

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
MAIL ROOM  
2000 JUL 14 P 1:13

1. NAME OF COMMITTEE (in full)

Friends of John Conyers

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ADDRESS (number and street)  Check if different than previously reported.  
300 North Lee Street, Suite 500

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CITY, STATE and ZIP CODE STATE/DISTRICT  
Alexandria, VA 22314 MI 14

2. FEC IDENTIFICATION NUMBER

C00008201

3. IS THIS REPORT AN AMENDMENT?

YES  NO

## 4. TYPE OF REPORT

- April 15 Quarterly Report  Twelfth day report preceding \_\_\_\_\_ (Type of Election) \_\_\_\_\_  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- July 15 Quarterly Report  Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_
- October 15 Quarterly Report
- January 31 Year End Report  Termination Report
- July 31 Mid-Year Report (Non-election Year Only)

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
D4-01-2000 through 06-30-2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$26150.00	\$320449.31
(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))	\$26150.00	\$320449.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$22722.16	\$172175.81
(b) Total Offsets to Operating Expenditures (from Line 14)	\$732.22	\$732.22
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$21989.94	\$171443.59
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$152473.98	
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)	\$0.00	

For further information:  
Federal Election Commission  
899 E Street, NW  
Washington, DC 20463  
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  
James W. Wise

Signature of Treasurer Date \_\_\_\_\_

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §497g.

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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) Friends of John Conyers	Report Covering the Period:	
	From: 04-01-2000	To: 06-30-2000
I. RECEIPTS	Column A Total This Period	Column 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) .....	\$11300.00	
(ii) Unitemized .....	\$100.00	
(iii) Total of contributions from Individual .....	\$11400.00	\$127835.00
(b) Political Party Committees .....	\$0.00	\$494.31
(c) Other Political Committees (such as PACs) .....	\$14750.00	\$192100.00
(d) The Candidate .....	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	\$26150.00	\$320449.31
<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> .....	\$732.22	\$732.22
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> .....	\$0.00	\$1260.00
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b> .....	\$26882.22	\$322431.53
II. DISBURSEMENTS		
<b>17. OPERATING EXPENDITURES</b> .....	\$22722.16	\$172175.81
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b> .....	\$0.00	\$12946.28
<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> .....	\$7500.00	\$17500.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b> .....	\$30222.16	\$202622.07
III. CASH SUMMARY		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b> .....		\$155813.92
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b> .....		\$26882.22
<b>25. SUBTOTAL (add Line 23 and Line 24)</b> .....		\$182696.14
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b> .....		\$30222.16
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b> .....		\$152473.98

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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 unrelated purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**Friends of John Conyers**

