

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

JUL 19 1994 14:40PM
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
1994 JUL 21 PM 12:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Fulton B. Eaglin for Congress

ADDRESS (number and street) Check if different than previously reported.
900 Victors Way, Suite 300

CITY, STATE and ZIP CODE
Ann Arbor, MI 48108

STATED/DISTRICT
MI /13th

2. FEC IDENTIFICATION NUMBER
C 00294011

3. IS THIS REPORT AN AMENDMENT?
 YES NO **16410**

4. TYPE OF REPORT

April 15 Quarterly Report

Twelfth day report preceding Primary (Type of Election)
election on Aug. 2 in the State of Michigan

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

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

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>7-1-94</u> through <u>7-13-94</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	3660.00	16335.00
(b) Total Contribution Refunds (from Line 20(d))	-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	3660.00	16335.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4392.40	17434.74
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	-0-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	4392.40	17434.74
8. Cash on Hand at Close of Reporting Period (from Line 27)	3096.97	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	8058.12	

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
Karen M. Glazer

Signature of Treasurer
Karen M. Glazer

Date
7/19/94

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

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

Name of Committee (In full)	Report Covering the Period:		
Fulton B. Eaglin for Congress	From: 7-1-94	To: 7-13-94	
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)	1000.00		11(a)(i)
(ii) Unitemized	2660.00		11(a)(ii)
(iii) Total of contributions from individuals	3660.00	14335.00	11(a)(iii)
(b) Political Party Committees	-0-	-0-	11(b)
(c) Other Political Committees (such as PACs)	-0-	2000.00	11(c)
(d) The Candidate	-0-	-0-	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	3660.00	16335.00	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	-0-	-0-	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	-0-	5000.00	13(a)
(b) All Other Loans	-0-		13(b)
(c) TOTAL LOANS (add 13(a) and (b))	-0-	5000.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	-0-	-0-	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	-0-	-0-	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	3660.00	21335.00	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	4392.40	17434.74	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	-0-	-0-	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	-0-	-0-	19(a)
(b) Of All Other Loans	-0-	-0-	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	-0-	-0-	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	-0-	-0-	20(a)
(b) Political Party Committees	-0-	-0-	20(b)
(c) Other Political Committees (such as PACs)	-0-	-0-	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	-0-	-0-	20(d)
21. OTHER DISBURSEMENTS	181.68	803.29	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	4574.08	18238.03	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 4011.05	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 3660.00	24
25. SUBTOTAL (add Line 23 and Line 24)	\$ 7671.05	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 4574.08	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 3096.97	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11a

Contributions made by individuals

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)

Fulton B. Eaglin for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Michael Brewer 2700 Virginia Ave., N.W. Apt # 1211 Washington, D.C. 20037</i>		<i>7/5/94</i>	<i>500.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Attorney</i> Aggregate Year-to-Date > \$ <i>500.00</i>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Carl Wright 3168 N. Prospect Rd. Ypsilanti, MI 48198</i>	<i>Lynn Arthur Associates</i>		<i>500.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Telecommunications</i> Aggregate Year-to-Date > \$ <i>1000.00</i>		
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)

1000.00

TOTAL This Period (last page this line number only)

1000.00

2025 RELEASE UNDER E.O. 14176

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fulton B. Eaglin for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fulton B. Eaglin 620 Collegewood Ypsilanti, MI 48197	(reim) Supplies, gas travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/8/94	250.00
Alex Lopez 900 Victors Way, Suite 300 Ann Arbor, MI 48108	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/8/94 7/13/94	250.00 250.00
Joseph Hudson P.O. Box 224 Taylor, MI 48180	Media Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/94	750.00
Alex Lopez 900 Victors Way, Suite 300 Ann Arbor, MI 48108	(reim) supplies, gas Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/94	358.55
Blaine Coleman 1501 Ardmoor Ann Arbor, MI 48103	(reim) Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/94	395.60
AT + T P.O. Box 27-866 Kansas City, MO 64184-0866	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/94	407.75
Midnight Oil Desktop Publ. 2866 Page Ave. Ann Arbor, MI 48104	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/94	220.00
Sawicki + Son 1521 N. Lafayette Detroit, MI 48216	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/94	492.90
Saline Reporter 106 W. Michigan Ave. Saline, MI 48178	Advertising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/94	1017.60

SUBTOTAL of Disbursements This Page (optional) 4392.40

TOTAL This Period (last page this line number only) 4392.40

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER 130
(Use separate schedules
for each numbered line)

Name of Committee (in Full) Fulton B. Eaglin for Congress			
A. Full Name, Mailing Address and ZIP Code of Loan Source Fulton B. Eaglin 620 Collegewood Ypsilanti, MI 48197	Original Amount of Loan 5000.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period 5000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
Terms: Date Incurred <u>6/21/94</u> Date Due <u>unknown</u> Interest Rate <u>0</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer:		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Original Amount of Loan			
Cumulative Payment To Date			
Balance Outstanding at Close of This Period			
Election: Primary General Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			5000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

FORM 130-C

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

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

Owed by Committee

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<i>Fulton B. Eaglin for Congress</i>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Blaine Coleman 1501 Ardmoor Ann Arbor, MI 48103</i>	<i>1553.74</i>	<i>395.60 1553.74</i>	<i>395.60</i>	<i>1553.74</i>
Nature of Debt (Purpose): <i>(reim) supplies</i>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Ameritech P.O. Box 5030 Saginaw, MI 48663-0002</i>	<i>749.41</i>	<i>749.41</i>	<i>-0-</i>	<i>749.41</i>
Nature of Debt (Purpose): <i>Telephone</i>				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Robert McCoy 46 2221 Jackson Ann Arbor, MI 48103</i>	<i>424.82</i>	<i>424.82</i>	<i>-0-</i>	<i>424.82</i>
Nature of Debt (Purpose): <i>Advertising (reim)</i>				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>American Express Suite 0001 Chicago, IL 60679-0001</i>	<i>330.15</i>	<i>330.15</i>	<i>-0-</i>	<i>330.15</i>
Nature of Debt (Purpose): <i>Travel</i>				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				<i>3058.12</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				<i>5000.00</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				<i>8058.12</i>

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