NW Washington, DC 20007	Name of Employer  Occupation	Date (month, day, year) 10/11/00	Amount of Each Receipt This Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$1,000.00
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$5,600.00
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Other Political Committees**

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

PAGE 4 OF 6  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00156612

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JA PAC 1185 6th Ave. 30th Floor New York, NY 10036-		10/10/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Deere PAC One John Deere Place Moline, IL 61265-		10/16/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$2,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KELLYPAC 999 West Big Beaver Road Troy, MI 48064		10/10/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Laborers' Political League 905 18th Street, NW Washington, DC 20006		10/18/00	\$3,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$3,500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Letter Carriers PAC 100 Indiana Ave N.W. Washington, DC 20001		10/17/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$3,500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Natl Assn of Social Workers PACE 750 First Street NE Suite 700 Washington, DC 20002-4241		10/18/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$1,500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Northwest Airlines P.A.C. 901 15th Street NW, #500 Washington, DC 20005		10/18/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$3,000.00

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

\$9,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

PAGE 5 OF 6  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00156612

A. Full Name, Mailing Address and ZIP Code Procter & Gamble National Government Relations 801 Pennsylvania Ave, NW Washington, DC 20004-2604	Name of Employer  Occupation	Date (month, day, year)  10/17/00	Amount of Each Receipt this Period  \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$	\$2,000.00
B. Full Name, Mailing Address and ZIP Code Realtors PAC 430 N. Michigan Ave. Chicago, IL 60611-	Name of Employer  Occupation	Date (month, day, year)  10/18/00	Amount of Each Receipt this Period  \$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$	\$2,000.00
C. Full Name, Mailing Address and ZIP Code SBC Communications Inc. Employees Federal PAC 1401 Eye Street N.W. #1100 Washington, DC 20005	Name of Employer  Occupation	Date (month, day, year)  10/17/00	Amount of Each Receipt this Period  \$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$	\$3,000.00
D. Full Name, Mailing Address and ZIP Code Spherion Corporation PAC 2050 Spectrum Blvd. Fort Lauderdale, FL 33309-	Name of Employer  Occupation	Date (month, day, year)  10/18/00	Amount of Each Receipt this Period  \$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$	\$2,000.00
E. Full Name, Mailing Address and ZIP Code SunAmerica PAC	Name of Employer  Occupation	Date (month, day, year)  10/16/00	Amount of Each Receipt this Period  \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code TRW Good Government Fund 1001 19th Street N, Suite 800 Arlington, VA 22209	Name of Employer  Occupation	Date (month, day, year)  10/17/00	Amount of Each Receipt this Period  \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$	\$2,000.00
G. Full Name, Mailing Address and ZIP Code United Food & Commercial Local 951 3310 Eagle Park, NE Grand Rapids, MI 49505	Name of Employer  Occupation	Date (month, day, year)  10/13/00	Amount of Each Receipt this Period  \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$	\$1,000.00

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

\$10,000.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

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FOR LINE NUMBER 11(c)

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)**

Levin for Congress Committee C00156612

A. Full Name, Mailing Address and ZIP Code United Parcel Service PAC 31B Pennsylvania Avenue, S.E. Room 304 Washington, DC 20003	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/3/00	\$400.00
		Aggregate Year-to-Date > \$	\$4,500.00
B. Full Name, Mailing Address and ZIP Code United Parcel Service PAC 31B Pennsylvania Avenue, S.E. Room 304 Washington, DC 20003		Name of Employer	Date (month, day, year)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/3/00	\$100.00
		Aggregate Year-to-Date > \$	\$4,500.00
C. Full Name, Mailing Address and ZIP Code United Parcel Service PAC 316 Pennsylvania Avenue, S.E. Room 304 Washington, DC 20003		Name of Employer	Date (month, day, year)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/3/00	\$2,500.00
		Aggregate Year-to-Date > \$	\$4,500.00
D. Full Name, Mailing Address and ZIP Code United Parcel Service PAC 316 Pennsylvania Avenue, S.E. Room 304 Washington, DC 20003		Name of Employer	Date (month, day, year)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/3/00	\$1,000.00
		Aggregate Year-to-Date > \$	\$4,500.00
E. Full Name, Mailing Address and ZIP Code Winston and Strawn PAC 1400 L St. NW Washington, DC 20005-		Name of Employer	Date (month, day, year)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/11/00	\$500.00
		Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) .....	\$4,500.00
TOTAL This Period (last page this line number only) .....	\$44,067.20