<b>A. Full Name, Mailing Address and Zip Code</b> Dennis W. Archer, Jr., Esq. 8120 East Jefferson, Apartment 4K  Detroit, MI 48214- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Graimark Realty Advisors  <b>Occupation</b> Director Business Development  <b>Aggregate Year-to-Date -&gt;</b> \$1000.00	<b>Date (month, day, year)</b> 06-12-2000	<b>Amount of Each Receipt this Period</b> \$500.00
<b>B. Full Name, Mailing Address and Zip Code</b> Dennis W. Archer, Jr., Esq. 8120 East Jefferson, Apartment 4K  Detroit, MI 48214- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Graimark Realty Advisors  <b>Occupation</b> Director Business Development  <b>Aggregate Year-to-Date -&gt;</b> \$2000.00	<b>Date (month, day, year)</b> 06-12-2000	<b>Amount of Each Receipt this Period</b> \$1000.00
<b>C. Full Name, Mailing Address and Zip Code</b> Janet E. Burkle 10000 Santa Monica Boulevard 5th Floor Los Angeles, CA 90067- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b> Philanthropist  <b>Aggregate Year-to-Date -&gt;</b> \$1000.00	<b>Date (month, day, year)</b> 06-01-2000	<b>Amount of Each Receipt this Period</b> \$1000.00
<b>D. Full Name, Mailing Address and Zip Code</b> Daniel F. Burton 3803 Underwood Street  Chevy Chase, MD 20815- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Novell  <b>Occupation</b> VP Government Relations  <b>Aggregate Year-to-Date -&gt;</b> \$500.00	<b>Date (month, day, year)</b> 06-14-2000	<b>Amount of Each Receipt this Period</b> \$500.00
<b>E. Full Name, Mailing Address and Zip Code</b> Bernard H. Chao 4 Topaz Way  San Francisco, CA 94131- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Covad Communications  <b>Occupation</b> VP Legal Strategy  <b>Aggregate Year-to-Date -&gt;</b> \$500.00	<b>Date (month, day, year)</b> 06-14-2000	<b>Amount of Each Receipt this Period</b> \$500.00
<b>F. Full Name, Mailing Address and Zip Code</b> Becca Gould 1150 18th Street, NW  Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Business Software Alliance  <b>Occupation</b> Vice President  <b>Aggregate Year-to-Date -&gt;</b> \$300.00	<b>Date (month, day, year)</b> 06-14-2000	<b>Amount of Each Receipt this Period</b> \$300.00
<b>G. Full Name, Mailing Address and Zip Code</b> Paul R. Hughes, Jr. 338 North Market Street, Apartment 360  San Jose, CA 95110-2456 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Adobe Systems Incorporated  <b>Occupation</b> Public Policy Advisor  <b>Aggregate Year-to-Date -&gt;</b> \$500.00	<b>Date (month, day, year)</b> 06-14-2000	<b>Amount of Each Receipt this Period</b> \$500.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$4300.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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)**  
 Friends of John Conyers

<b>A. Full Name, Mailing Address and Zip Code</b> Derrick A. Humphries 1025 Vermont Avenue, NW, Suite 910 Washington, DC 20005-3516 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Humphries & Brooks <b>Occupation</b> Attorney <b>Aggregate Year-to-Date -&gt;</b> \$500.00	<b>Date (month, day, year)</b> 06-12-2000 <b>Amount of Each Receipt this Period</b> \$500.00
<b>B. Full Name, Mailing Address and Zip Code</b> Hiram E. Jackson 200 Riverfront Drive, Apartment 23FG Detroit, MI 48226- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Global View Technologies <b>Occupation</b> CEO <b>Aggregate Year-to-Date -&gt;</b> \$1000.00	<b>Date (month, day, year)</b> 06-14-2000 <b>Amount of Each Receipt this Period</b> \$500.00
<b>C. Full Name, Mailing Address and Zip Code</b> Dhruv Khanna 742 Alister Avenue Palo Alto, CA 94303- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Covid Communications <b>Occupation</b> General Counsel <b>Aggregate Year-to-Date -&gt;</b> \$1000.00	<b>Date (month, day, year)</b> 06-14-2000 <b>Amount of Each Receipt this Period</b> \$1000.00
<b>D. Full Name, Mailing Address and Zip Code</b> Ruth M. Ferasol  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self Employed <b>Occupation</b> Attorney <b>Aggregate Year-to-Date -&gt;</b> \$1000.00	<b>Date (month, day, year)</b> 06-14-2000 <b>Amount of Each Receipt this Period</b> \$1000.00
<b>E. Full Name, Mailing Address and Zip Code</b> Thomas J. Regan 1235 Vintner Way Pleasanton, CA 94566- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Covid Communications <b>Occupation</b> Director <b>Aggregate Year-to-Date -&gt;</b> \$500.00	<b>Date (month, day, year)</b> 06-14-2000 <b>Amount of Each Receipt this Period</b> \$500.00
<b>F. Full Name, Mailing Address and Zip Code</b> Sue Schneider 901 Boonslick Road Saint Charles, MO 63301- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> The River City Group <b>Occupation</b> CEO <b>Aggregate Year-to-Date -&gt;</b> \$1000.00	<b>Date (month, day, year)</b> 06-14-2000 <b>Amount of Each Receipt this Period</b> \$1000.00
<b>G. Full Name, Mailing Address and Zip Code</b> Elizabeth C. Wolfe Post Office Box 675818 Rancho Santa Fe, CA 92067- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Information Requested <b>Occupation</b>  <b>Aggregate Year-to-Date -&gt;</b> \$1000.00	<b>Date (month, day, year)</b> 06-14-2000 <b>Amount of Each Receipt this Period</b> \$1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$5500.00
<b>TOTAL</b> This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)  
Friends of John Conyers

