

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

1. NAME OF COMMITTEE (In Full)

2000 JUL 15 A 11: 29

Keptur for Congress		2. FEC IDENTIFICATION NUMBER C00154625
ADDRESS (number and street) PO Box 899	<input type="checkbox"/> Check if different than previously reported.	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CITY, STATE and ZIP CODE Toledo, OH 43687	STATE/DISTRICT OH 9	

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding _____ (Type of Election)
<input checked="" type="checkbox"/> July 15 Quarterly Report	election on _____ In the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on _____ In the State of _____
<input type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> 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
04/01/2000 through 06/30/2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$48714.00	\$48714.00
(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))	\$48714.00	\$48714.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$10213.88	\$10213.88
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$10213.88	\$10213.88
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$528310.28	
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
999 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 John R. Duncan	
Signature of Treasurer 	Date 7-11-00

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

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FEC FORM 3
(Revised 4/97)

Detailed Summary Page
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (In full) Kaptur for Congress	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
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	\$25750.00	
(ii) Unitemized	\$3414.00	
(iii) Total of contributions from individual	\$29164.00	\$29164.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$19550.00	\$19550.00
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	\$48714.00	\$48714.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$0.00	\$0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$6718.10	\$6718.10
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$55432.10	\$55432.10
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$13213.88	\$13213.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
19. LOAN REPAYMENTS:		
(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
20. REFUNDS OF CONTRIBUTIONS TO:		
(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
21. OTHER DISBURSEMENTS	\$3000.00	\$3000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$13213.88	\$13213.88
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$566092.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$55432.10
25. SUBTOTAL (add Line 23 and Line 24)		\$621524.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$13213.88
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$608310.28

SCHEDULE A

ITEMIZED RECEIPTS

See separate instructions for each category on the Detailed Summary Page

Page	1	of	1
FOR LINE NUMBER			
N/A			

Exempt Legal & Accounting

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

NAME OF COMMITTEE (In Full)
Kaptur for Congress

A. Full Name, Mailing Address and Zip Code LUBLIN, SUSSMAN, ROSENBERG AND DAMRAUER 3166 Republic Blvd. W Toledo, OH 43615-		Name of Employer Partnership Attribution Listed Individually	Date (month, day, year) 6/30/2000	Amount of Each Receipt this Period \$726.25
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Accounting	4/L-6/30	Services
		Aggregate Year-to-Date -> \$726.25		MEMO
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 ->		MEMO
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 ->		MEMO
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 ->		MEMO
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 ->		MEMO
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 ->		MEMO
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 ->		MEMO

SUBTOTAL of Receipts This Page (optional)	\$726.25
TOTAL This Period (last page this line number only)	\$726.25

SCHEDULE A

ITEMIZED RECEIPTS

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

Page	1	of	6
FOR LINE NUMBER			
11(a)(i)			

Any information copied from your Reports and Statements may not be valid or used by any person for the purpose of soliciting contributions or for commercial purposes, unless done using the name and address of my political committee for soliciting contributions does not violate 44.

NAME OF COMMITTEE (in full)
Kaptur for Congress

A. Full Name, Mailing Address and Zip Code Tarif Abboushi 960 Chimney Rock Houston, TX 77056-	Name of Employer Self Occupation Consultant	Date (month, day, year) 05/03/2000	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. Full Name, Mailing Address and Zip Code George Abdallah 9019 Stroud Houston, TX 77036-	Name of Employer Occupation Retired	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
C. Full Name, Mailing Address and Zip Code Theresa Abdallah 13217 Ann Louise Houston, TX 77086-	Name of Employer Expo Occupation Interior Designer	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
D. Full Name, Mailing Address and Zip Code Ralph Abercia 314 Gentilly Pl Houston, TX 77024-	Name of Employer Occupation Retired	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		
E. Full Name, Mailing Address and Zip Code Suhayl AWAR 15522 Walkwood Houston, TX 77079-	Name of Employer Self Occupation Doctor	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
F. Full Name, Mailing Address and Zip Code Christie Ballantyne 2331 Swift Houston, TX 77030-	Name of Employer Baylor College of Medicine Occupation Physician	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
G. Full Name, Mailing Address and Zip Code John Brown 250 Ranch Rd Portland, TN 37148-5205	Name of Employer Occupation Retired	Date (month, day, year) 06/07/2000	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$200.00		

SUBTOTAL of Receipts This Page (optional)	\$4950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of tax Detailed Summary Page

FORM	2	OF	6
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.

