

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 22 1 38 PM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) MOPAC		2. FEC IDENTIFICATION NUMBER CO0199950
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported Second Floor, 121 West Long Lake Road		
CITY, STATE and ZIP CODE Bloomfield Hills, MI 48304-2719		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 21 |

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election Report following the General Election

on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/99</u> through <u>6/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 603.49
(b) Cash on Hand at Beginning of Reporting Period	\$ 603.49	
(c) Total Receipts (from Line 10)	\$ 19,609.74	\$ 19,609.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,213.23	\$ 20,213.23
7. Total Disbursements (from Line 9)	\$ 38.12	\$ 38.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 20,175.11	\$ 20,175.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 990 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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
Nathan Opfal

Signature of Treasurer

Nathan Opfal

Date

7-19-99

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

--	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE MOPAC C00199950		REPORT COVERING PERIOD FROM 1/01/99 TO 6/30/99	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	19,250.00	19,250.00
ii.	Unitemized	350.00	350.00
iii.	Total (add i and ii) >	19,600.00	19,600.00
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a ii, b and c) >	19,600.00	19,600.00
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)	9.74	9.74
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	19,609.74	19,609.74
20.	Total Federal Receipts (subtract line 16 from line 19) >	19,609.74	19,609.74
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures	38.12	38.12
c.	Total Operating Expenditures (add a i, ii, and b) >	38.12	38.12
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds (add a, b and c) >		
29.	Other Disbursements		
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	38.12	38.12
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	38.12	38.12
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d)	19,600.00	19,600.00
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans) (subtract line 33 from 32)	19,600.00	19,600.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	38.12	38.12
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures (subtract line 36 from 35) >	38.12	38.12

110000
11(a)(1)
11(a)(2)
11(b)
11(c)
11(d)
12
13
14
15
16
16
17
17
18
18
20
21(a)(1)
21(a)(2)
21(b)
21(c)
22
23
24
25
26
26
27
28(a)
28(b)
28(c)
28(d)
29
30
31
32
33
34
35
36
37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4 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) MOPAC C 00199660

A. Full Name, Mailing Address and ZIP Code Leonard R. Farber 31275 Northwestern Highway, Suite 226 Farmington Hills, MI 48334	Name of Employer N/A	Date (month, day, year) 8/22/99	Amount of each Receipt this Period \$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): Interest	Occupation Retired Aggregate Year-to-Date> \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Harold Gordon 31530 Concord Drive Madison Heights, MI 48071	Name of Employer N/A	Date (month, day, year) 8/22/99	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 Self-Employed Aggregate Year-to-Date> \$1,000.00		
C. Full Name, Mailing Address and ZIP Code David Kahan 560 Kirts Blvd., Suite 100 Troy, MI 48064	Name of Employer N/A	Date (month, day, year) 8/22/99	Amount of each Receipt this Period \$ 750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Self-Employed Aggregate Year-to-Date> \$ 750.00		
D. Full Name, Mailing Address and ZIP Code Lionel S. Margolick 32255 Northwestern, Suite 290 Farmington Hills, MI 48334	Name of Employer The Margolick Financial Group	Date (month, day, year) 6/22/99	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 Financial Administrator Aggregate Year-to-Date> \$1,000.00		
E. Full Name, Mailing Address and ZIP Code John D. Marx 4539 Wendrick Dr. West Bloomfield, MI 48329	Name of Employer N/A	Date (month, day, year) 8/22/98	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 Self-Employed Aggregate Year-to-Date> \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Ira Mondry 805 E. Maple, Suite 333 Birmingham, MI 48009	Name of Employer M Group, Inc.	Date (month, day, year) 8/22/98	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 Business Executive Aggregate Year-to-Date> \$1,000.00		
G. Full Name, Mailing Address and ZIP Code Miriam Mondry 1433 Lockridge Road Bloomfield Hills, MI 48302	Name of Employer N/A	Date (month, day, year) 6/22/99	Amount of each Receipt this Period \$1,250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired Aggregate Year-to-Date> \$1,250.00		

