

RECEIVED  
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2000 OCT 16 A 2:41

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

000156612 090600  
JOSEPH J O'BRIEN  
LEVIN FOR CONGRESS COMMITTEE  
30636 DEQUINDRE  
WARREN

NI 48072

2. FEC IDENTIFICATION NUMBER:  
C00156612

2. IS THIS REPORT AN AMENDMENT?

☐ YES ☒ NO

11/12 12

## April 13 Quarterly Report

☐ 12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election)☐ July 15 Quarterly Report

election on \_\_\_\_\_ in the State of \_\_\_\_\_

☒ October 15 Quarterly Report☐ 30-Day Post-Election Report following the General Election☐ January 31 Year End Report

on \_\_\_\_\_ in the State of \_\_\_\_\_

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

**Termination Report**

This report contains  
nothing for

☐ Primary Election☒ General Election

Special Election

**Function Section**

| 5.  | Covering Period <u>7/1/00</u> through <u>9/30/00</u>                                         | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date                                                                                                     |
|-----|----------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 6.  | Net Contributions (other than loans)                                                         |                         |                                                                                                                                       |
| (a) | Total Contributions (other than loans) (from Line 11(a))                                     | \$298,563.39            | \$490,503.20                                                                                                                          |
| (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))                          | \$298,563.39            | \$490,503.20                                                                                                                          |
| 7.  | Net Operating Expenditures                                                                   |                         |                                                                                                                                       |
| (a) | Total Operating Expenditures (from Line 17)                                                  | \$165,529.47            | \$274,669.91                                                                                                                          |
| (b) | Total Offsets to Operating Expenditures (from Line 14)                                       | \$0.00                  | \$84.22                                                                                                                               |
| (c) | Net Operating Expenditures (subtract Line 7(b) from 7(a))                                    | \$165,529.47            | \$274,585.69                                                                                                                          |
| 8.  | Cash on Hand at Close of Reporting Period (from Line 27)                                     | \$443,848.22            | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20445<br>Toll Free 800-424-9530 |
| 9.  | Debts and Obligations Owed TO the Committee<br>(itemize all on Schedule C and/or Schedule D) | \$0.00                  |                                                                                                                                       |
| 10. | Debts and Obligations Owed BY the Committee<br>(itemize all on Schedule C and/or Schedule D) | \$3,000.00              |                                                                                                                                       |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

O'Brien

Joseph

### Statement of Treasurer

| Date       | Time  | Location | Activity | Remarks |
|------------|-------|----------|----------|---------|
| 10/10/2023 | 08:00 | ...      | ...      | ...     |
| 10/10/2023 | 08:30 | ...      | ...      | ...     |
| 10/10/2023 | 09:00 | ...      | ...      | ...     |
| 10/10/2023 | 09:30 | ...      | ...      | ...     |
| 10/10/2023 | 10:00 | ...      | ...      | ...     |
| 10/10/2023 | 10:30 | ...      | ...      | ...     |
| 10/10/2023 | 11:00 | ...      | ...      | ...     |
| 10/10/2023 | 11:30 | ...      | ...      | ...     |
| 10/10/2023 | 12:00 | ...      | ...      | ...     |
| 10/10/2023 | 12:30 | ...      | ...      | ...     |
| 10/10/2023 | 13:00 | ...      | ...      | ...     |
| 10/10/2023 | 13:30 | ...      | ...      | ...     |
| 10/10/2023 | 14:00 | ...      | ...      | ...     |
| 10/10/2023 | 14:30 | ...      | ...      | ...     |
| 10/10/2023 | 15:00 | ...      | ...      | ...     |
| 10/10/2023 | 15:30 | ...      | ...      | ...     |
| 10/10/2023 | 16:00 | ...      | ...      | ...     |
| 10/10/2023 | 16:30 | ...      | ...      | ...     |
| 10/10/2023 | 17:00 | ...      | ...      | ...     |
| 10/10/2023 | 17:30 | ...      | ...      | ...     |
| 10/10/2023 | 18:00 | ...      | ...      | ...     |
| 10/10/2023 | 18:30 | ...      | ...      | ...     |
| 10/10/2023 | 19:00 | ...      | ...      | ...     |
| 10/10/2023 | 19:30 | ...      | ...      | ...     |
| 10/10/2023 | 20:00 | ...      | ...      | ...     |
| 10/10/2023 | 20:30 | ...      | ...      | ...     |
| 10/10/2023 | 21:00 | ...      | ...      | ...     |
| 10/10/2023 | 21:30 | ...      | ...      | ...     |
| 10/10/2023 | 22:00 | ...      | ...      | ...     |
| 10/10/2023 | 22:30 | ...      | ...      | ...     |
| 10/10/2023 | 23:00 | ...      | ...      | ...     |
| 10/10/2023 | 23:30 | ...      | ...      | ...     |
| 10/10/2023 | 00:00 | ...      | ...      | ...     |
| 10/10/2023 | 00:30 | ...      | ...      | ...     |
| 10/10/2023 | 01:00 | ...      | ...      | ...     |
| 10/10/2023 | 01:30 | ...      | ...      | ...     |
| 10/10/2023 | 02:00 | ...      | ...      | ...     |
| 10/10/2023 | 02:30 | ...      | ...      | ...     |
| 10/10/2023 | 03:00 | ...      | ...      | ...     |
| 10/10/2023 | 03:30 | ...      | ...      | ...     |
| 10/10/2023 | 04:00 | ...      | ...      | ...     |
| 10/10/2023 | 04:30 | ...      | ...      | ...     |
| 10/10/2023 | 05:00 | ...      | ...      | ...     |
| 10/10/2023 | 05:30 | ...      | ...      | ...     |
| 10/10/2023 | 06:00 | ...      | ...      | ...     |
| 10/10/2023 | 06:30 | ...      | ...      | ...     |
| 10/10/2023 | 07:00 | ...      | ...      | ...     |
| 10/10/2023 | 07:30 | ...      | ...      | ...     |
| 10/10/2023 | 08:00 | ...      | ...      | ...     |
| 10/10/2023 | 08:30 | ...      | ...      | ...     |
| 10/10/2023 | 09:00 | ...      | ...      | ...     |
| 10/10/2023 | 09:30 | ...      | ...      | ...     |
| 10/10/2023 | 10:00 | ...      | ...      | ...     |
| 10/10/2023 | 10:30 | ...      | ...      | ...     |
| 10/10/2023 | 11:00 | ...      | ...      | ...     |
| 10/10/2023 | 11:30 | ...      | ...      | ...     |
| 10/10/2023 | 12:00 | ...      | ...      | ...     |
| 10/10/2023 | 12:30 | ...      | ...      | ...     |
| 10/10/2023 | 13:00 | ...      | ...      | ...     |
| 10/10/2023 | 13:30 | ...      | ...      | ...     |
| 10/10/2023 | 14:00 | ...      | ...      | ...     |
| 10/10/2023 | 14:30 | ...      | ...      | ...     |
| 10/10/2023 | 15:00 | ...      | ...      | ...     |
| 10/10/2023 | 15:30 | ...      | ...      | ...     |
| 10/10/2023 | 16:00 | ...      | ...      | ...     |
| 10/10/2023 | 16:30 | ...      | ...      | ...     |
| 10/10/2023 | 17:00 | ...      | ...      | ...     |
| 10/10/2023 | 17:30 | ...      | ...      | ...     |
| 10/10/2023 | 18:00 | ...      | ...      | ...     |
| 10/10/2023 | 18:30 | ...      | ...      | ...     |
| 10/10/2023 | 19:00 | ...      | ...      | ...     |
| 10/10/2023 | 19:30 | ...      | ...      | ...     |
| 10/10/2023 | 20:00 | ...      | ...      | ...     |
| 10/10/2023 | 20:30 | ...      | ...      | ...     |
| 10/10/2023 | 21:00 | ...      | ...      | ...     |
| 10/10/2023 | 21:30 | ...      | ...      | ...     |
| 10/10/2023 | 22:00 | ...      | ...      | ...     |
| 10/10/2023 | 22:30 | ...      |          |         |

10/14/00

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

**FEC FORM 3**  
(rev. 4/87)

# **DETAILED SUMMARY PAGE**

of Receipts and Disbursements

(Page 2, FEC FORM 3)

| Name of Committee (in full)<br>Levin for Congress Committee                 |              | Report Covering the Period<br>From 7/1/00 To 9/30/00 |                                   |
|-----------------------------------------------------------------------------|--------------|------------------------------------------------------|-----------------------------------|
| I. RECEIPTS                                                                 |              | COLUMN A<br>TOTAL THIS PERIOD                        | COLUMN B<br>CALENDAR YEAR-TO-DATE |
| 11. CONTRIBUTIONS (other than loans) FROM:                                  |              |                                                      |                                   |
| (a) Individuals/Persons Other Than Political Committees                     |              |                                                      |                                   |
| (i) Itemized (Use Schedule A)                                               | \$93,000.00  |                                                      |                                   |
| (ii) Unitemized                                                             | \$76,173.70  |                                                      |                                   |
| (iii) Total of contributions from individuals                               | \$169,173.70 | \$240,860.70                                         |                                   |
| (b) Political Party Committees                                              | \$39.89      | \$392.50                                             |                                   |
| (c) Other Political Committees (such as PACs)                               | \$130,350.00 | \$249,250.00                                         |                                   |
| (d) The Candidate                                                           | \$0.00       | \$0.00                                               |                                   |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) | \$299,563.39 | \$490,503.20                                         |                                   |
| 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                                               | \$84.22                           |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)                              |              | \$3,247.49                                           | \$4,025.35                        |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)                        |              | \$302,810.88                                         | \$495,412.77                      |
| II. DISBURSEMENTS                                                           |              |                                                      |                                   |
| 17. OPERATING EXPENDITURES                                                  |              | \$185,529.47                                         | \$274,669.91                      |
| 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                                                     |              | \$15,000.00                                          | \$15,000.00                       |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)                   |              | \$180,529.47                                         | \$289,669.91                      |

## **III. CASH SUMMARY**

|                                                                              |    |            |    |
|------------------------------------------------------------------------------|----|------------|----|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD                            | \$ | 321,566.81 | 23 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16)                                | \$ | 302,810.88 | 24 |
| 25. SUBTOTAL (add Line 23 and Line 24)                                       | \$ | 624,377.69 | 25 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)                           | \$ | 180,529.47 | 26 |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) | \$ | 443,848.22 | 27 |

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 1 OF 32

 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)**

Levin for Congress Committee C00156612

|                                                                                                                                                                                                                                                                                |                                                                                                     |                                           |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Asriel Rackow<br>936 5th Ave Apt 8B<br>New York, NY 10021-2653<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired                       | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Aggregate Year-to-Date</b> > \$ 250.00                                                                                                                                                                                                                                      |                                                                                                     |                                           |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Joseph W Dorn<br>2311 Tracy Pl NW<br>Washington, DC 20008-1640<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>King & Spalding<br><br><b>Occupation</b><br>Attorney                     | <b>Date (month, day, year)</b><br>9/25/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Aggregate Year-to-Date</b> > \$ 500.00                                                                                                                                                                                                                                      |                                                                                                     |                                           |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Thomas Gottschalk<br>22025 Orchard Way<br>Beverly Hills, MI 48025-3550<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>General Motors<br><br><b>Occupation</b><br>Attorney                      | <b>Date (month, day, year)</b><br>9/27/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Aggregate Year-to-Date</b> > \$ 500.00                                                                                                                                                                                                                                      |                                                                                                     |                                           |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Gita Beghn<br>31530 Concord Dr<br>Madison Heights, MI 48071-1759<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Gordon Beghn Properties<br><br><b>Occupation</b><br>Owner                | <b>Date (month, day, year)</b><br>7/20/00 | <b>Amount of Each Receipt this Period</b><br>\$125.00   |
| <b>Aggregate Year-to-Date</b> > \$ 250.00                                                                                                                                                                                                                                      |                                                                                                     |                                           |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>I. William Sherr<br>23249 Morningside St<br>Southfield, MI 48034-5178<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>Sherr Development<br><br><b>Occupation</b><br>Real Estate Developer      | <b>Date (month, day, year)</b><br>7/21/00 | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Aggregate Year-to-Date</b> > \$ 1,000.00                                                                                                                                                                                                                                    |                                                                                                     |                                           |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Sanford L Perlman<br>4792 Apple Grove Ct<br>Bloomfield Hills, MI 48301-1335<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Hunley Houses<br><br><b>Occupation</b><br>Developer                      | <b>Date (month, day, year)</b><br>8/8/00  | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Aggregate Year-to-Date</b> > \$ 250.00                                                                                                                                                                                                                                      |                                                                                                     |                                           |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Wally M Handler<br>5112 Woodlands Tr<br>Bloomfield Hills, MI 48302-2871<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>Sullivan, Ward, Bone<br><br><b>Occupation</b><br>Atty & Librarian (self) | <b>Date (month, day, year)</b><br>9/6/00  | <b>Amount of Each Receipt this Period</b><br>\$100.00   |
| <b>Aggregate Year-to-Date</b> > \$ 300.00                                                                                                                                                                                                                                      |                                                                                                     |                                           |                                                         |