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 9  
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Operating Expenditures

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)

Levin for Congress Committee CD0156612

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ambrosino Consulting 847 Sansome 2nd Floor San Francisco, CA 94111	Direct Mail Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	\$52,800.68
B. Full Name, Mailing Address and ZIP Code Ambrosino Consulting 847 Sansome 2nd Floor San Francisco, CA 94111	Consultant Fee - Media Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$2,500.00
C. Full Name, Mailing Address and ZIP Code Ambrosino Consulting 847 Sansome 2nd Floor San Francisco, CA 94111	Direct Mail Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$44,414.00
D. Full Name, Mailing Address and ZIP Code Ameritech Post Office Box 5030 Saginaw, MI 48663	PHONES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	\$1,022.14
E. Full Name, Mailing Address and ZIP Code Ameritech Post Office Box 5030 Saginaw, MI 48663	PHONES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$736.61
F. Full Name, Mailing Address and ZIP Code Ameritech Post Office Box 5030 Saginaw, MI 48663	PHONES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$238.52
G. Full Name, Mailing Address and ZIP Code AT and T Post Office Box 945800 Maitland, FL 32794	PHONES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$365.07
H. Full Name, Mailing Address and ZIP Code AT and T Post Office Box 945800 Maitland, FL 32794	PHONES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$118.52
I. Full Name, Mailing Address and ZIP Code Awi Bawle 1965 Pelican Troy, MI 48064	Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$786.44

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

\$102,981.98

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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)**

Levin for Congress Committee C00156612

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Awi Bayle 1965 Pelican Troy, MI 48064	Volunteer Food - Field Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$33.21
Awi Bayle 1965 Pelican Troy, MI 48064	Volunteer Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$28.49
Awi Bayle 1965 Pelican Troy, MI 48064	Mobile Phone Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$32.87
Awi Bayle 1965 Pelican Troy, MI 48064	Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$786.44
Mr. Steven Bieda Committee to Elect Steven Bieda 30636 Dequindre Warren, MI 48092	Direct Mail - In Kind Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$385.00
Mr. Steven Bieda Committee to Elect Steven Bieda 30636 Dequindre Warren, MI 48092	Contributions Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$25.00
Christina Hardesty 30563 Hales Madison Heights, MI 48071	Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$374.44
Consumers Energy Post Office Box 369 Royal Oak, MI 48068	Office Utilities Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$18.38
Consumers Energy Post Office Box 389 Royal Oak, MI 48068	Office Utilities Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$15.00

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

\$1,608.83

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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Operating Expenditures

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NAME OF COMMITTEE (In Full)

Levin for Congress Committee C00156612

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement In Kind - Event Expenses	Date (month, day, year)	Amount of Each Disbursement This Period
Coming Employees COREPAC 1350 I Street NW Suite 500 Washington, DC 20004	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/00	\$467.20 * * In-kind received
B. Full Name, Mailing Address and ZIP Code Danielle Randel 3671 Buckingham Avenue Berkley, MI 48072	Purpose of Disbursement Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	Amount of Each Disbursement This Period \$1,494.00
C. Full Name, Mailing Address and ZIP Code Danielle Randel 3671 Buckingham Avenue Berkley, MI 48072	Purpose of Disbursement Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	Amount of Each Disbursement This Period \$1,494.00
D. Full Name, Mailing Address and ZIP Code Danielle Randel 3671 Buckingham Avenue Berkley, MI 48072	Purpose of Disbursement Reimbursement - Office Suppl Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	Amount of Each Disbursement This Period \$39.70
E. Full Name, Mailing Address and ZIP Code Design Graphics 441 Woodland Circle Bowling Green, OH 43402	Purpose of Disbursement Field Expense - Lawn Signs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	Amount of Each Disbursement This Period \$6,639.40
F. Full Name, Mailing Address and ZIP Code Detroit Edison Post Office Box 2859 Detroit, MI 48260	Purpose of Disbursement Office Utilities Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	Amount of Each Disbursement This Period \$208.89
G. Full Name, Mailing Address and ZIP Code Detroit Edison Post Office Box 2859 Detroit, MI 48260	Purpose of Disbursement Office Utilities Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	Amount of Each Disbursement This Period \$72.79
H. Full Name, Mailing Address and ZIP Code Diana McBroom 46218 Custer Utica, MI 48317	Purpose of Disbursement Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/00	Amount of Each Disbursement This Period \$527.70
I. Full Name, Mailing Address and ZIP Code Diana McBroom 46218 Custer Utica, MI 48317	Purpose of Disbursement Reimbursement - Cand. Travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	Amount of Each Disbursement This Period \$95.00
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....			\$11,038.68
<b>TOTAL This Period (last page this line number only)</b> .....			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Levin for Congress Committee CDD158812