NAME OF COMMITTEE (In Full)
Kaptur for Congress

A. Full Name, Mailing Address and Zip Code Abdo Chalhouh 13417 ANN LOUISE Houston, TX 77086- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer ATC Express	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period \$1000.00
	Occupation Manager Aggregate Year-to-Date -> \$1000.00		
B. Full Name, Mailing Address and Zip Code Edmond Chammas 13703 Lakeshore Way Cove Houston, TX 77077- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Pipe Recovery Systems	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period \$1000.00
	Occupation Engineer Aggregate Year-to-Date -> \$1000.00		
C. Full Name, Mailing Address and Zip Code Jamal Daniel 404 Carnarvon Houston, TX 77024- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Crest Investment Co	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period \$1000.00
	Occupation Officer Aggregate Year-to-Date -> \$1000.00		
D. Full Name, Mailing Address and Zip Code Gregg Davis 2121 Avenue of the Stars Ste 2800 Los Angeles, CA 90067-5010 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Davis Industries	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period \$500.00
	Occupation Vics President Aggregate Year-to-Date -> \$500.00		
E. Full Name, Mailing Address and Zip Code Robert Diwan 5607 Barker Ridge Dr Austin, TX 78759- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer TaxaServers	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period \$250.00
	Occupation Owner Aggregate Year-to-Date -> \$250.00		
F. Full Name, Mailing Address and Zip Code Beina Fares 1415 Louisiana #3040 PO Box 130688 Houston, TX 77219-0688 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period \$1000.00
	Occupation Homemaker Aggregate Year-to-Date -> \$1000.00		
G. Full Name, Mailing Address and Zip Code Peter Farha 5381 Holly Springs Houston, TX 77056- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period \$1000.00
	Occupation Doctor Aggregate Year-to-Date -> \$1000.00		

SUBTOTAL of Receipts This Page (optional)	\$5750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Kaptur for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Abdel Rustok 2425 West Loop South Ste 850 Houston, TX 77027-4207	Self	05/03/2000	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Doctor		Aggregate Year-to-Date -> \$1000.00
Aida Ganim 7610 White Fir Houston, TX 77088-	Self	05/03/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Accountant		Aggregate Year-to-Date -> \$250.00
Steve Habusta 2540 Bonnie Ln Maumee, OH 43537-	Self	05/03/2000	\$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
Nasser Issa 152-154 Blvd Du General de Gaulle	Wedge Group Europe	05/01/2000	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation General Manager		Aggregate Year-to-Date -> \$1000.00
Peter Kearney 2410 S Rocky Hill Rd Galena, IL 61036-9333	retired	06/07/2000	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Physician		Aggregate Year-to-Date -> \$1000.00
Loius Macey 1717 St James Pl Ste 112 Houston, TX 77056-	Self	05/03/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Real Estate		Aggregate Year-to-Date -> \$200.00
Nabil Majzoub 806 Wild Valley Houston, TX 77057-	Areacon Inc	05/03/2000	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation President		Aggregate Year-to-Date -> \$1000.00

SUBTOTAL of Receipts This Page (optional)	\$4700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Statement Page

4 6
FOR LINE NUMBER
11(a)(i)

Any information copied from such reports and statements may not be used or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any individual contributor to solicit contributions from such contributor.

NAME OF COMMITTEE (In Full)
Kaptur for Congress

<p>A. Full Name, Mailing Address and Zip Code Maher Nasser 3262 Avalon Pl Houston, TX 77019-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 05/03/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>B. Full Name, Mailing Address and Zip Code William Rutherford 5823 N Forest Park Dr Peoria, IL 61614-3559</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 06/07/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>C. Full Name, Mailing Address and Zip Code Ata Salek 8945 Long Point Ste 114 Houston, TX 77055-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 05/03/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Philip Salem 6624 Farnin 1630 Houston, TX 77030-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 05/03/2000</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Khaled Sawaya 5901 Mountain Villa Dr Austin, TX 78733-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Chris' Liquor</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 05/03/2000</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Merlie Sawaya 5901 Mountain Villa Dr Austin, TX 78731-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 05/03/2000</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Emel Semaan 9585 Lavill Ln Windermere, FL 34786-8315</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 05/03/2000</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