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

\$2,725.00

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

# SCHEDULE A

# ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 2 OF 32  
FOR LINE NUMBER 11(a)(i)

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## NAME OF COMMITTEE (in Full)

Levin for Congress Committee C00156612

|                                                                                                                                               |                                                         |                                             |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Kitty Higgins<br>151 Duke of Gloucester St.<br>Annapolis, MD 21401                       | <b>Name of Employer</b><br>Vice President Public Policy | <b>Date (month, day, year)</b><br>9/30/00   | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Nat. Trust for Historic Preserv    | <b>Aggregate Year-to-Date</b> > \$ 500.00   |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Neil J Sosin<br>5753 Forman Dr<br>Bloomfield Hills, MI 48301-1156                        | <b>Name of Employer</b><br>N/A                          | <b>Date (month, day, year)</b><br>9/1/00    | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                            | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>William Hecht<br>3111 Aurelia Ct<br>Brooklyn, NY 11210-3255                              | <b>Name of Employer</b><br>Retired                      | <b>Date (month, day, year)</b><br>9/7/00    | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Accountant                         | <b>Aggregate Year-to-Date</b> > \$ 500.00   |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Henry Baskin<br>255 S Old Woodward Ave Ste 301<br>Birmingham, MI 48009-8182              | <b>Name of Employer</b><br>Baskin and Feldstein         | <b>Date (month, day, year)</b><br>8/16/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                           | <b>Aggregate Year-to-Date</b> > \$ 1,500.00 |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Melvin Simon<br>PO Box 7033<br>Indianapolis, IN 46207-7033                               | <b>Name of Employer</b><br>Simon Property Group         | <b>Date (month, day, year)</b><br>7/19/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>CEO                                | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Ruth Shapiro<br>22851 Twycklingham Way<br>Southfield, MI 48034-8259                      | <b>Name of Employer</b><br>Not Applicable               | <b>Date (month, day, year)</b><br>9/20/00   | <b>Amount of Each Receipt this Period</b><br>\$300.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Homemaker                          | <b>Aggregate Year-to-Date</b> > \$ 300.00   |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Bonnie Fuller<br>8727 W 3rd St Ste 208<br>Los Angeles, CA 90048-3803                     | <b>Name of Employer</b><br>Self                         | <b>Date (month, day, year)</b><br>7/20/00   | <b>Amount of Each Receipt this Period</b><br>\$300.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Real Estate Investor               | <b>Aggregate Year-to-Date</b> > \$ 300.00   |                                                         |

SUBTOTAL of Receipts This Page (optional)

\$3,800.00

TOTAL This Period (last page this line number only)

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 3 OF 32  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in full)

Levin for Congress Committee C00156612

|                                                                                                                                               |                                                      |                                             |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Karen L Pollitz<br>9411 Crosby Rd.<br>Silver Spring, MD 20910                            | <b>Name of Employer</b><br>Researcher                | <b>Date (month, day, year)</b><br>8/8/00    | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Georgetown University           | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Herbert Gelfand<br>9431 Sunset Blvd<br>Beverly Hills, CA 90210-3408                      | <b>Name of Employer</b><br>Self                      | <b>Date (month, day, year)</b><br>8/11/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Real Estate                     | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Robert Stempel<br>1780 North Oxford<br>Oxford, MI 48371                                  | <b>Name of Employer</b><br>Energy Conversion Devices | <b>Date (month, day, year)</b><br>8/7/00    | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Chairman                        | <b>Aggregate Year-to-Date</b> > \$ 500.00   |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>William M Brodhead<br>5096 Mirror Lake Ct<br>West Bloomfield, MI 48323-1534              | <b>Name of Employer</b><br>Plunkett & Cooney         | <b>Date (month, day, year)</b><br>8/29/00   | <b>Amount of Each Receipt this Period</b><br>\$150.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                        | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Dulcie Rosenfeld<br>300 Riverfront Dr Apt 1611<br>Detroit, MI 48226-4516                 | <b>Name of Employer</b><br>N/A                       | <b>Date (month, day, year)</b><br>8/28/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Community Volunteer             | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>J.A. Seigel<br>2801 Quebec St NW Apt 602<br>Washington, DC 20008-8250                    | <b>Name of Employer</b><br>Information Requested     | <b>Date (month, day, year)</b><br>8/24/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested           | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Maurice Binkow<br>660 Woodward Ave Ste 2290<br>Detroit, MI 48226-3506                    | <b>Name of Employer</b><br>Honigman Miller Schwartz  | <b>Date (month, day, year)</b><br>9/27/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                        | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |

SUBTOTAL of Receipts This Page (optional)

\$3,400.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

# ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 4 OF 32  
FOR LINE NUMBER 11(a)(i)

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## NAME OF COMMITTEE (in Full)

Levin for Congress Committee C00156612

|                                                                                                                                               |                                                                                         |                                           |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Yoko Uehara<br>1717 Old Bridge Rd<br>Riverside, CA 92506                                 | <b>Name of Employer</b><br>Not Applicable                                               | <b>Date (month, day, year)</b><br>8/21/00 | <b>Amount of Each Receipt This Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00           |                                           |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Amelia Scaglione<br>28238 Norwich<br>Farmington Hills, MI 48334                          | <b>Name of Employer</b><br>Self                                                         | <b>Date (month, day, year)</b><br>7/18/00 | <b>Amount of Each Receipt This Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Park West Gallery<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00   |                                           |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Richard C Blumenstein<br>32400 Telegraph Rd Ste 205<br>Bingham Farms, MI 48025-2460      | <b>Name of Employer</b><br>Dover Development                                            | <b>Date (month, day, year)</b><br>8/3/00  | <b>Amount of Each Receipt This Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Real Estate Developer<br><b>Aggregate Year-to-Date</b> > \$ 250.00 |                                           |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Feliciano P Collata<br>24 McKinley Pl<br>Grosse Pointe Farms, MI 48236-3716              | <b>Name of Employer</b><br>Collata, Adams                                               | <b>Date (month, day, year)</b><br>8/8/00  | <b>Amount of Each Receipt This Period</b><br>\$100.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date</b> > \$ 5350.00             |                                           |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Josh Mondry<br>2713D Wellington Rd<br>Franklin, MI 48025-1362                            | <b>Name of Employer</b><br>M Group                                                      | <b>Date (month, day, year)</b><br>8/30/00 | <b>Amount of Each Receipt This Period</b><br>\$100.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Investments<br><b>Aggregate Year-to-Date</b> > \$ 300.00           |                                           |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Dale W Snape<br>8301 Weller Ave<br>Mc Lean, VA 22102-4717                                | <b>Name of Employer</b><br>The Wexler Group                                             | <b>Date (month, day, year)</b><br>7/18/00 | <b>Amount of Each Receipt This Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Principal Manager<br><b>Aggregate Year-to-Date</b> > \$ 250.00     |                                           |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Bernard Winograd<br>189 Oak Ridge Ave<br>Summit, NJ 07901 3216                           | <b>Name of Employer</b><br>Prudential Real Estate                                       | <b>Date (month, day, year)</b><br>7/20/00 | <b>Amount of Each Receipt This Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>CEO<br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                 |                                           |                                                         |

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

\$3,700.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

 PAGE 5 OF 32  
FOR LINE NUMBER  
11(a)(i)

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**NAME OF COMMITTEE (in full)**

Levin for Congress Committee C00156612

|                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Harold Haas<br>6601 Pleasant Lake Ct<br>West Bloomfield, MI 48322-4711<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$           | <b>Date (month, day, year)</b><br>8/29/00<br><br><b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Harold Haas<br>6601 Pleasant Lake Ct<br>West Bloomfield, MI 48322-4711<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$           | <b>Date (month, day, year)</b><br>8/8/00<br><br><b>Amount of Each Receipt this Period</b><br>\$200.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>David B Lewis<br>1755 Burne Dr.<br>Detroit, MI 48214-2040<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Lewis & Monday PC<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$       | <b>Date (month, day, year)</b><br>9/14/00<br><br><b>Amount of Each Receipt this Period</b><br>\$300.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Myra Larson<br>3575 E Huron River Dr<br>Ann Arbor, MI 48104-4237<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired Professor<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>8/29/00<br><br><b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Myra Larson<br>3575 E Huron River Dr<br>Ann Arbor, MI 48104-4237<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired Professor<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>8/8/00<br><br><b>Amount of Each Receipt this Period</b><br>\$100.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Myra Larson<br>3575 E Huron River Dr<br>Ann Arbor, MI 48104-4237<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired Professor<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>9/28/00<br><br><b>Amount of Each Receipt this Period</b><br>\$50.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Eugene M Grant<br>277 Park Ave # 47<br>New York, NY 10172-0003<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Investor<br><br><b>Aggregate Year-to-Date</b> > \$                    | <b>Date (month, day, year)</b><br>8/21/00<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00 |

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

\$1,350.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 6 OF 32  
FOR LINE NUMBER 11(a)(1)

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Leander J Foley, III<br>122 C St NW Ste 240<br>Washington, DC 20001-2108<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Lobbyist<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00            | <b>Date (month, day, year)</b><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Irving E Goldman<br>32519 Scottsdale<br>Franklin, MI 48025-1755<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$ 350.00   | <b>Date (month, day, year)</b><br>9/27/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Irving E Goldman<br>32519 Scottsdale<br>Franklin, MI 48025-1755<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$ 350.00   | <b>Date (month, day, year)</b><br>8/30/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Henry D Messer<br>23248 Bonair St<br>Dearborn Heights, MI 48127-2308<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00   | <b>Date (month, day, year)</b><br>9/5/00  | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>William Edwards<br>305 W. 9th St.<br>Morris, MN 56287-1821<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00   | <b>Date (month, day, year)</b><br>9/8/00  | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Linda J Shadrick<br>1734 Hallmark Dr<br>Troy, MI 48098-4351<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Not applicable<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date</b> > \$ 300.00 | <b>Date (month, day, year)</b><br>9/30/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Linda J Shadrick<br>1734 Hallmark Dr<br>Troy, MI 48098-4351<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Not applicable<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date</b> > \$ 300.00 | <b>Date (month, day, year)</b><br>8/18/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |

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

\$1,300.00

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



# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 7 OF 32  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)

Levin for Congress Committee C00158612

|                                                                                                                                                                                                                                                                          |                                                                                                                                            |                                               |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Judith Matasar<br>5169 Nob Hill Ct<br>Bloomfield Hills, MI 48302-2850<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Consultant<br><br><b>Aggregate Year-to-Date</b> > \$ 800.00                    | <b>Date (month, day, year)</b><br><br>9/7/00  | <b>Amount of Each Receipt this Period</b><br><br>\$300.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Judith Matasar<br>5169 Nob Hill Ct<br>Bloomfield Hills, MI 48302-2850<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Consultant<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                    | <b>Date (month, day, year)</b><br><br>8/9/00  | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Robert H Smith<br>2345 Crystal Dr<br>Arlington, VA 22202-4801<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br>Charles E. Smith<br><br><b>Occupation</b><br>Real Estate<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00     | <b>Date (month, day, year)</b><br><br>7/27/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Rebecca E Crown<br>17 Woodley Rd<br>Winnetka, IL 60093-3738<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>National Louis University<br><br><b>Occupation</b><br>Educator<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00 | <b>Date (month, day, year)</b><br><br>7/28/00 | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>John Brown<br>6464 Liteolier St<br>Portage, MI 49024-2352<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Stryker Corp.<br><br><b>Occupation</b><br>Chairman<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00           | <b>Date (month, day, year)</b><br><br>7/24/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>C. Clinton Stretch<br>1519 N Jefferson St<br>Arlington, VA 22205-2839<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Deloitte & Touche LLP<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00     | <b>Date (month, day, year)</b><br><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br><br>\$250.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Helen S Lane<br>555 Chapel St<br>New Haven, CT 06511-5819<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Writer<br><br><b>Aggregate Year-to-Date</b> > \$ 300.00                        | <b>Date (month, day, year)</b><br><br>8/21/00 | <b>Amount of Each Receipt this Period</b><br><br>\$300.00   |

SUBTOTAL of Receipts This Page (optional)