A. Full Name, Mailing Address and Zip Code	Name of Employer Information Requested	Date (month, day, year)	Amount of Each Receipt this Period
Larry J. Wolfe Post Office Box 675818 Rancho Santa Fe, CA 92067-		06-14-2000	\$1500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$1000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Yang 1421 Stone Creek Drive San Jose, CA 95132-	Yahoo!	06-14-2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Chief Yahoo!	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
		- -	
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)	\$1500.00
TOTAL This Period (last page this line number only)	\$11300.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
 Friends of John Conyers

<b>A. Full Name, Mailing Address and Zip Code</b> America Online Political Action Committee 1101 Connecticut Avenue, NW, Suite 400 Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date -&gt;</b>	<b>Date (month, day, year)</b> 06-14-2000  \$1000.00	<b>Amount of Each Receipt this Period</b> \$1000.00
<b>B. Full Name, Mailing Address and Zip Code</b> American Academy of Ophthalmology Political Action OPHTHPAC Suite 700 Washington, DC 20005-3570 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date -&gt;</b>	<b>Date (month, day, year)</b> 06-12-2000  \$1000.00	<b>Amount of Each Receipt this Period</b> \$1000.00
<b>C. Full Name, Mailing Address and Zip Code</b> American Association of Orthopaedic Surgeons "The ORTHOPAEDIC PAC" 317 Massachusetts Avenue, NE, Suite 1000 Washington, DC 20002-5701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date -&gt;</b>	<b>Date (month, day, year)</b> 06-12-2000  \$1000.00	<b>Amount of Each Receipt this Period</b> \$1000.00
<b>D. Full Name, Mailing Address and Zip Code</b> American Association of Orthopaedic Surgeons "The ORTHOPAEDIC PAC" 317 Massachusetts Avenue, NE, Suite 1000 Washington, DC 20002-5701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date -&gt;</b>	<b>Date (month, day, year)</b> 06-12-2000  \$2000.00	<b>Amount of Each Receipt this Period</b> \$1000.00
<b>E. Full Name, Mailing Address and Zip Code</b> American Franchise Association PAC 53 West Jackson Boulevard, Suite 205  Chicago, IL 60604- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date -&gt;</b>	<b>Date (month, day, year)</b> 06-30-2000  \$1000.00	<b>Amount of Each Receipt this Period</b> \$1000.00
<b>F. Full Name, Mailing Address and Zip Code</b> American Medical Association Political Action Committee 1101 Vermont Avenue, NW Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date -&gt;</b>	<b>Date (month, day, year)</b> 06-12-2000  \$1500.00	<b>Amount of Each Receipt this Period</b> \$1000.00
<b>G. Full Name, Mailing Address and Zip Code</b> American Postal Workers Union Co on Pol 1300 L Street, N.W.  Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>  <b>Aggregate Year-to-Date -&gt;</b>	<b>Date (month, day, year)</b> 06-12-2000  \$1000.00	<b>Amount of Each Receipt this Period</b> \$1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$7000.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
**Friends of John Conyers**