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Diana McBroom 4621B Custer Utica, MI 48317	Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$986.40
Mr. Irvin Droste Committee to Elect Irv Droste 44823 Brockton Ave Sterling Heights, MI 48314-1510	Direct Mail - In Kind Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$308.00
Mr. Irvin Droste Committee to Elect Irv Droste 44823 Brockton Ave Sterling Heights, MI 48314-1510	Contributions Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$25.00
Eligio DiBerardo 40332 Denbigh Sterling Heights, MI 48310	Office Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$750.00
Erika Randel 1408 N. Alexander Ave. Royal Oak, MI 48067	Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$836.44
Erika Randel 1408 N. Alexander Ave. Royal Oak, MI 48067	Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$836.44
Erika Randel 1408 N. Alexander Ave. Royal Oak, MI 48067	Reimbursement - Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$11.02
Fred Starzyk 903 Bernie Lane Madison Heights, MI 48071	Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$1,182.84
Fred Starzyk 903 Bernie Lane Madison Heights, MI 48071	Field Event - Catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$21.35

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

\$4,917.49

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee COD156612

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fred Starzyk 803 Bernie Lane Madison Heights, MI 48071	Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$1,162.84
Friends of Lane Evans PO Box 5263 Rock Island, IL 61204	Contributions Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/00	\$1,000.00
Goodwill Printing Post Office Box 21820 Detroit, MI 48221	Printing (Fundraising) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$478.06
Goodwill Printing Post Office Box 21820 Detroit, MI 48221	Printing (Fundraising) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$1,680.10
Goodwill Printing Post Office Box 21820 Detroit, MI 48221	Printing (Fundraising) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$522.58
Goodwill Printing Post Office Box 21820 Detroit, MI 48221	Printing (Fundraising) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$1,811.54
Jennifer Diemsko 13318 Canterbury Sterling Heights, MI 48312	Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$624.91
Karen Caird 2342 Mortinson Berkley, MI 48072	Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$1,030.58
Karen Caird 2342 Mortinson Berkley, MI 48072	Volunteer Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/00	\$52.58

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$8,363.19
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00156612

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Karen Calrd 2342 Mortson Berkley, MI 48072	Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$1,030.58
Mandy Rossman 21843 Elmway Clinton Township, MI 48035	Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$744.50
Mandy Rossman 21843 Elmway Clinton Township, MI 48035	Payroll Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$744.50
Michigan National Bank 26555 Evergreen Southfield, MI 48076	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/00	\$8,703.00
Midwest Security 2700 Midwest Drive Onalaska, WI 54650	Insurance Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$240.51
Postmaster Warren, MI 48090	Postage (Field) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	\$25,000.00
Postmaster Warren, MI 48090	Postage (Fundraising) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$2,970.00
Postmaster Warren, MI 48090	Postage (Field) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/00	\$25,000.00
Postmaster Warren, MI 48090	PO Box Rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	\$84.00

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

\$82,497.19

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Levin for Congress Committee C00156612