\$3,850.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

# ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 8 OF 32  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)

Levin for Congress Committee C00156812

|                                                                                                                                               |                                                     |                                             |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Steven K Hamp<br>1520 Harding Rd<br>Ann Arbor, MI 48104-4538                             | <b>Name of Employer</b><br>Henry Ford Museum        | <b>Date (month, day, year)</b><br>8/23/00   | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Executive                      | <b>Aggregate Year-to-Date</b> > \$ 500.00   |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Martin Hamburger<br>3361 Stuyvesant Pl. NW<br>Washington, DC 20016-4025                  | <b>Name of Employer</b><br>Laguens Hamburger Stone  | <b>Date (month, day, year)</b><br>7/14/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Consultant                     | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Guy Barron<br>5970 Wing Lake Rd<br>Bloomfield Hills, MI 48301-1258                       | <b>Name of Employer</b><br>Self                     | <b>Date (month, day, year)</b><br>7/16/00   | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Developer                      | <b>Aggregate Year-to-Date</b> > \$ 500.00   |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Ruth G White<br>17017 Brookwood Dr<br>Boca Raton, FL 33496-5929                          | <b>Name of Employer</b><br>Not Applicable           | <b>Date (month, day, year)</b><br>8/14/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                        | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Hermine Silver<br>32546 Scottsdale<br>Franklin, MI 48025-1754                            | <b>Name of Employer</b><br>Not Applicable           | <b>Date (month, day, year)</b><br>8/22/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Homemaker                      | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Fee Weiss<br>6561 Wing Lake Rd<br>Bloomfield Hills, MI 48301-2953                        | <b>Name of Employer</b><br>Not Applicable           | <b>Date (month, day, year)</b><br>8/9/00    | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                        | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Kerry Pearson<br>1225 19th St. NW<br>Suite 825<br>Washington, DC 20036-2411              | <b>Name of Employer</b><br>The Kerry S. Pearson LLC | <b>Date (month, day, year)</b><br>7/18/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President                      | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |

SUBTOTAL of Receipts This Page (optional)

\$3,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

 PAGE **8** OF **32**  
FOR LINE NUMBER  
11(a)(i)

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00158612

|                                                                                                                                                                                                                                                                                  |                                                                                                                                                 |                                           |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Jude Linowes<br>8220 Clearwood Rd<br>Bethesda, MD 20817-5833<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Consultant<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                         | <b>Date (month, day, year)</b><br>7/24/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Norman Bolton<br>31470 E Belkline Tr<br>Beverly Hills, MI 48025-3703<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                | <b>Date (month, day, year)</b><br>8/6/00  | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Richard Sloan<br>30200 Telegraph Rd Ste 455<br>Bingham Farms, MI 48025-5711<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Businessman<br><br><b>Aggregate Year-to-Date</b> > \$ 300.00                        | <b>Date (month, day, year)</b><br>9/19/00 | <b>Amount of Each Receipt this Period</b><br>\$300.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Benjamin Rosenberg<br>31588 E Stonewood Ct<br>Farmington Hills, MI 48334-2541<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Rotor Electric Company<br><br><b>Occupation</b><br>Elec. Contractor<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>8/8/00  | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Nathan Shapiro<br>16580 Wyoming<br>Detroit, MI 48221-2849<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Engineer<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00                         | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jacqueline Tarnow<br>18885 Muirland St<br>Detroit, MI 48221-2204<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                  | <b>Date (month, day, year)</b><br>9/28/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Abe Pollin<br>601 F Street NW<br>Washington, DC 20001<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br>Pollin Properties<br><br><b>Occupation</b><br>President<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00           | <b>Date (month, day, year)</b><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |

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

57,800.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

 PAGE 10 OF 32  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Levin for Congress Committee C00156612

|                                                                                                                                                                                                                                                                                    |                                                                                                                                    |                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>William Levine<br>1300 N Lake Shore Dr<br>Chicago, IL 60610-2169<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>William Levine, Inc.<br><br><b>Occupation</b><br>Jeweller<br><br><b>Aggregate Year-to-Date</b> > \$     | <b>Date (month, day, year)</b><br>7/13/00<br><br><b>Amount of Each Receipt this Period</b><br>\$300.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Anita Hirsh<br>3300 Oakdell Rd<br>Studio City, CA 91604-4138<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>Memaw File Center<br><br><b>Occupation</b><br>Owner/Manager<br><br><b>Aggregate Year-to-Date</b> > \$   | <b>Date (month, day, year)</b><br>7/17/00<br><br><b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Sheldon H Cohn<br>5750 Bloomfield Glens Rd<br>West Bloomfield, MI 48322-2501<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>W.B. Doner Comp<br><br><b>Occupation</b><br>Producer<br><br><b>Aggregate Year-to-Date</b> > \$          | <b>Date (month, day, year)</b><br>7/13/00<br><br><b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Evelyn Burton<br>3133 Cardinal Ln<br>Bingham Farms, MI 48025-4351<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date</b> > \$          | <b>Date (month, day, year)</b><br>8/31/00<br><br><b>Amount of Each Receipt this Period</b><br>\$300.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Philippe Villers<br>20 White End Rd<br>Concord, MA 01742-5411<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br>Families USA Foundation<br><br><b>Occupation</b><br>President<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>8/10/00<br><br><b>Amount of Each Receipt this Period</b><br>\$150.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Marc Winkelman<br>304 Hillcrest Ct<br>Austin, TX 78746-5491<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br>Calendar Club<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date</b> > \$           | <b>Date (month, day, year)</b><br>8/17/00<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Vainutis K Vaitkevicius<br>25 Poplar Park Blvd<br>Pleasant Ridge, MI 48069-1114<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Karmanos Cancer<br><br><b>Occupation</b><br>Physician<br><br><b>Aggregate Year-to-Date</b> > \$         | <b>Date (month, day, year)</b><br>8/29/00<br><br><b>Amount of Each Receipt this Period</b><br>\$1,000.00 |

SUBTOTAL of Receipts This Page (optional)

\$4,250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

 PAGE 11 OF 32  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Levin for Congress Committee C00155612

|                                                                                                                                                                                                                                                                                       |                                                                                                                                |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Joanne Crown<br>33 Canterbury Ct<br>Wilmette, IL 60091-2822<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                        | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$                   | <b>Date (month, day, year)</b><br>7/28/00<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Robert A. Girling, III<br>2501 El Greco Cv<br>Austin, TX 78703-1510<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>Girling Health Care<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>8/3/00<br><br><b>Amount of Each Receipt this Period</b><br>\$1,000.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>David Springer<br>818 Connecticut Avenue, NW<br>Suite 1100<br>Washington, DC 20006<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Oldaker & Harris<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$     | <b>Date (month, day, year)</b><br>7/18/00<br><br><b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Paul Blizman<br>28700 Hemdonwood Drive<br>Farmington Hills, MI 48334<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$                 | <b>Date (month, day, year)</b><br>8/7/00<br><br><b>Amount of Each Receipt this Period</b><br>\$250.00    |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Terence P. Stewart<br>2100 M St NW Ste 200<br>Washington, DC 20037-1218<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Stewart and Stewart<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$  | <b>Date (month, day, year)</b><br>9/25/00<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Terence P. Stewart<br>2100 M St NW Ste 200<br>Washington, DC 20037-1218<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Stewart and Stewart<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$  | <b>Date (month, day, year)</b><br>7/21/00<br><br><b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Iris M. Ovshinsky<br>2700 Squirrel Rd<br>Bloomfield Hills, MI 48304-2050<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Ovionics<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date</b> > \$            | <b>Date (month, day, year)</b><br>7/31/00<br><br><b>Amount of Each Receipt this Period</b><br>\$1,000.00 |

SUBTOTAL of Receipts This Page (optional)

\$3,750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 12 OF 32  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)

Levin for Congress Committee C00156812

|                                                                                                                                               |                                                     |                                             |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Robert A Rlesman<br>15 Westminster St Ste B06<br>Providence, RI 02903-2415               | <b>Name of Employer</b><br>Not Applicable           | <b>Date (month, day, year)</b><br>7/21/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                        | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Donald C Alexander<br>1333 New Hampshire Ave NW Ste 700<br>Washington, DC 20036-1530     | <b>Name of Employer</b><br>Cadwalader et al         | <b>Date (month, day, year)</b><br>9/20/00   | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                       | <b>Aggregate Year-to-Date</b> > \$ 500.00   |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Harvey Weisberg<br>4795 Apple Grove Ct<br>Bloomfield Hills, MI 48301-1335                | <b>Name of Employer</b><br>Not Applicable           | <b>Date (month, day, year)</b><br>9/26/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                        | <b>Aggregate Year-to-Date</b> > \$ 400.00   |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Harvey Weisberg<br>4795 Apple Grove Ct<br>Bloomfield Hills, MI 48301-1335                | <b>Name of Employer</b><br>Not Applicable           | <b>Date (month, day, year)</b><br>9/14/00   | <b>Amount of Each Receipt this Period</b><br>\$150.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                        | <b>Aggregate Year-to-Date</b> > \$ 400.00   |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Michael R Shpiece<br>39372 Plumbrook Dr<br>Farmington Hills, MI 48331-2978               | <b>Name of Employer</b><br>Miller, Shpiece, Andrews | <b>Date (month, day, year)</b><br>8/18/00   | <b>Amount of Each Receipt this Period</b><br>\$150.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                       | <b>Aggregate Year-to-Date</b> > \$ 350.00   |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Amanda Van Dusen<br>12 Kenberton Dr<br>Pleasant Ridge, MI 48069-1014                     | <b>Name of Employer</b><br>Miller Canfield          | <b>Date (month, day, year)</b><br>9/19/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                       | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Leonard H Rudolph<br>249 N Craig St<br>Pittsburgh, PA 15213-1507                         | <b>Name of Employer</b><br>N/A                      | <b>Date (month, day, year)</b><br>7/21/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                        | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |

SUBTOTAL of Receipts This Page (optional)

\$2,550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 13 OF 32  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Levin for Congress Committee 000150612

|                                                                                                                                               |                                                                                                     |                                               |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Peter L Bolgar<br>19189 W 10 Mile Rd<br>Southfield, MI 48075-2453                        | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Attorney                                | <b>Date (month, day, year)</b><br><br>9/1/00  | <b>Amount of Each Receipt this Period</b><br><br>\$150.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$                                                                  | \$250.00                                      |                                                             |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Dena J Wirt<br>206 Sharpe St<br>Essexville, MI 48732-1645                                | <b>Name of Employer</b><br>Information Requested<br><br><b>Occupation</b><br>Information Requested  | <b>Date (month, day, year)</b><br><br>8/30/00 | <b>Amount of Each Receipt this Period</b><br><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$                                                                  | \$250.00                                      |                                                             |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Jerome Kohlberg<br>111 Radio Circle<br>Mount Kisco, NY 10549                             | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired                                  | <b>Date (month, day, year)</b><br><br>8/7/00  | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$                                                                  | \$500.00                                      |                                                             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Joseph Weiss<br>10484 Vernon Ave<br>Huntington Woods, MI 48070-1527                      | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Physician                               | <b>Date (month, day, year)</b><br><br>8/16/00 | <b>Amount of Each Receipt this Period</b><br><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$                                                                  | \$250.00                                      |                                                             |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>James D Massie<br>501 High St<br>Alexandria, VA 22302-4111                               | <b>Name of Employer</b><br>Alpine Group, Inc.<br><br><b>Occupation</b><br>Gov. Relations Consultant | <b>Date (month, day, year)</b><br><br>7/13/00 | <b>Amount of Each Receipt this Period</b><br><br>\$250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$                                                                  | \$250.00                                      |                                                             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Eric Osterweil<br>Avenue Louisa 240 Box 5<br>1050 Brussels<br>Belgium, <u>US Citizen</u> | <b>Name of Employer</b><br>Oppenheimer Wolf Et Al<br><br><b>Occupation</b><br>Attorney              | <b>Date (month, day, year)</b><br><br>9/26/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$                                                                  | \$1,000.00                                    |                                                             |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Norman Hyman<br>6233 Dakota Cir<br>Bloomfield Hills, MI 48301-1567                       | <b>Name of Employer</b><br>Hongman, Miller, et al<br><br><b>Occupation</b><br>Attorney              | <b>Date (month, day, year)</b><br><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br><br>\$200.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$                                                                  | \$400.00                                      |                                                             |

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

\$2,800.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 14 OF 32

 FOR LINE NUMBER  
11(a)(i)