SUBTOTAL of Receipts This Page (optional)		\$ 5,750.00
TOTAL This Period (last page this line number only)		

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
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) MOPAC C 00199950

A. Full Name, Mailing Address and ZIP Code Murray Pitt 2000 Town Center, Suite 1350 Southfield, MI 48075	Name of Employer Pitt Investments	Date (month, day, year) 6/22/99	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): Interest	Occupation Investor Aggregate Year-to-Date> \$1,000.00		
B. Full Name, Mailing Address and ZIP Code Irwin Green 7118 Valencia Drive Boca Raton, FL 33433	Name of Employer N/A	Date (month, day, year) 6/22/99	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 Retired Aggregate Year-to-Date> \$1,000.00		
C. Full Name, Mailing Address and ZIP Code Gaty Torgow 220 W. Congress, Fifth Floor Detroit, MI 48226-3213	Name of Employer Sterling Group	Date (month, day, year) 6/22/99	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		
D. Full Name, Mailing Address and ZIP Code David R. Victor 401 S. Old Woodward Avenue, Suite 333 Birmingham, MI 48009-8812	Name of Employer American Educational Institute	Date (month, day, year) 6/22/99	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 Attorney Aggregate Year-to-Date> \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Lawrence M. Loewenthal, M.D. 23285 Morningside Drive Southfield, MI 48034	Name of Employer Self-Employed	Date (month, day, year) 6/24/99	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 Ophthalmologist Aggregate Year-to-Date> \$1,000.00		
F. Full Name, Mailing Address and ZIP Code Warren Coville 28106 Northwestern Highway, Suite 290 Southfield, MI 48034	Name of Employer N/A	Date (month, day, year) 6/24/99	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 Retired Aggregate Year-to-Date> \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Josh Mondry 805 East Maple Road, Suite 333 Birmingham, MI 48009	Name of Employer M Group, Inc.	Date (month, day, year) 6/24/99	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 Investor Aggregate Year-to-Date> \$1,000.00		

SUBTOTAL of Receipts This Page (optional)>	\$ 8,000.00
TOTAL This Period (last page this line number only)>	

2025 RELEASE UNDER E.O. 14176

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
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) MOPAC C.00199850

A. Full Name, Mailing Address and ZIP Code Irving S. Smokler 506 E. Huron Street, Suite 303 Ann Arbor, MI 48104		Name of Employer Self-Employed	Day (month, day, year) 6/24/98	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): Interest		Occupation Real Estate Investor	Aggregate Year-to-Date> \$1,000.00	
B. Full Name, Mailing Address and ZIP Code Marvin E. Danto 1700 Stutz Drive, Suite 25 Troy, MI 48064		Name of Employer Danto Investment Company, Inc.	Date (month, day, year) 6/24/98	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	
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 \$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date> \$ 250.00	
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).....>	\$ 2,000.00
TOTAL This Period (last page this line number only).....>	\$19,250.00

2025 RELEASE UNDER E.O. 14176

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)

MOPAC COO199950

<p>A. Full Name, Mailing Address and Zip Code Jackler, Gould, Bean, Upfal & Eizelman Second Floor, 121 West Long Lake Rd. Bloomfield Hills, MI 48304-2719</p>	<p>Purpose of Disbursement postage, copies, administrative expenses</p> <p>Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date(month, day, year) 02/01/99</p>	<p>Amount of Each Disbursement This Period \$ 38.10</p>
<p>B. Full Name, Mailing Address and Zip Code Michigan National Bank 1533 N. Woodward Avenue Bloomfield Hills, MI 48302</p>	<p>Purpose of Disbursement Service Charge</p> <p>Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date(month, day, year) 02/08/99</p>	<p>Amount of Each Disbursement This Period \$ 0.02</p>
<p>C. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>H. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>I. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>\$ 38.12</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$ 38.12</p>

2025 RELEASE UNDER E.O. 14176