<b>A. Full Name, Mailing Address and Zip Code</b> Covad Communications Company DSL America PAC 600 14th Street, NW, Suite 750 Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 04-17-2000	<b>Amount of Each Receipt this Period</b> \$1000.00  <b>IN-KIND</b>
Aggregate Year-to-Date ->		\$1000.00	
<b>B. Full Name, Mailing Address and Zip Code</b> Great Lakes Sugar Beet Growers P.A.C 4800 Fashion Square Boulevard, Suite 485 Saginaw, MI 48604- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 06-12-2000	<b>Amount of Each Receipt this Period</b> \$250.00
Aggregate Year-to-Date ->		\$250.00	
<b>C. Full Name, Mailing Address and Zip Code</b> Ironworkers Political Action League 1750 New York Avenue NW Washington, DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 06-12-2000	<b>Amount of Each Receipt this Period</b> \$2500.00
Aggregate Year-to-Date ->		\$2500.00	
<b>D. Full Name, Mailing Address and Zip Code</b> Service Employees International Union AFL-CIO, CLC COPE US Division 1313 L Street, N.W. Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 06-30-2000	<b>Amount of Each Receipt this Period</b> \$2500.00
Aggregate Year-to-Date ->		\$5000.00	
<b>E. Full Name, Mailing Address and Zip Code</b> Sun Microsystems, Inc. 20 Park Road, Suite E Burlingame, CA 94010-4443 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 06-14-2000	<b>Amount of Each Receipt this Period</b> \$500.00
Aggregate Year-to-Date ->		\$500.00	
<b>F. Full Name, Mailing Address and Zip Code</b> eBay Inc. Committee for Responsible Internet Commerce 101 Park Center Plaza, Suite 1160 San Jose, CA 95113- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 06-14-2000	<b>Amount of Each Receipt this Period</b> \$1000.00
Aggregate Year-to-Date ->		\$1000.00	
<b>G. Full Name, Mailing Address and Zip Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> - -	<b>Amount of Each Receipt this Period</b>
Aggregate Year-to-Date ->			

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$7750.00
<b>TOTAL</b> This Period (last page this line number only)	\$14750.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
 Friends of John Conyers

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bell Atlantic Political Accounts, Ninth Floor 2980 Fairview Park Drive North Falls Church, VA 22042-	REFUND OF DEPOSIT	05-01-2000	\$732.22
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$732.22	
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 ->		

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$732.22
<b>TOTAL</b> This Period (last page this line number only)	\$732.22



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (in full)**  
Friends of John Conyers

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
14th & 15th Joint Fundraiser  18945 Wyoming  Detroit, MI 48221-	Tickets  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-22-2000	\$200.00
B. Full Name, Mailing Address and Zip Code AT&T  Post Office Box 9001310  Louisville, KY 40291-	Purpose of Disbursement Telephone  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-28-2000	\$187.90
C. Full Name, Mailing Address and Zip Code AT&T  Post Office Box 9001310  Louisville, KY 40291-	Purpose of Disbursement Telephone  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-19-2000	\$187.30
D. Full Name, Mailing Address and Zip Code AT&T  Post Office Box 9001310  Louisville, KY 40291-	Purpose of Disbursement Telephone  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-22-2000	\$26.14
E. Full Name, Mailing Address and Zip Code AT&T  Post Office Box 9001310  Louisville, KY 40291-	Purpose of Disbursement Telephone  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-09-2000	\$187.90
F. Full Name, Mailing Address and Zip Code AT&T  Post Office Box 9001310  Louisville, KY 40291-	Purpose of Disbursement Telephone  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-28-2000	\$10.11
G. Full Name, Mailing Address and Zip Code Bell Atlantic - DC  P.O. Box 646  Baltimore, MD 21265-	Purpose of Disbursement Telephone  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-28-2000	\$55.70

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$855.05
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 Friends of John Conyers

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic - DC  P.O. Box 646  Baltimore, MD 21265-	Telephone  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06-19-2000	\$74.68
Bell Atlantic - DC  P.O. Box 646  Baltimore, MD 21265-	Telephone  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04-13-2000	\$57.93
Covad Communications Company DSL  America PAC 600 14th Street, NW, Suite 750 Washington, DC 20005-	  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04-17-2000	\$1000.00  IN KIND
Detroit Institute of Arts/FAAA  6533 East Jefferson, suite 405J  Detroit, MI 48207-	Sponsorship Fee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05-30-2000	\$800.00
Friends of Teola P. Hunter  Post Office Box 44127E  Detroit, MI 48244-	Advertisement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06-19-2000	\$150.00
Metropolitan Detroit AFL-CIO  600 West LaPayette  Detroit, MI 48226-	Tribute  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04-26-2000	\$200.00
Michigan Democratic Party  606 Townsend  Lansing, MI 48933-	Donation  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04-28-2000	\$300.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$2582.61
<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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**NAME OF COMMITTEE (In Full)**  
Friends of John Conyers