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                                               |                                                  |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Catherine Buttenwieser<br>200 Marsh Street<br>Belmont, MA 02478                          | <b>Name of Employer</b><br>Self                  | <b>Date (month, day, year)</b><br>8/4/00  | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Social Worker               | <b>Aggregate Year-to-Date</b> \$ 250.00   |                                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Stephen A Bromberg<br>52270 Telegraph Rd Ste 200<br>Bingham Farms, MI 48025-2457         | <b>Name of Employer</b><br>Butrel Long           | <b>Date (month, day, year)</b><br>8/29/00 | <b>Amount of Each Receipt this Period</b><br>\$150.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                    | <b>Aggregate Year-to-Date</b> \$ 350.00   |                                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Jack A Robinson<br>1589 Kirkway<br>Bloomfield Hills, MI 48302                            | <b>Name of Employer</b><br>Jar Group             | <b>Date (month, day, year)</b><br>8/29/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Investments                 | <b>Aggregate Year-to-Date</b> \$ 500.00   |                                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Philip Palazzolo<br>53653 Applewood<br>Shelby Township, MI 48315                         | <b>Name of Employer</b><br>Imperial Cabinet      | <b>Date (month, day, year)</b><br>9/30/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Owner                       | <b>Aggregate Year-to-Date</b> \$ 250.00   |                                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Mike Schwartz<br>3632 Windom Pl NW<br>Washington, DC 20008-3139                          | <b>Name of Employer</b><br>Freddie Mac           | <b>Date (month, day, year)</b><br>8/8/00  | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Consultant                  | <b>Aggregate Year-to-Date</b> \$ 750.00   |                                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Bruce Thal<br>300 Ferndale Ave<br>Birmingham, MI 48009-3416                              | <b>Name of Employer</b><br>Deloitte and Touche   | <b>Date (month, day, year)</b><br>9/6/00  | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>CPA                         | <b>Aggregate Year-to-Date</b> \$ 500.00   |                                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Thomas Keating<br>900 N. Randolph Ave. Apt. 316<br>Arlington, VA 22203                   | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>8/30/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> \$ 250.00   |                                                       |

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

\$2,150.00

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



# SCHEDULE A

# ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 15 OF 32  
FOR LINE NUMBER 11(a)(i)

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## NAME OF COMMITTEE (in Full)

Levin for Congress Committee C00156612

|                                                                                                                                               |                                                     |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Rosalind Rocklind<br>26063 Dundee Rd<br>Huntington Woods, MI 48070-1308                  | <b>Name of Employer</b><br>Garan, Lucow, Miller     | <b>Date (month, day, year)</b><br>8/9/00  | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                       | <b>Aggregate Year-to-Date</b> > \$ 300.00 |                                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>E. James Gamble<br>4905 Stoneleigh Rd<br>Bloomfield Hills, MI 48302-2173                 | <b>Name of Employer</b><br>Self                     | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                       | <b>Aggregate Year-to-Date</b> > \$ 250.00 |                                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Michael B. Levy<br>230 8th Street SE<br>Washington, DC 20003                             | <b>Name of Employer</b><br>Georgetown University    | <b>Date (month, day, year)</b><br>7/21/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Professor                      | <b>Aggregate Year-to-Date</b> > \$ 250.00 |                                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Marvin Rich<br>303 W 66th St Apt 12FE<br>New York, NY 10023-6318                         | <b>Name of Employer</b><br>Mercy College            | <b>Date (month, day, year)</b><br>7/19/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Administrator                  | <b>Aggregate Year-to-Date</b> > \$ 350.00 |                                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Clyde Shorey<br>3033 W Lane Keys NW<br>Washington, DC 20007-3057                         | <b>Name of Employer</b><br>Not Applicable           | <b>Date (month, day, year)</b><br>7/24/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                        | <b>Aggregate Year-to-Date</b> > \$ 500.00 |                                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Rolland O'Hara<br>8162 E Jefferson Ave Apt 17A<br>Detroit, MI 48214-2611                 | <b>Name of Employer</b><br>Sachs, Waldman, O'Hare   | <b>Date (month, day, year)</b><br>8/8/00  | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                       | <b>Aggregate Year-to-Date</b> > \$ 800.00 |                                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Nathan Hershey<br>5423 Northumberland St<br>Pittsburgh, PA 15217-1128                    | <b>Name of Employer</b><br>University of Pittsburgh | <b>Date (month, day, year)</b><br>8/23/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Professor                      | <b>Aggregate Year-to-Date</b> > \$ 300.00 |                                                       |

SUBTOTAL of Receipts This Page (optional)

\$1,950.00

TOTAL This Period (last page this line number only)

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 16 OF 32  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Levin for Congress Committee C00158612

|                                                                                                                                                                                                                                                                                  |                                                                                                                                              |                                                                                                                                                   |                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Eugene Applebaum<br>651 Lone Pine Hill<br>Bloomfield Hills, MI 48304-2823<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>Arbor Drugs<br><br><b>Occupation</b><br>CEO<br><br><b>Aggregate Year-to-Date</b> > \$                             | <b>Date (month, day, year)</b><br>8/9/00<br><br><b>Amount of Each Receipt this Period</b><br>\$1,000.00<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>8/9/00<br><br><b>Amount of Each Receipt this Period</b><br>\$1,000.00<br><br><b>Aggregate Year-to-Date</b> > \$ |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Eugene Applebaum<br>651 Lone Pine Hill<br>Bloomfield Hills, MI 48304-2823<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>Arbor Drugs<br><br><b>Occupation</b><br>CEO<br><br><b>Aggregate Year-to-Date</b> > \$                             | <b>Date (month, day, year)</b><br>8/9/00<br><br><b>Amount of Each Receipt this Period</b><br>\$1,000.00<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>8/9/00<br><br><b>Amount of Each Receipt this Period</b><br>\$1,000.00<br><br><b>Aggregate Year-to-Date</b> > \$ |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Gail L. Warden<br>250 Washington Rd<br>Grosse Pointe, MI 48230-1614<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Henry Ford Health Systems<br><br><b>Occupation</b><br>President and CEO<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>9/11/00<br><br><b>Amount of Each Receipt this Period</b><br>\$250.00<br><br><b>Aggregate Year-to-Date</b> > \$  | <b>Date (month, day, year)</b><br>9/11/00<br><br><b>Amount of Each Receipt this Period</b><br>\$250.00<br><br><b>Aggregate Year-to-Date</b> > \$  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Sara C. Star<br>2102 N Kenmore Ave<br>Chicago, IL 60614-1112<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$                               | <b>Date (month, day, year)</b><br>7/28/00<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00<br><br><b>Aggregate Year-to-Date</b> > \$  | <b>Date (month, day, year)</b><br>7/28/00<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00<br><br><b>Aggregate Year-to-Date</b> > \$  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>George Steinberger<br>25800 W 11 Mile Rd Apt 413<br>Southfield, MI 48034-8180<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Insurance Exec.<br><br><b>Aggregate Year-to-Date</b> > \$                        | <b>Date (month, day, year)</b><br>7/17/00<br><br><b>Amount of Each Receipt this Period</b><br>\$100.00<br><br><b>Aggregate Year-to-Date</b> > \$  | <b>Date (month, day, year)</b><br>7/17/00<br><br><b>Amount of Each Receipt this Period</b><br>\$100.00<br><br><b>Aggregate Year-to-Date</b> > \$  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>George Steinberger<br>25800 W 11 Mile Rd Apt 413<br>Southfield, MI 48034-8180<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Insurance Exec.<br><br><b>Aggregate Year-to-Date</b> > \$                        | <b>Date (month, day, year)</b><br>7/17/00<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00<br><br><b>Aggregate Year-to-Date</b> > \$  | <b>Date (month, day, year)</b><br>7/17/00<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00<br><br><b>Aggregate Year-to-Date</b> > \$  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Avinash Rachmale<br>11001 W Brooks Ln<br>Plymouth, MI 48170-3475<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Physician<br><br><b>Aggregate Year-to-Date</b> > \$                              | <b>Date (month, day, year)</b><br>8/11/00<br><br><b>Amount of Each Receipt this Period</b><br>\$300.00<br><br><b>Aggregate Year-to-Date</b> > \$  | <b>Date (month, day, year)</b><br>8/11/00<br><br><b>Amount of Each Receipt this Period</b><br>\$300.00<br><br><b>Aggregate Year-to-Date</b> > \$  |

SUBTOTAL of Receipts This Page (optional)

\$3,650.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

# ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 17 OF 32  
FOR LINE NUMBER 11(a)(i)

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## NAME OF COMMITTEE (in full)

Levin for Congress Committee C00156812

|                                                                                                                                               |                                                                                                        |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Nancy M Bacon<br>1675 W Maple Rd<br>Troy, MI 48064-7118                                  | <b>Name of Employer</b><br>Energy Conver. Devices<br><br><b>Occupation</b><br>Sen. Vp-Gvmt Contractors | <b>Date (month, day, year)</b><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                              |                                           |                                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Alexander R Spitzer<br>4375 Borland St<br>West Bloomfield, MI 48323-1408                 | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Physician                                  | <b>Date (month, day, year)</b><br>9/6/00  | <b>Amount of Each Receipt this Period</b><br>\$300.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 300.00                                                              |                                           |                                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Roger Tilles<br>7600 Jericho Turnpike<br>Woodbury, NY 11797-1728                         | <b>Name of Employer</b><br>Tilles Investment Company<br><br><b>Occupation</b><br>Investor              | <b>Date (month, day, year)</b><br>7/24/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                              |                                           |                                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>James K. Donnell<br>9488 N Florence Rd<br>Pittsburgh, PA 15237-4818                      | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired                          | <b>Date (month, day, year)</b><br>8/23/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                              |                                           |                                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Terrence Haggerty<br>2028 Wickham St<br>Royal Oak, MI 48073-1184                         | <b>Name of Employer</b><br>Bowman & Brooke<br><br><b>Occupation</b><br>Attorney                        | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Receipt this Period</b><br>\$150.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 400.00                                                              |                                           |                                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Laura H Lauder<br>88 Mercedes Ln<br>Atherton, CA 94027-4036                              | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Venture Capital                            | <b>Date (month, day, year)</b><br>9/5/00  | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                              |                                           |                                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Marvin C Daich<br>26600 Telegraph Rd Ste 190<br>Southfield, MI 48034-5327                | <b>Name of Employer</b><br>Mason, Steinhart, Jacobs<br><br><b>Occupation</b><br>Of Counsel             | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                              |                                           |                                                       |

SUBTOTAL of Receipts This Page (optional)

\$1,950.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

 Use separate schedule(s)  
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 PAGE 18 OF 32  
FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00156612

|                                                                                                                                               |                                                  |                                           |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Jarvis Odum<br>21307 Ithaca Ave.<br>Ferndale, MI 48220                                   | <b>Name of Employer</b><br>Information Requested | <b>Date (month, day, year)</b><br>8/30/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Information Requested       | <b>Aggregate Year-to-Date</b> > \$        | \$250.00                                                |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Gerald H Stollman<br>4854 Hidden Ln<br>West Bloomfield, MI 48323-2332                    | <b>Name of Employer</b><br>Oakland Comm. College | <b>Date (month, day, year)</b><br>9/11/00 | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Teacher                     | <b>Aggregate Year-to-Date</b> > \$        | \$1,000.00                                              |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Robert A Woodrick<br>1960 Stakelee Woods Ln SE<br>Grand Rapids, MI 49548-9709            | <b>Name of Employer</b><br>D & W Food Centers    | <b>Date (month, day, year)</b><br>8/14/00 | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Chairman                    | <b>Aggregate Year-to-Date</b> > \$        | \$1,000.00                                              |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Joe Dolan<br>32262 Ruehle Ave<br>Warren, MI 48093-8112                                   | <b>Name of Employer</b><br>AFGE Local 1658       | <b>Date (month, day, year)</b><br>8/16/00 | <b>Amount of Each Receipt this Period</b><br>\$200.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President                   | <b>Aggregate Year-to-Date</b> > \$        | \$300.00                                                |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Joe Dolan<br>32262 Ruehle Ave<br>Warren, MI 48093-8112                                   | <b>Name of Employer</b><br>AFGE Local 1658       | <b>Date (month, day, year)</b><br>9/27/00 | <b>Amount of Each Receipt this Period</b><br>\$100.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President                   | <b>Aggregate Year-to-Date</b> > \$        | \$300.00                                                |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Margaret McKean<br>1 Pintail Ln<br>Hendersonville, NC 28792-2839                         | <b>Name of Employer</b><br>Not Applicable        | <b>Date (month, day, year)</b><br>9/26/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                     | <b>Aggregate Year-to-Date</b> > \$        | \$250.00                                                |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Norman Pappas<br>5130 Ponvalley Rd<br>Bloomfield Hills, MI 48302-2818                    | <b>Name of Employer</b><br>Self                  | <b>Date (month, day, year)</b><br>7/24/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Insurance                   | <b>Aggregate Year-to-Date</b> > \$        | \$500.00                                                |

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

\$3,300.00

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

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE **19** OF **32**  
FOR LINE NUMBER  
**11(a)(1)**

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NAME OF COMMITTEE (in full)