SUBTOTAL of Receipts This Page (optional)	\$4900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

5 6
FOR LINE NUMBER
11(a) (i)

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NAME OF COMMITTEE (In Full)
Kaptur for Congress

<p>A. Full Name, Mailing Address and zip code Fadi Semaan 9585 Lavill Ln Windsor, FL 34786-8315 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Take 5 Enterprises Occupation Owner Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 05/03/2000</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Daniel Steen 5120 1rd St N Arlington, VA 22203-1238 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Owens Illinois Corp. Occupation Director, Government Affairs Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 06/23/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>C. Full Name, Mailing Address and Zip Code Najla Tancus 661 Bering Dr #109 Houston, TX 77057-2137 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer US SBA Occupation District Counsel Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 05/03/2000</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Andrea White 103 Stablewood Ct Houston, TX 77024-7046 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Homemaker Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 05/03/2000</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code William White 103 Stablewood Ct Houston, TX 77024-7046 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Wedge Group Inc Occupation CEO Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 05/03/2000</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Michel Yssa 4017 Greystone Dr Austin, TX 78731- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self Occupation Real Estate Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 05/03/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Nadim Zatta 3 Plantation Rd Houston, TX 77024- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self Occupation Physician Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 05/03/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$5200.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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NAME OF COMMITTEE (In Full)
Kaptur for Congress

<p>A. Full Name, Mailing Address and Zip Code Maurice Sakhom 41 Clansmore Ct Sugar Land, TX 77479-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 05/03/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$25750.00</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Kaptur for Congress

<p>A. Full Name, Mailing Address and Zip Code Ameritech Bill Payment Center Saginaw, MI 48663-0003</p>	<p>Purpose of Disbursement phone service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 06/19/2000</p>	<p>Amount of Each Disbursement This Period \$61.09</p>
<p>B. Full Name, Mailing Address and Zip Code Ameritech Bill Payment Center Saginaw, MI 48663-0003</p>	<p>Purpose of Disbursement phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 04/06/2000</p>	<p>Amount of Each Disbursement This Period \$32.79</p>
<p>C. Full Name, Mailing Address and Zip Code Ameritech Bill Payment Center Saginaw, MI 48663-0003</p>	<p>Purpose of Disbursement phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 06/21/2000</p>	<p>Amount of Each Disbursement This Period \$61.09</p>
<p>D. Full Name, Mailing Address and Zip Code Ameritech Bill Payment Center Saginaw, MI 48663-0003</p>	<p>Purpose of Disbursement phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 04/27/2000</p>	<p>Amount of Each Disbursement This Period \$61.09</p>
<p>E. Full Name, Mailing Address and Zip Code Ameritech Bill Payment Center Saginaw, MI 48663-0003</p>	<p>Purpose of Disbursement phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 05/11/2000</p>	<p>Amount of Each Disbursement This Period \$34.69</p>
<p>F. Full Name, Mailing Address and Zip Code Capital Bank 5520 Monroe St Sylvania, OH 43560-</p>	<p>Purpose of Disbursement SEE BELOW Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 05/11/2000</p>	<p>Amount of Each Disbursement This Period \$1258.70</p>
<p>G. Full Name, Mailing Address and Zip Code Delta Airlines Atlanta, GA</p>	<p>Purpose of Disbursement airfare - fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 05/11/2000</p>	<p>Amount of Each Disbursement This Period \$1159.50 MEMO</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>\$1509.45</p>
<p>TOTAL This Period (last page this line number only)</p>	

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)
Kaptur for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capital Bank 5520 Monroe St Sylvania, OH 43560-	SEE BELOW Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/19/2000	\$1711.32
B. Full Name, Mailing Address and Zip Code Northwest Airlines Minneapolis, MN	Purpose of Disbursement fundraising travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/19/2000	Amount of Each Disbursement This Period \$1047.00 MEMO
C. Full Name, Mailing Address and Zip Code Capital Bank 5520 Monroe St Sylvania, OH 43560-	Purpose of Disbursement office supplies, postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/06/2000	Amount of Each Disbursement This Period \$153.21
D. Full Name, Mailing Address and Zip Code Wood County Democratic Party 1109 Charles St Bowling Green, OH 43402-0026	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/04/2000	Amount of Each Disbursement This Period \$2000.00
E. Full Name, Mailing Address and Zip Code Petty Cash - Toledo PO Box 899 Toledo, OH 43697-0899	Purpose of Disbursement mileage, volunteer food Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/05/2000	Amount of Each Disbursement This Period \$98.61
F. Full Name, Mailing Address and Zip Code Petty Cash - Toledo PO Box 899 Toledo, OH 43697-0899	Purpose of Disbursement funeral flowers, office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/16/2000	Amount of Each Disbursement This Period \$98.72
G. Full Name, Mailing Address and Zip Code Petty Cash - Toledo PO Box 899 Toledo, OH 43697-0899	Purpose of Disbursement parade candy; parking; vol food Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/2000	Amount of Each Disbursement This Period \$99.77