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Warren, MI 48090	Direct Mail - Field Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	\$20,000.00
B. Full Name, Mailing Address and ZIP Code Public Storage 29250 John R. Rd. Madison Heights, MI 48071	Office Storage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$144.00
C. Full Name, Mailing Address and ZIP Code Springer Associates 436 New Jersey Avenue, SE Washington, DC 20003	Consultant Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$4,672.47
D. Full Name, Mailing Address and ZIP Code State of Michigan Dept. of Treasury Post Office Box 2012B Lansing, MI 48901	Taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/4/00	\$359.00
E. Full Name, Mailing Address and ZIP Code TAPP Boosters Club Theatre Arts Performance Project 12901 15 Mile Rd. Sterling Heights, MI 48312	Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$250.00
F. Full Name, Mailing Address and ZIP Code The Italian Tribune 1431 12 Mile Road Madison Heights, MI 48071	Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$210.00
G. Full Name, Mailing Address and ZIP Code United Parcel Service PAC 316 Pennsylvania Avenue, S.E. Room 304 Washington, DC 20003	Postage Services Provided Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/00	\$400.00 * * in-kind received
H. Full Name, Mailing Address and ZIP Code United Parcel Service PAC 316 Pennsylvania Avenue, S.E. Room 304 Washington, DC 20003	Postage Services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/00	\$100.00 * * in-kind received
I. Full Name, Mailing Address and ZIP Code Wilson Welding 30800 Dequindre Warren, MI 48092	Events (Field) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$92.38

SUBTOTAL of Disbursements This Page (optional)

\$26,227.85

TOTAL This Period (last page this line number only)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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Operating Expenditures

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**NAME OF COMMITTEE (In Full)**

Loyle for Congress Committee CD0156612

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Paul Wojno Committee to Elect Paul Wojno 27314 La Rose Dr Warren, MI 48093-4423	Direct Mail - In Kind Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$225.50
B. Full Name, Mailing Address and ZIP Code Woodruff's Supper Club 212 West Sixth Street Royal Oak, MI 48068	Catering (Fundraising) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/00	\$1,465.70
C. Full Name, Mailing Address and ZIP Code Mr. Dave Woodward Committee to Elect Dave Woodward 1718 W. Farnum Royal Oak, MI 48067	Direct Mail - In Kind Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$258.50
D. Full Name, Mailing Address and ZIP Code Mr. Dave Woodward Committee to Elect Dave Woodward 1718 W. Farnum Royal Oak, MI 48067	Contributions Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$25.00
E. Full Name, Mailing Address and ZIP Code US Bank Post Office Box 5400 Sioux Falls, SD 57117	World Perks Visa Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$875.66
F. Full Name, Mailing Address and ZIP Code Federal Express Box 727, Department A Memphis, TN 38194	Shipping Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$38.22 MEMO
G. Full Name, Mailing Address and ZIP Code Federal Express Box 727, Department A Memphis, TN 38194	Shipping Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$38.22 MEMO
H. Full Name, Mailing Address and ZIP Code Federal Express Box 727, Department A Memphis, TN 38194	Shipping Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$34.32 MEMO
I. Full Name, Mailing Address and ZIP Code Kinkos 330 Hampton Row Birmingham, MI 48009	Printing (Field) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$9.33 MEMO

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

\$2,850.36

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 9 OF 9  
FOR LINE NUMBER  
17

**Operating Expenditures**

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)**

Levin for Congress Committee C00156612

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period MEMO
Northwest Airlines Minneapolis, MN	Cand. Travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$75.00
Northwest Airlines Minneapolis, MN	Cand. Travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$235.00
Target 27584 Dequindre Warren, MI 48092	Volunteer Snacks Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$13.56
Target 27584 Dequindre Warren, MI 48092	Paper Goods - Field Events Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/00	\$26.49
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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) .....	\$0.00
TOTAL This Period (last page this line number only) .....	\$220,575.57

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21

**Other Disbursements**

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)**

Levin for Congress Committee C00156812

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Excess Funds Transfer Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/2/00	Amount of Each Disbursement This Period \$10,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	\$10,000.00
TOTAL This Period (last page this line number only) .....	\$10,000.00

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Page 1 of 1 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payments This Period	Outstanding Balance at Close of This Period
Levin for Congress Committee C00156612				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor 11th Congressional District Democratic Cmte. 18104 Vacie Lane Livonia, MI 48152-	\$3,000.00	\$0.00	\$0.00	\$3,000.00
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				\$3,000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				\$0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				\$3,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>12/7/00</i>
<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>ALBA</i> PREPARER	<i>12/12/00</i> DATE PREPARED