Levin for Congress Committee C00156612

|                                                                                                                                               |                                                                                             |                                           |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Terence Fortune<br>8018 Riverside Dr.<br>Cabin John, MD 20818                            | <b>Name of Employer</b><br>Paul, Weiss, Rifkind, et al<br><br><b>Occupation</b><br>Attorney | <b>Date (month, day, year)</b><br>9/25/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                   |                                           |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Patricia Nelson<br>1350 Eye St. N.W.<br>Suite 890<br>Washington, DC 20005                | <b>Name of Employer</b><br>O'Brien and Calio<br><br><b>Occupation</b><br>Attorney           | <b>Date (month, day, year)</b><br>9/25/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                                   |                                           |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Tom E Cohn<br>6715 Glenway Dr<br>West Bloomfield, MI 48322-3910                          | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Investments                     | <b>Date (month, day, year)</b><br>7/5/00  | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 1,000.00                                                 |                                           |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Morton Noveck<br>3734 Wasbeek Lake Dr, W<br>Bloomfield Hills, MI 48302                   | <b>Name of Employer</b><br>Noveck & Nusholtz<br><br><b>Occupation</b><br>Attorney           | <b>Date (month, day, year)</b><br>9/27/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 950.00                                                   |                                           |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Morton Noveck<br>3734 Wasbeek Lake Dr, W<br>Bloomfield Hills, MI 48302                   | <b>Name of Employer</b><br>Noveck & Nusholtz<br><br><b>Occupation</b><br>Attorney           | <b>Date (month, day, year)</b><br>8/8/00  | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 950.00                                                   |                                           |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Arnold Portner<br>26030 Salem Rd<br>Huntington Woods, MI 48070-1212                      | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired                          | <b>Date (month, day, year)</b><br>8/11/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 350.00                                                   |                                           |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Robert A Perkins<br>24390 Oakwood Park Rd<br>Saint Michaels, MD 21863-2542               | <b>Name of Employer</b><br>Economic Policy<br><br><b>Occupation</b><br>Volunteer            | <b>Date (month, day, year)</b><br>9/25/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                                   |                                           |                                                         |

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

\$2,750.00

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

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)

Levin for Congress Committee C00156812

|                                                                                                                                                                                                                                                                               |                                                                                                                                          |                                           |                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Irvin Schneiderman<br>203 E 72nd St<br>New York, NY 10021-4568<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Cahill Gordon & Reindel<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>7/13/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Donald L. Golden<br>6998 Pebble Park Cir<br>West Bloomfield, MI 48322-3510<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>DOC<br><br><b>Occupation</b><br>Chairman<br><br><b>Aggregate Year-to-Date</b> > \$ 350.00                     | <b>Date (month, day, year)</b><br>9/5/00  | <b>Amount of Each Receipt this Period</b><br>\$200.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Camille Massie<br>501 High Street<br>Alexandria, VA 22302<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00         | <b>Date (month, day, year)</b><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>David M Oenos<br>6606 Rivercrest Ct<br>Bethesda, MD 20816-2178<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Aron, Fox, et al<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ 750.00        | <b>Date (month, day, year)</b><br>7/11/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Daniel Bromberg<br>1613 30th St NW Apt 3S<br>Washington, DC 20007-2905<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>Jones, Day, et al<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00       | <b>Date (month, day, year)</b><br>8/16/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Sidney Forbes<br>1350 Kirkway Rd<br>Bloomfield Hills, MI 48302-1315<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>Forbes Cohen<br><br><b>Occupation</b><br>Chairman<br><br><b>Aggregate Year-to-Date</b> > \$ 1,000.00          | <b>Date (month, day, year)</b><br>7/21/00 | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>David Page<br>2661 Indian Mound S<br>Bloomfield Hills, MI 48301-2257<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>Honigman, Miller et al<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ 450.00  | <b>Date (month, day, year)</b><br>8/7/00  | <b>Amount of Each Receipt this Period</b><br>\$250.00   |

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

\$2,450.00

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

# SCHEDULE A

# ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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## NAME OF COMMITTEE (In Full)

Levin for Congress Committee CD0156612

|                                                                                                                                               |                                                                                              |                                           |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Ira S Shapiro<br>9437 Reach Rd<br>Potomac, MD 20854-2853                                 | <b>Name of Employer</b><br>Long, Aldridge & Norman<br><br><b>Occupation</b><br>Attorney      | <b>Date (month, day, year)</b><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> \$ 500.00                                                      |                                           |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>William A Demmer<br>3525 Capitol City Blvd<br>Lansing, MI 48906-2101                     | <b>Name of Employer</b><br>Demmer Corporation<br><br><b>Occupation</b><br>Executive          | <b>Date (month, day, year)</b><br>9/18/00 | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> \$ 1,000.00                                                    |                                           |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>George Olsen<br>1155 21st St NW Ste 300<br>Washington, DC 20036-3312                     | <b>Name of Employer</b><br>Williams and Jensen<br><br><b>Occupation</b><br>Attorney          | <b>Date (month, day, year)</b><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> \$ 500.00                                                      |                                           |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Richard I Loebel<br>25319 Scotia Rd<br>Huntington Woods, MI 48070-1800                   | <b>Name of Employer</b><br>Jaffe, Reitt, et al<br><br><b>Occupation</b><br>Attorney          | <b>Date (month, day, year)</b><br>9/19/00 | <b>Amount of Each Receipt this Period</b><br>\$150.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> \$ 650.00                                                      |                                           |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Morton Zieve<br>490 Dunston Rd<br>Bloomfield Hills, MI 48304-3422                        | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Advertising                      | <b>Date (month, day, year)</b><br>9/30/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> \$ 250.00                                                      |                                           |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Matilda Branchwine<br>32879 Outland-Tri-<br>Beverly Hills, MI 48025-2553                 | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Professional Volunteer | <b>Date (month, day, year)</b><br>8/8/00  | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> \$ 500.00                                                      |                                           |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Arsen Sanjian<br>35655 Plymouth Rd<br>Livonia, MI 48150-1458                             | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired                | <b>Date (month, day, year)</b><br>8/7/00  | <b>Amount of Each Receipt this Period</b><br>\$35.00    |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> \$ 335.00                                                      |                                           |                                                         |

SUBTOTAL of Receipts This Page (optional)

\$2,685.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**Contributions from Individuals/Persons**

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

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FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00156812

|                                                                                                                                                                                                                                                                                |                                                                                                                              |                                                             |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Arsen Sanjian<br>35655 Plymouth Rd<br>Livonia, MI 48150-1458<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$      | <b>Date (month, day, year)</b><br>9/7/00<br><br>\$335.00    | <b>Amount of Each Receipt this Period</b><br>\$300.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Stephen H Zimmerman<br>308 Chesterfield Pkwy<br>East Lansing, MI 48823-4113<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Dykema Gossett<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$     | <b>Date (month, day, year)</b><br>9/16/00<br><br>\$250.00   | <b>Amount of Each Receipt this Period</b><br>\$150.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Rita C Haddow<br>3141 Interlaken St<br>West Bloomfield, MI 48323-1823<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Merchant<br><br><b>Aggregate Year-to-Date</b> > \$               | <b>Date (month, day, year)</b><br>8/8/00<br><br>\$1,000.00  | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Glenna D Oenos<br>8806 Rivercrest Ct<br>Bethesda, MD 20816-2178<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Homemaker<br><br><b>Aggregate Year-to-Date</b> > \$    | <b>Date (month, day, year)</b><br>7/11/00<br><br>\$1,000.00 | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Ronald M Coburn<br>1490 W Long Lake Rd<br>Bloomfield Hills, MI 48302-1340<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>The Coburn Clinic<br><br><b>Occupation</b><br>Physician<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>7/24/00<br><br>\$1,250.00 | <b>Amount of Each Receipt this Period</b><br>\$850.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Ronald M Coburn<br>1490 W Long Lake Rd<br>Bloomfield Hills, MI 48302-1340<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>The Coburn Clinic<br><br><b>Occupation</b><br>Physician<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>7/24/00<br><br>\$1,250.00 | <b>Amount of Each Receipt this Period</b><br>\$350.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Dwight D Carlson<br>2901 Hubbard St<br>Ann Arbor, MI 48105-2435<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Consultant<br><br><b>Aggregate Year-to-Date</b> > \$             | <b>Date (month, day, year)</b><br>9/14/00<br><br>\$500.00   | <b>Amount of Each Receipt this Period</b><br>\$500.00   |

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

\$3,450.00

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



**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (In Full)

Levin for Congress Committee C00156612

|                                                                                                                                               |                                                       |                                             |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Leslie C Magy<br>708 Shirley Rd<br>Birmingham, MI 48009-1847                             | <b>Name of Employer</b><br>Not Applicable             | <b>Date (month, day, year)</b><br>7/17/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Homemaker                        | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Paul Lieberman<br>4102 Wintorest Ln<br>West Bloomfield, MI 48323-3157                    | <b>Name of Employer</b><br>Self                       | <b>Date (month, day, year)</b><br>8/18/00   | <b>Amount of Each Receipt this Period</b><br>\$50.00    |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                         | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Robert F Lise<br>555 S Old Woodward Ave Ste 700<br>Birmingham, MI 48009-8607             | <b>Name of Employer</b><br>Self                       | <b>Date (month, day, year)</b><br>8/24/00   | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                         | <b>Aggregate Year-to-Date</b> > \$ 900.00   |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Thomas J Downey<br>1225 I St. NW<br>Suite 350<br>Washington, DC 20005                    | <b>Name of Employer</b><br>Downey McGrath Group, Inc. | <b>Date (month, day, year)</b><br>7/21/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Consultant                       | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Suzanne Goodman<br>222 N La Salle St<br>Chicago, IL 60601-1003                           | <b>Name of Employer</b><br>N/A                        | <b>Date (month, day, year)</b><br>7/28/00   | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Housewife                        | <b>Aggregate Year-to-Date</b> > \$ 500.00   |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Rajesh Saxena<br>17253 Ellen Dr<br>Livonia, MI 48152-2988                                | <b>Name of Employer</b><br>Wayne County               | <b>Date (month, day, year)</b><br>9/11/00   | <b>Amount of Each Receipt this Period</b><br>\$200.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Civil Engineer                   | <b>Aggregate Year-to-Date</b> > \$ 230.00   |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Rajesh Saxena<br>17253 Ellen Dr<br>Livonia, MI 48152-2988                                | <b>Name of Employer</b><br>Wayne County               | <b>Date (month, day, year)</b><br>8/7/00    | <b>Amount of Each Receipt this Period</b><br>\$15.00    |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Civil Engineer                   | <b>Aggregate Year-to-Date</b> > \$ 230.00   |                                                         |

SUBTOTAL of Receipts This Page (optional)

\$2,515.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee CD0156612

|                                                                                                                                               |                                                                                         |                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Alija Healy<br>3831 Wachtel Dr.<br>Holt, MI 48842-9783                                   | <b>Name of Employer</b><br>Michigan State University<br><br><b>Occupation</b><br>Writer | <b>Date (month, day, year)</b><br>8/16/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                               |                                           |                                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Edwin Seave<br>2401 Pennsylvania Ave<br>Philadelphia, PA 19130-3010                      | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Attorney                    | <b>Date (month, day, year)</b><br>7/17/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                               |                                           |                                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Ronald L Coleman<br>6388 Brooks Manor Cv<br>Memphis, TN 38119-5408                       | <b>Name of Employer</b><br>Competition Cams<br><br><b>Occupation</b><br>Executive       | <b>Date (month, day, year)</b><br>8/17/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 250.00                                               |                                           |                                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Paul D Levin<br>26 Hollins Dr<br>Santa Cruz, CA 95060-1805                               | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Physician                   | <b>Date (month, day, year)</b><br>7/24/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                               |                                           |                                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Michael H Stein<br>PO Box 41<br>Shady Side, MD 20764-0041                                | <b>Name of Employer</b><br>Dewey Ballantine<br><br><b>Occupation</b><br>Attorney        | <b>Date (month, day, year)</b><br>7/10/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                               |                                           |                                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Lester Crown<br>222 N La Salle St Ste 2000<br>Chicago, IL 60601-1109                     | <b>Name of Employer</b><br>Henry Crown & Company<br><br><b>Occupation</b><br>President  | <b>Date (month, day, year)</b><br>7/28/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 500.00                                               |                                           |                                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Robert Brody<br>4017 Hidden Woods Dr<br>Bloomfield Hills, MI 48301-3129                  | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Developer                   | <b>Date (month, day, year)</b><br>9/5/00  | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 1,000.00                                             |                                           |                                                       |