SUBTOTAL of Disbursements This Page (optional)	\$4161.63
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

The separate schedules, for each category of the Detailed Summary Form

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NAME OF COMMITTEE (In Full)
Kaptur for Congress

<p>A. Full Name, Mailing Address and Zip Code Sprint PO Box 790105 Saint Louis, MO 63179-</p>	<p>Purpose of Disbursement Telephone Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 05/05/2000</p>	<p>Amount of Each Disbursement This Period \$122.60</p>
<p>B. Full Name, Mailing Address and Zip Code U.S. Postal Service Mailing Requirements Office 135 E Saint Clair St Toledo, OH 43601-9451</p>	<p>Purpose of Disbursement Post Office Box Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 06/08/2000</p>	<p>Amount of Each Disbursement This Period \$194.00</p>
<p>C. Full Name, Mailing Address and Zip Code American Express Suite 0001 Chicago, IL 60679-0001</p>	<p>Purpose of Disbursement fundraising expense; U.S. Flag Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 05/16/2000</p>	<p>Amount of Each Disbursement This Period \$410.48</p>
<p>D. Full Name, Mailing Address and Zip Code American Express Suite 0001 Chicago, IL 60679-0001</p>	<p>Purpose of Disbursement office supplies; mail expense; fuel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 06/16/2000</p>	<p>Amount of Each Disbursement This Period \$462.31</p>
<p>E. Full Name, Mailing Address and Zip Code American Express Suite 0001 Chicago, IL 60679-0001</p>	<p>Purpose of Disbursement SEE BELOW Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 04/05/2000</p>	<p>Amount of Each Disbursement This Period \$660.56</p>
<p>F. Full Name, Mailing Address and Zip Code Sprint PO Box 790105 Saint Louis, MO 63179-</p>	<p>Purpose of Disbursement Telephone Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 04/05/2000</p>	<p>Amount of Each Disbursement This Period \$253.71 MEMO</p>
<p>G. Full Name, Mailing Address and Zip Code Stone Computer 32500 N Woodward Royal Oak, MI 48073-</p>	<p>Purpose of Disbursement Computer equipment, software Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 04/05/2000</p>	<p>Amount of Each Disbursement This Period \$251.81 MEMO</p>

SUBTOTAL of Disbursements This Page (optional)	\$1849.55
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Kaptur for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Toledo Mud Hens Baseball Club Inc. Ned Skeldon Stadium PO Box 6212 Toledo, OH 43614-	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/05/2000	\$600.00
Toledo Area Chamber of Commerce Enterprise Ste 200 300 Madison Ave Toledo, OH 43604-1575	Membership Dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/05/2000	\$275.00
Old West End Festival Association P.O. Box 4972 Toledo, OH 43620-	Festival Ad Book Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/04/2000	\$261.25
Men's Flower Shops 140 W South Boundary Perrysburg, OH 43551-	memorial flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/2000	\$155.03
Toledo Branch NAACP P.O. Box 9388 Toledo, OH 43602-	Program Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/16/2000	\$200.00
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)	/ /	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)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$1451.26
TOTAL This Period (last page this line number only)	\$9012.31

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Kaptur for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy Keenan for Congress (MT-1) P.O. Box 9249 Helena, MT 59604-	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/01/2000	\$1000.00
Dianne Byrum for Congress (MI-8) P.O. Box 26191 Lansing, MI 48909-	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/01/2000	\$1000.00
Joe Hoeffel for Congress (PA-13) 700 E Johnson Hwy Morristown, PA 19401	Contribution / April 2 Primary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/01/2000	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$3000.00
TOTAL This Period (last page this line number only)	\$3000.00

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) 7/12/00
<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	

PA
PREPARER

7/15/00
DATE PREPARED