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mitchell's Pictures  Wyoman C. Mitchell 919 Lawrence Street Detroit, MI 48202-	Photography  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-28-2000	\$400.00
Mitchell's Pictures  Wyoman C. Mitchell 919 Lawrence Street Detroit, MI 48202-	Photography  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-30-2000	\$800.00
NAACP Fight for Freedom Fund Dinner  2990 East Grand Boulevard Detroit, MI 48202-	Donation  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-20-2000	\$125.00
NAACP Fight for Freedom Fund Dinner  2990 East Grand Boulevard Detroit, MI 48202-	2000 Fight for Freedom Fund Dinner  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-25-2000	\$1500.00
Northwest Airlines  5101 Northwest Drive Saint Paul, MN 55111-3034	Travel  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-15-2000	\$1859.50
Northwest Airlines  5101 Northwest Drive Saint Paul, MN 55111-3034	Travel  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-15-2000	\$988.50
Northwest Airlines  5101 Northwest Drive Saint Paul, MN 55111-3034	Travel  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-17-2000	\$800.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$6473.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 Friends of John Conyers

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Petty Cash  Suite 650 660 Woodward Avenue Detroit, MI 48226-	Miscellaneous  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-23-2000	\$300.00
Petty Cash  Suite 650 660 Woodward Avenue Detroit, MI 48226-	Miscellaneous  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-20-2000	\$500.00
The Fairmont Hotel San Jose  170 South Market Street  San Jose, CA 95113-	Lodging  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-26-2000	\$931.23
The Wise Hodgdon Group  300 North Lee Street, Suite 500  Alexandria, VA 22314-	Travel  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-17-2000	\$1473.42
The Wise Hodgdon Group  300 North Lee Street, Suite 500  Alexandria, VA 22314-	Consulting Services, FEC Compliance  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-01-2000	\$1158.10
The Wise Hodgdon Group  300 North Lee Street, Suite 500  Alexandria, VA 22314-	Consulting Services, FEC Compliance  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-10-2000	\$1107.91
The Wise Hodgdon Group  300 North Lee Street, Suite 500  Alexandria, VA 22314-	Consulting Services, FEC Compliance  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-03-2000	\$2178.34

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$7649.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 Friends of John Conyers

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas E. Howard, Jr.  17374 Northlawn  Detroit, MI 48221-	Catering  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-28-2000	\$453.55
B. Full Name, Mailing Address and Zip Code US Airways  8 Parkway Center  Pittsburgh, PA 15220-	Travel  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-15-2000	\$1475.00
C. Full Name, Mailing Address and Zip Code	Travel  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-15-2000	\$986.25
D. Full Name, Mailing Address and Zip Code	  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	- -	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and Zip Code	  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	- -	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	- -	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	- -	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$2914.80
<b>TOTAL</b> This Period (last page this line number only)	\$20474.46

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 Friends of John Conyers

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Byrum for Congress Post Office Box 26191 Lansing, MI 48909-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04-28-2000	\$1000.00
B. Full Name, Mailing Address and Zip Code Democratic Congressional Campaign Co. 430 South Capital Street, S.E. Washington, DC 20003-	Purpose of Disbursement Membership Dues Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 04-01-2000	Amount of Each Disbursement This Period \$5000.00
C. Full Name, Mailing Address and Zip Code Mike Ross for Congress Committee Post Office Box 360 Prescott, AR 71857-0360	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 06-22-2000	Amount of Each Disbursement This Period \$500.00
D. Full Name, Mailing Address and Zip Code Stupak for Congress Post Office Box 143 Menominee, MI 49858-	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 06-22-2000	Amount of Each Disbursement This Period \$1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$7500.00
<b>TOTAL</b> This Period (last page this line number only)	\$7500.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7/14/03
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>J.A.O.</i> PREPARER	 7/14/03 DATE PREPARED