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

\$3,000.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Levin for Congress Committee C00155612

|                                                                                                                                                                                                                                                                            |                                                                                                                                                 |                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Robert Brody<br>4017 Hidden Woods Dr<br>Bloomfield Hills, MI 48301-3129<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Developer<br><br><b>Aggregate Year-to-Date</b> > \$                                 | <b>Date (month, day, year)</b><br>7/31/00<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Robert K Lifton<br>805 3rd Ave<br>New York, NY 10022-7513<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>Medis Technologies<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date</b> > \$                   | <b>Date (month, day, year)</b><br>7/17/00<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Lloyd Hand<br>4618 Charleston Terrace, NW<br>Washington, DC 20005<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>Verner Liefert et al<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$                  | <b>Date (month, day, year)</b><br>8/8/00<br><br><b>Amount of Each Receipt this Period</b><br>\$250.00    |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>James McNeely<br>8734 Lakeshore Rd<br>Lakeport, MI 48059-1115<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$                                    | <b>Date (month, day, year)</b><br>7/16/00<br><br><b>Amount of Each Receipt this Period</b><br>\$700.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>James McNeely<br>8734 Lakeshore Rd<br>Lakeport, MI 48059-1115<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$                                    | <b>Date (month, day, year)</b><br>8/21/00<br><br><b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Byron Gerson<br>30285 Woodside Ct<br>Franklin, MI 48025-2170<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>N/A<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$                                    | <b>Date (month, day, year)</b><br>8/16/00<br><br><b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Jeffrey Ely<br>3529 Devon Dr.<br>Falls Church, VA 22042-4027<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Landmark Strategies, Inc.<br><br><b>Occupation</b><br>Political consultant<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>7/20/00<br><br><b>Amount of Each Receipt this Period</b><br>\$250.00   |

SUBTOTAL of Receipts This Page (optional)

\$4,200.00

TOTAL This Period (last page this line number only)

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 28 OF 32  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Levin for Congress Committee C00158612

|                                                                                                                                                                                                                                                                           |                                                                                                                                       |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Harold Gordon<br>31530 Concord Dr<br>Madison Heights, MI 48071-1759<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>Gordon Begin Properties<br><br><b>Occupation</b><br>Real Estate<br><br><b>Aggregate Year-to-Date</b> > \$  | <b>Date (month, day, year)</b><br>7/20/00<br><br><b>Amount of Each Receipt this Period</b><br>\$125.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Gail L. Harrison<br>3601 N Jefferson St<br>Arlington, VA 22207-1374<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br>Wexler Group<br><br><b>Occupation</b><br>Exec.<br><br><b>Aggregate Year-to-Date</b> > \$                   | <b>Date (month, day, year)</b><br>9/25/00<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Stuart Sinai<br>1448 Southfield Road<br>Birmingham, MI 48009<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Kemp, Klein, et al<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$          | <b>Date (month, day, year)</b><br>9/5/00<br><br><b>Amount of Each Receipt this Period</b><br>\$150.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Harry K Schwartz<br>7011 Macarthur Blvd<br>Bethesda, MD 20816-1042<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$                        | <b>Date (month, day, year)</b><br>7/27/00<br><br><b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Barbara Browning<br>4280 Washington Crescent Dr<br>Troy, MI 48098-3656<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>General Motors<br><br><b>Occupation</b><br>Engineer<br><br><b>Aggregate Year-to-Date</b> > \$              | <b>Date (month, day, year)</b><br>9/26/00<br><br><b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jane S Hart<br>P.O. Box 1209<br>Mackinac Island, MI 49757<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired Investor<br><br><b>Aggregate Year-to-Date</b> > \$      | <b>Date (month, day, year)</b><br>9/7/00<br><br><b>Amount of Each Receipt this Period</b><br>\$250.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Gwen A Paulson<br>1113 N Howard St<br>Alexandria, VA 22304 1627<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br>Congressional Consultants<br><br><b>Occupation</b><br>Consultant<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>9/30/00<br><br><b>Amount of Each Receipt this Period</b><br>\$250.00 |

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

\$2,025.00

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

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE **27** OF **32**  
FOR LINE NUMBER  
**17(B)(1)**

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NAME OF COMMITTEE (in full)

Levin for Congress Committee C00156612

|                                                                                                                                               |                                                             |                                             |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Rosemary Brown<br>6464 Liteolier St<br>Portage, MI 49024-2352                            | <b>Name of Employer</b><br>KAMSC                            | <b>Date (month, day, year)</b><br>7/24/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Teacher                                | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Marle Scriver<br>1810 S Hammond Lake Dr<br>Bloomfield Hills, MI 48302-0710               | <b>Name of Employer</b><br>Carpenters Local #1452           | <b>Date (month, day, year)</b><br>8/11/00   | <b>Amount of Each Receipt this Period</b><br>\$300.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Bus. Rep.                              | <b>Aggregate Year-to-Date</b> > \$ 300.00   |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Lee S Turner<br>26000 W 12 Mile Rd<br>Southfield, MI 48034                               | <b>Name of Employer</b><br>Self                             | <b>Date (month, day, year)</b><br>8/18/00   | <b>Amount of Each Receipt this Period</b><br>\$100.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                               | <b>Aggregate Year-to-Date</b> > \$ 300.00   |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Marialyce McNeely<br>8374 Lakeshore Rd<br>Lakeport, MI 48059-1327                        | <b>Name of Employer</b><br>Not Applicable                   | <b>Date (month, day, year)</b><br>7/21/00   | <b>Amount of Each Receipt this Period</b><br>\$300.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Homemaker                              | <b>Aggregate Year-to-Date</b> > \$ 1,300.00 | <i>Reimbursement</i>                                    |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Marialyce McNeely<br>8374 Lakeshore Rd<br>Lakeport, MI 48059-1327                        | <b>Name of Employer</b><br>Not Applicable                   | <b>Date (month, day, year)</b><br>9/21/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Homemaker                              | <b>Aggregate Year-to-Date</b> > \$ 1,300.00 |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Robert J Leonard<br>1150 17th Street NW<br>Suite 801<br>Washington, DC 20036             | <b>Name of Employer</b><br>Washington Council Ernst & Young | <b>Date (month, day, year)</b><br>7/18/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                               | <b>Aggregate Year-to-Date</b> > \$ 750.00   |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Paul H Todd, Jr.<br>3713 W Main St<br>Kalamazoo, MI 49006-2842                           | <b>Name of Employer</b><br>Kalsec, Inc.                     | <b>Date (month, day, year)</b><br>7/18/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Chemist                                | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |

SUBTOTAL of Receipts This Page (optional)

\$3,950.00

TOTAL This Period (last page this line number only)

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 28 OF 32  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Levin for Congress Committee C00156612

|                                                                                                                                               |                                                  |                                             |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Bhimsen Rao<br>368 Wilshire Dr<br>Bloomfield Hills, MI 48302-1064                        | <b>Name of Employer</b><br>St John Health System | <b>Date (month, day, year)</b><br>8/11/00   | <b>Amount of Each Receipt this Period</b><br>\$200.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Physician                   | <b>Aggregate Year-to-Date</b> > \$ 300.00   |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Judith Swartz<br>33 Bradley Rd<br>Marblehead, MA 01945-1568                              | <b>Name of Employer</b><br>Not Employed          | <b>Date (month, day, year)</b><br>9/1/00    | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>N/A                         | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Mohindrapal Gill<br>41641 Fallbrook Ct<br>Northville, MI 48167-2802                      | <b>Name of Employer</b><br>NYX Inc.              | <b>Date (month, day, year)</b><br>8/11/00   | <b>Amount of Each Receipt this Period</b><br>\$200.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Exec VP                     | <b>Aggregate Year-to-Date</b> > \$ 300.00   |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Mohindrapal Gill<br>41641 Fallbrook Ct<br>Northville, MI 48167-2802                      | <b>Name of Employer</b><br>NYX Inc.              | <b>Date (month, day, year)</b><br>8/7/00    | <b>Amount of Each Receipt this Period</b><br>\$100.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Exec VP                     | <b>Aggregate Year-to-Date</b> > \$ 300.00   |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Beulah Friedman<br>2500 S. Ocean Blvd.<br>Palm Beach, FL 33480                           | <b>Name of Employer</b><br>Not Applicable        | <b>Date (month, day, year)</b><br>8/16/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                     | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Eugene Mondry<br>27275 Wallington Rd<br>Franklin, MI 48025-1330                          | <b>Name of Employer</b><br>Self                  | <b>Date (month, day, year)</b><br>7/19/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Investor                    | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Seymour E Podolsky<br>19000 Fairway Dr<br>Detroit, MI 48221-2287                         | <b>Name of Employer</b><br>State of Michigan     | <b>Date (month, day, year)</b><br>8/8/00    | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Commissioner                | <b>Aggregate Year-to-Date</b> > \$ 500.00   |                                                         |

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

\$3,000.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

 PAGE 29 OF 32  
FOR LINE NUMBER  
11(a)(i)

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**NAME OF COMMITTEE (in full)**

Lovin for Congress Committee C00156612

|                                                                                                                                                                                                                                                                                      |                                                                                                                                       |                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Seymour E Podolsky<br>19000 Fairway Dr<br>Detroit, MI 48221-2287<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>State of Michigan<br><br><b>Occupation</b><br>Commissioner<br><br><b>Aggregate Year-to-Date</b> > \$       | <b>Date (month, day, year)</b><br>9/27/00<br><br><b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>John R Axe<br>21 Kercheval Ave<br>Suite 360<br>Grosse Pointe Farms, MI 48238-3633<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$                        | <b>Date (month, day, year)</b><br>9/27/00<br><br><b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>John R Axe<br>21 Kercheval Ave<br>Suite 360<br>Grosse Pointe Farms, MI 48238-3633<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$                        | <b>Date (month, day, year)</b><br>8/29/00<br><br><b>Amount of Each Receipt this Period</b><br>\$150.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>David Gale<br>7244 Simsbury Dr<br>West Bloomfield, MI 48322-3548<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br>Not Applicable<br><br><b>Occupation</b><br>Retired<br><br><b>Aggregate Year-to-Date</b> > \$               | <b>Date (month, day, year)</b><br>8/10/00<br><br><b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Lou Beer<br>1010 Hess Ave<br>Saginaw, MI 48601-3729<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                               | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$                        | <b>Date (month, day, year)</b><br>8/16/00<br><br><b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Lou Beer<br>1010 Hess Ave<br>Saginaw, MI 48601-3729<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                               | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$                        | <b>Date (month, day, year)</b><br>9/18/00<br><br><b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Eugene Driker<br>1525 Wellesley Dr<br>Highland Park, MI 48203-1477<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>Barris, Sott, Denn & Driker<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>9/27/00<br><br><b>Amount of Each Receipt this Period</b><br>\$100.00 |

SUBTOTAL of Receipts This Page (optional)

\$1,050.00

TOTAL This Period (last page this line number only)

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 30 OF 32  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Levin for Congress Committee C00156612

|                                                                                                                                               |                                                   |                                             |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Austin A Kanter<br>100 Galleria Officecentre Ste 401<br>Southfield, MI 48034-0430        | <b>Name of Employer</b><br>Self                   | <b>Date (month, day, year)</b><br>8/17/00   | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Insurance                    | <b>Aggregate Year-to-Date</b> > \$ 500.00   |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Alan Steroty<br>8022 Wilshire Blvd.<br>Suite 201<br>Los Angeles, CA 90036-3616           | <b>Name of Employer</b><br>Steroty Company        | <b>Date (month, day, year)</b><br>7/14/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Property Management          | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Shelley Boschan<br>4228 Sedgemoor Ln<br>Bloomfield Hills, MI 48302-1647                  | <b>Name of Employer</b><br>Not Applicable         | <b>Date (month, day, year)</b><br>9/18/00   | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Homemaker                    | <b>Aggregate Year-to-Date</b> > \$ 500.00   |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Albert Scaglione<br>28238 Harwich<br>Farmington Hills, MI 48334                          | <b>Name of Employer</b><br>Self                   | <b>Date (month, day, year)</b><br>7/18/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Park West Gallery            | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Joseph A Rosin<br>555 Skokie Blvd Ste 285<br>Northbrook, IL 60062-2833                   | <b>Name of Employer</b><br>Self                   | <b>Date (month, day, year)</b><br>7/14/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Attorney                     | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>James H Mack<br>5201 Grinnell St<br>Fairfax, VA 22032-3413                               | <b>Name of Employer</b><br>Assn. for Manuf. Tech. | <b>Date (month, day, year)</b><br>9/25/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Vp-Gvmt Relations            | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>James H Mack<br>5201 Grinnell St<br>Fairfax, VA 22032-3413                               | <b>Name of Employer</b><br>Assn. for Manuf. Tech. | <b>Date (month, day, year)</b><br>7/18/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Vp-Gvmt Relations            | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |

SUBTOTAL of Receipts This Page (optional)

\$3,750.00

TOTAL This Period (last page this line number only)



**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

 PAGE 31 OF 32  
FOR LINE NUMBER  
11(a)(i)

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                                                                                                                                                                                  |                                                                                                                                                    |                                           |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Lawrence Kasdan<br>708 N Elm Dr<br>Beverly Hills, CA 90210-3423<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Movie Director<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                        | <b>Date (month, day, year)</b><br>7/31/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Debra Waggoner<br>5118 Wissoming Rd.<br>Bethesda, MD 20816<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br>Corning Incorporated<br><br><b>Occupation</b><br>Dir. of Public Policy<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>S. Bruce Wilson<br>3431 North George Mason Drive<br>Arlington, VA 22207<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>Akin Gump<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                         | <b>Date (month, day, year)</b><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>A. Steven Crown<br>222 N La Salle St<br>Chicago, IL 60601-1003<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br>General Dynamics<br><br><b>Occupation</b><br>Executive<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                 | <b>Date (month, day, year)</b><br>7/26/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Mayor Morganroth<br>4761 Tara Ct<br>West Bloomfield, MI 48323-3646<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ 350.00                              | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Receipt this Period</b><br>\$150.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Cyril Moscow<br>2598 Covington Pl<br>Bloomfield Hills, MI 48301-2861<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br>Honigman, Miller, et al<br><br><b>Occupation</b><br>Attorney<br><br><b>Aggregate Year-to-Date</b> > \$ 400.00           | <b>Date (month, day, year)</b><br>8/9/00  | <b>Amount of Each Receipt this Period</b><br>\$200.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Samuel S Perelson<br>200 E 57th Street<br>Apt. 20D<br>New York, NY 10022-2860<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Perelson Weiner LLP<br><br><b>Occupation</b><br>CPA<br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                    | <b>Date (month, day, year)</b><br>7/24/00 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |

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

\$2,350.00

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

# SCHEDULE A

# ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 32 OF 32  
FOR LINE NUMBER 11(a)(i)

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## NAME OF COMMITTEE (in full)

Levin for Congress Committee C00156612

|                                                                                                                                               |                                                             |                                             |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Joan Spero<br>650 Fifth Ave.<br>New York, NY 10019                                       | <b>Name of Employer</b><br>Doris Duke Charitable Foundation | <b>Date (month, day, year)</b><br>7/12/00   | <b>Amount of Each Receipt this Period</b><br>\$250.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>President                              | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Carl I. Cohen<br>1106 Laurelwood<br>Carmel, IN 46032-8748                                | <b>Name of Employer</b><br>Self                             | <b>Date (month, day, year)</b><br>8/17/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>attorney                               | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Richard Crowe<br>811 Poplar Ave<br>Royal Oak, MI 48073-3243                              | <b>Name of Employer</b><br>Warren Consolidated Schools      | <b>Date (month, day, year)</b><br>8/22/00   | <b>Amount of Each Receipt this Period</b><br>\$200.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Teacher                                | <b>Aggregate Year-to-Date</b> > \$ 300.00   |                                                         |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Bruce Allen<br>1717 Old Bridge Rd.<br>Riverside, CA 92506-5626                           | <b>Name of Employer</b><br>Rural Mental Health              | <b>Date (month, day, year)</b><br>8/29/00   | <b>Amount of Each Receipt this Period</b><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Clinical Psychologist                  | <b>Aggregate Year-to-Date</b> > \$ 1,000.00 |                                                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Francis Caslaing<br>6394 Muirfield Ct<br>Bloomfield Hills, MI 48301-1503                 | <b>Name of Employer</b><br>Not Applicable                   | <b>Date (month, day, year)</b><br>7/3/00    | <b>Amount of Each Receipt this Period</b><br>\$500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Occupation</b><br>Retired                                | <b>Aggregate Year-to-Date</b> > \$ 500.00   |                                                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b>                                     | <b>Date (month, day, year)</b>              | <b>Amount of Each Receipt this Period</b>               |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Occupation</b>                                           | <b>Aggregate Year-to-Date</b> > \$          |                                                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b>                                     | <b>Date (month, day, year)</b>              | <b>Amount of Each Receipt this Period</b>               |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Occupation</b>                                           | <b>Aggregate Year-to-Date</b> > \$          |                                                         |

SUBTOTAL of Receipts This Page (optional)

\$2,950.00

TOTAL This Period (last page this line number only)

\$93,000.00

# **SCHEDULE A**

# **ITEMIZED RECEIPTS**

## **Contributions from Party Committees**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11(b)

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### **NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00156612

|                                                                                                                                               |                                                  |                                              |                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Democratic Cong. Campaign Cmte.<br>430 South Capitol Street<br>Washington, DC 20003      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>8/9/00 | <b>Amount of Each Receipt this Period</b><br><br>\$39.69<br><i>in kind</i> |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Aggregate Year-to-Date</b> > \$ 3392.50       |                                              |                                                                            |
| <b>B. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>               | <b>Amount of Each Receipt this Period</b>                                  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Aggregate Year-to-Date</b> > \$               |                                              |                                                                            |
| <b>C. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>               | <b>Amount of Each Receipt this Period</b>                                  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Aggregate Year-to-Date</b> > \$               |                                              |                                                                            |
| <b>D. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>               | <b>Amount of Each Receipt this Period</b>                                  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Aggregate Year-to-Date</b> > \$               |                                              |                                                                            |
| <b>E. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>               | <b>Amount of Each Receipt this Period</b>                                  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Aggregate Year-to-Date</b> > \$               |                                              |                                                                            |
| <b>F. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>               | <b>Amount of Each Receipt this Period</b>                                  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Aggregate Year-to-Date</b> > \$               |                                              |                                                                            |
| <b>G. Full Name, Mailing Address and ZIP Code</b>                                                                                             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>               | <b>Amount of Each Receipt this Period</b>                                  |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Aggregate Year-to-Date</b> > \$               |                                              |                                                                            |

|                                                            |         |
|------------------------------------------------------------|---------|
| <b>SUBTOTAL of Receipts This Page (optional)</b>           | \$39.69 |
| <b>TOTAL This Period (last page this line number only)</b> | \$39.69 |

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**Contributions from Other Political Committees**

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

 PAGE 1 OF 17  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00156612

|                                                                                                                                                                                                                                                                                                    |                                                                       |                                                      |                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Michigan Boilermakers<br>Federal Political Action Fund<br>5936 Chase Road<br>Dearborn, MI 48126<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>9/18/00<br><br>\$4,000.00 | Amount of Each Receipt this Period<br>\$3,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>KELLYPAC<br>999 West Big Beaver Road<br>Troy, MI 48064<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                          | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>9/18/00<br><br>\$500.00   | Amount of Each Receipt this Period<br>\$500.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Operating Engineers Local 324 PAC<br>37450 Schoolcraft #110<br>Livonia, MI 48150-1006<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>8/3/00<br><br>\$2,500.00  | Amount of Each Receipt this Period<br>\$2,500.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Humano USA PAC<br>P.O. Box 19224<br>Washington, DC 20038<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                        | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>9/25/00<br><br>\$250.00   | Amount of Each Receipt this Period<br>\$250.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Treasury Employees PAC<br>901 E Street NW, Ste. 800<br>Washington, DC 20004<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>9/14/00<br><br>\$500.00   | Amount of Each Receipt this Period<br>\$500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Iron Workers Political Act. League<br>1750 New York Avenue N.W.<br>Washington, DC 20006<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>6/8/00<br><br>\$3,000.00  | Amount of Each Receipt this Period<br>\$2,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Iron Workers Political Act. League<br>1750 New York Avenue N.W.<br>Washington, DC 20006<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>8/20/00<br><br>\$3,000.00 | Amount of Each Receipt this Period<br>\$1,000.00 |

SUBTOTAL of Receipts This Page (optional)

\$9,750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**Contributions from Other Political Committees**

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

 PAGE 2 OF 17  
FOR LINE NUMBER 11(c)

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

**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00158612

|                                                                                                                                                                                      |                                                  |                                               |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Morgan Stanley Dean Witter & Co PAC<br>1300 I St. NW<br>Suite 1200 West<br>Washington, DC 20005-                                | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>8/8/00  | <b>Amount of Each Receipt This Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                        | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                               |                                                             |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>American Speech-Language-Hearing Assn. PAC<br>10801 Rockville Pike<br>Rockville, MD 20852                                       | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>8/8/00  | <b>Amount of Each Receipt This Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                        | <b>Aggregate Year-to-Date</b> > \$ 4,000.00      |                                               |                                                             |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>American Speech-Language-Hearing Assn. PAC<br>10801 Rockville Pike<br>Rockville, MD 20852                                       | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/25/00 | <b>Amount of Each Receipt This Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                        | <b>Aggregate Year-to-Date</b> > \$ 4,000.00      |                                               |                                                             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>DaimlerChrysler Corporation<br>Political Support Committee<br>1000 Chrysler Drive CIMS 485-09-82<br>Auburn Hills, MI 48326-2768 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/25/00 | <b>Amount of Each Receipt This Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                        | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                               |                                                             |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>SEIU COPE Fund<br>1313 L Street N.W.<br>Washington, DC 20005                                                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>8/27/00 | <b>Amount of Each Receipt This Period</b><br><br>\$2,500.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                        | <b>Aggregate Year-to-Date</b> > \$ 5,000.00      |                                               |                                                             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>SEIU COPE Fund<br>1313 L Street N.W.<br>Washington, DC 20005                                                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/29/00 | <b>Amount of Each Receipt This Period</b><br><br>\$2,500.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                        | <b>Aggregate Year-to-Date</b> > \$ 5,000.00      |                                               |                                                             |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Motion Picture Assn. PAC<br>1800 Eye Street N.W.<br>Washington, DC 20006                                                        | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>8/18/00 | <b>Amount of Each Receipt This Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                        | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                               |                                                             |

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

\$10,000.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**Contributions from Other Political Committees**

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

 PAGE 3 OF 17  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (in full)**

Levin for Congress Committee C00156612

**A. Full Name, Mailing Address and ZIP Code**  
John Hancock Financial Services, Inc Federal PAC  
801 Pennsylvania Ave, NW  
Suite 730  
Washington, DC 20004-

Name of Employer

 Date (month,  
day, year)

 Amount of Each  
Receipt this Period

8/11/00

\$1,000.00

Occupation

 Receipt For: ☐ Primary ☒ General  
☐ Other (specify):

Aggregate Year-to-Date &gt; \$ 1,000.00

**B. Full Name, Mailing Address and ZIP Code**  
Microsoft PAC  
16011 NE 36th Way  
Redmond, WA 98073-9717

Name of Employer

 Date (month,  
day, year)

 Amount of Each  
Receipt this Period

7/18/00

\$1,000.00

Occupation

 Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date &gt; \$ 1,000.00

**C. Full Name, Mailing Address and ZIP Code**  
The Derrick Fund  
5521 Hawthorne Place, NW  
Washington, DC 20016

Name of Employer

 Date (month,  
day, year)

 Amount of Each  
Receipt this Period

8/11/00

\$500.00

Occupation

 Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date &gt; \$ 500.00

**D. Full Name, Mailing Address and ZIP Code**  
Bear Stearns Campaign Committee  
245 Park Avenue  
New York, NY 10167

Name of Employer

 Date (month,  
day, year)

 Amount of Each  
Receipt this Period

9/25/00

\$1,000.00

Occupation

 Receipt For: ☐ Primary ☒ General  
☐ Other (specify):

Aggregate Year-to-Date &gt; \$ 1,600.00

**E. Full Name, Mailing Address and ZIP Code**  
Amer. Occupational Therapy  
Assn. Inc PAC  
P.O. Box 31220  
Bethesda, MD 20824-1220

Name of Employer

 Date (month,  
day, year)

 Amount of Each  
Receipt this Period

8/3/00

\$2,000.00

Occupation

 Receipt For: ☒ Primary ☐ General  
☐ Other (specify):

Aggregate Year-to-Date &gt; \$ 2,000.00

**F. Full Name, Mailing Address and ZIP Code**  
FDRAPAC  
1319 F Street, NW  
Suite 700  
Washington, DC 20004-

Name of Employer

 Date (month,  
day, year)

 Amount of Each  
Receipt this Period

9/25/00

\$500.00

Occupation

 Receipt For: ☐ Primary ☒ General  
☐ Other (specify):

Aggregate Year-to-Date &gt; \$ 1,000.00

**G. Full Name, Mailing Address and ZIP Code**  
General Dynamics Voluntary  
Political Contribution Plan  
3190 Fairview Park Drive, Ste. 200  
Falls Church, VA 22042

Name of Employer

 Date (month,  
day, year)

 Amount of Each  
Receipt this Period

7/18/00

\$1,000.00

Occupation

 Receipt For: ☐ Primary ☒ General  
☐ Other (specify):

Aggregate Year-to-Date &gt; \$ 5,000.00

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

\$7,000.00

**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 4 OF 17  
FOR LINE NUMBER 11(c)

**Contributions from Other Political Committees**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                                                                                |                                                  |                                               |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>General Dynamics Voluntary<br>Political Contribution Plan<br>3190 Fairview Park Drive, Ste. 200<br>Falls Church, VA 22042 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>0/10/00 | <b>Amount of Each Receipt this Period</b><br><br>\$3,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                  | <b>Aggregate Year-to-Date</b> > \$ 5,000.00      |                                               |                                                             |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Deloitte & Touche Federal PAC<br>PO Box 365<br>Washington, DC 20044-0365                                                  | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/24/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                  | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                               |                                                             |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>MetLife Employees Pol. Part. Fund<br>1620 L Street NW Suite 800<br>Washington, DC 20038                                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/30/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                  | <b>Aggregate Year-to-Date</b> > \$ 3,000.00      |                                               |                                                             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Amer. Podiatric Medical Assoc.<br>PPAC - General Fund<br>9312 Old Georgetown Road<br>Bethesda, MD 20814-1621              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/30/00 | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                  | <b>Aggregate Year-to-Date</b> > \$ 1,500.00      |                                               |                                                             |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Wine & Spirits Wholesalers of<br>America PAC<br>1023 15th Street NW 4th Floor<br>Washington, DC 20005                     | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/30/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                  | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                               |                                                             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Verner, Lipfert, Bernhard McPherson and Hand<br>PAC<br>901 15th St NW, Suite 700<br>Washington, DC 20005-2301             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>8/8/00  | <b>Amount of Each Receipt this Period</b><br><br>\$750.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                  | <b>Aggregate Year-to-Date</b> > \$ 750.00        |                                               |                                                             |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>AMERIPAC<br>1850 K Street NW<br>Suite 850<br>Washington, DC 20006-                                                        | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                  | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                               |                                                             |

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

\$8,250.00

**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 5 OF 17  
FOR LINE NUMBER 11(c)

**Contributions from Other Political Committees**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                                                             |                                                  |                                               |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>DaimlerChrysler Political Support Cmte.<br>1401 H. Street NW Ste 700<br>Washington, DC 20005           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/7/00  | <b>Amount of Each Receipt This Period</b><br><br>\$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                               |                                                             |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Skadden Arps PAC<br>1440 New York Ave. NW<br>Washington, DC 20005-2107                                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/20/00 | <b>Amount of Each Receipt This Period</b><br><br>\$500.00   |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                               |                                                             |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Detry Farmers of America, Inc.<br>DEPAC<br>P.O. Box 909700<br>Kansas City, MO 64190                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/30/00 | <b>Amount of Each Receipt This Period</b><br><br>\$500.00   |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                               |                                                             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Motorola Civic Action Campaign Fund<br>1350 Eye Street NW #400<br>Washington, DC 20005                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/26/00 | <b>Amount of Each Receipt This Period</b><br><br>\$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Aggregate Year-to-Date</b> > \$ 1,500.00      |                                               |                                                             |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>AFSCME Pub. Emp. Org. to Promote<br>Legislative Equality<br>1025 L Street N.W.<br>Washington, DC 20036 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/7/00  | <b>Amount of Each Receipt This Period</b><br><br>\$2,500.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Aggregate Year-to-Date</b> > \$ 2,500.00      |                                               |                                                             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Letter Carriers PAC<br>100 Indiana Ave N.W.<br>Washington, DC 20001                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>8/8/00  | <b>Amount of Each Receipt This Period</b><br><br>\$2,500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Aggregate Year-to-Date</b> > \$ 2,500.00      |                                               |                                                             |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Bank of America Corp. PAC<br>NC1-007-23-03<br>100 North Tryon Street<br>Charlotte, NC 28255            | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>8/1/00  | <b>Amount of Each Receipt This Period</b><br><br>\$1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Aggregate Year-to-Date</b> > \$ 3,000.00      |                                               |                                                             |

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

\$9,000.00

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



# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

List separate schedule(s)  
for each category of line  
Detailed Summary Page

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FOR LINE NUMBER  
**11(c)**

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NAME OF COMMITTEE (In Full)

Levin for Congress Committee C00156612

|                                                                                                                                                                                                                                                                                                          |                                                                       |                                                          |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Bank of America Corp. PAC<br>NC1-007-23-03<br>100 North Tryon Street<br>Charlotte, NC 28255<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>9/25/00<br><br>\$3,000.00 | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>General Electric Company PAC<br>1299 Pennsylvania Ave., NW<br>Suite 1100<br>Washington, DC 20004-2407<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>8/25/00<br><br>\$2,000.00 | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Comerica PAC<br>PO Box 75000<br>211 W. Fort Street<br>Detroit, MI 48275-2250<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>9/14/00<br><br>\$1,500.00 | Amount of Each Receipt this Period<br><br>\$500.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Dairy Farmers for America PAC<br>10220 N Executive Hills Blvd.<br>Kansas City, MO 65163-<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>7/24/00<br><br>\$500.00   | Amount of Each Receipt this Period<br><br>\$500.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Kellogg Better Government Committee<br>811 Pennsylvania Ave, SE #185<br>Washington, DC 20003-<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>8/7/00<br><br>\$1,000.00  | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Amer. Health Care Assn. PAC<br>1201 L Street N.W.<br>Washington, DC 20005<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                             | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>7/27/00<br><br>\$2,000.00 | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Securities Industry Association PAC<br>1401 I St NW<br>Suite 1000<br>Washington, DC 20005-2225<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>7/21/00<br><br>\$1,000.00 | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| <b>SUBTOTAL</b> of Receipts This Page (optional)                                                                                                                                                                                                                                                         |                                                                       |                                                          | \$6,000.00                                           |
| <b>TOTAL</b> This Period (last page this line number only)                                                                                                                                                                                                                                               |                                                                       |                                                          |                                                      |

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**Contributions from Other Political Committees**

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

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FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00158612

|                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                          |                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Electronic Data Sys. Empl. PAC<br>1331 Pennsylvania Avenue, N.W.<br>Suite 1300 North<br>Washington, DC 20004<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>8/1/00<br><br>\$1,000.00  | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Greenberg, Traurig, et. al. PAC<br>1300 Connecticut Avenue NW Ste 1000<br>Washington, DC 20036<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>8/3/00<br><br>\$350.00    | Amount of Each Receipt this Period<br><br>\$350.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Honeywell Int'l Pac<br>1001 Pennsylvania Avenue<br>Suite 700<br>Washington, DC 20004-<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>7/28/00<br><br>\$1,000.00 | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Natl Custom Brokers and Forwarders<br>Political Action Committee<br>1 World Trade Center #1153<br>New York, NY 10048<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>9/7/00<br><br>\$1,000.00  | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>USX Corp. PAC<br>1101 Pennsylvania Avenue, NW<br>Suite 510<br>Washington, DC 20004<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                   | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>9/25/00<br><br>\$500.00   | Amount of Each Receipt this Period<br><br>\$500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Shaw Pittman Potts & Trowbridge PAC<br>2300 N Street NW<br>Washington, DC 20037<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>7/18/00<br><br>\$1,000.00 | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>GM Civic Involvement Program<br>1650 L Street NW Ste 401<br>Washington, DC 20036<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | Name of Employer<br><br>Occupation<br><br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br><br>7/10/00<br><br>\$1,000.00 | Amount of Each Receipt this Period<br><br>\$1,000.00 |

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

\$5,850.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**Contributions from Other Political Committees**

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

 PAGE **8** OF **17**  
FOR LINE NUMBER  
**11(c)**

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00156812

|                                                                                                                                                                 |                                                  |                                               |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Intel PAC<br>1825 I Street, NW<br>Suite 860<br>Washington, DC 20006-3939                                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                               |                                                             |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Amer. Council of Life Insurance<br>1001 Pennsylvania Ave. NW<br>Washington, DC 20004-2295                  | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>8/14/00 | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                               |                                                             |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>H & R Block BLOCKPAC<br>4410 Main<br>Kansas City, MO 64111                                                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/5/00  | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                               |                                                             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>CMS Energy<br>Employees for Better Govt.-Federal<br>1016 18th Street NW, 5th Floor<br>Washington, DC 20036 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>8/25/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                               |                                                             |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Boeing PAC<br>1200 Wilson Blvd<br>Arlington, VA 22209                                                      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/30/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date</b> > \$ 2,500.00      |                                               |                                                             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Boeing PAC<br>1200 Wilson Blvd<br>Arlington, VA 22209                                                      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/31/00 | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date</b> > \$ 3,500.00      |                                               |                                                             |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Chase Manhattan Fund for Good Gov.<br>270 Park Avenue<br>New York, NY 10017-                               | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/28/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                               |                                                             |

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

\$6,000.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

 Use separate schedule(s)  
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Detailed Summary Page

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FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (in full)**

Levin for Congress Committee C00156612

|                                                                                                                                                            |                                       |                                        |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Int'l Assn of Firefighters FIREPAC<br>1750 New York Avenue N.W.<br>Washington, DC 20006-5395          | Name of Employer<br><br>Occupation    | Date (month, day, year)<br><br>9/30/00 | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | Aggregate Year-to-Date > \$ 53,000.00 |                                        |                                                      |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Corp for the Advmt of Psychiatry CAP PAC<br>1400 K Street, NW<br>Washington, DC 20006                 | Name of Employer<br><br>Occupation    | Date (month, day, year)<br><br>8/4/00  | Amount of Each Receipt this Period<br><br>\$500.00   |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | Aggregate Year-to-Date > \$ 500.00    |                                        |                                                      |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Professionals in Advertising PAC<br>40 W. 23rd Street<br>New York, NY 10010                           | Name of Employer<br><br>Occupation    | Date (month, day, year)<br><br>9/25/00 | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | Aggregate Year-to-Date > \$ 2,000.00  |                                        |                                                      |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>DTE Energy Company PAC<br>Federal EDPAC<br>601 Pennsylvania Ave NW, Ste 350N<br>Washington, DC 20004  | Name of Employer<br><br>Occupation    | Date (month, day, year)<br><br>8/23/00 | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | Aggregate Year-to-Date > \$ 3,000.00  |                                        |                                                      |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Brotherhood of Maintenance of Way Political League<br>10 G ST NE Ste 460<br>Washington, DC 20002-4213 | Name of Employer<br><br>Occupation    | Date (month, day, year)<br><br>9/7/00  | Amount of Each Receipt this Period<br><br>\$500.00   |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | Aggregate Year-to-Date > \$ 2,000.00  |                                        |                                                      |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Brotherhood of Maintenance of Way Political League<br>10 G ST NE Ste 460<br>Washington, DC 20002-4213 | Name of Employer<br><br>Occupation    | Date (month, day, year)<br><br>9/28/00 | Amount of Each Receipt this Period<br><br>\$500.00   |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | Aggregate Year-to-Date > \$ 2,000.00  |                                        |                                                      |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Timken Company Good Government Fund<br>1835 Queber Ave, SW<br>Canton, OH 44706                        | Name of Employer<br><br>Occupation    | Date (month, day, year)<br><br>7/13/00 | Amount of Each Receipt this Period<br><br>\$1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | Aggregate Year-to-Date > \$ 2,000.00  |                                        |                                                      |

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

\$5,500.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**Contributions from Other Political Committees**

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

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**NAME OF COMMITTEE (in full)**

Levin for Congress Committee C00156612

|                                                                                                                                                                                   |                                                  |                                               |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Timken Company Good Government Fund<br>1835 Dumber Ave, SW<br>Canton, OH 44706                                               | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/14/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | <b>Aggregate Year-to-Date</b> > \$               |                                               | \$2,000.00                                                  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>United Association Pipefitters #636<br>16856 Meyers Road<br>Detroit, MI 48235                                                | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/13/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | <b>Aggregate Year-to-Date</b> > \$               |                                               | \$2,000.00                                                  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>United Association Pipefitters #636<br>16856 Meyers Road<br>Detroit, MI 48235                                                | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/30/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | <b>Aggregate Year-to-Date</b> > \$               |                                               | \$2,000.00                                                  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Amer Federation of Teachers<br>Committee of Political Education<br>555 New Jersey Ave NW, 10th Floor<br>Washington, DC 20001 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/30/00 | <b>Amount of Each Receipt this Period</b><br><br>\$5,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | <b>Aggregate Year-to-Date</b> > \$               |                                               | \$5,000.00                                                  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Amer. Sugarbeet Growers Assn. PAC<br>1156 15th St. N W #1020<br>Washington, DC 20005                                         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/7/00  | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | <b>Aggregate Year-to-Date</b> > \$               |                                               | \$1,500.00                                                  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Natl Committee to Preserve<br>Social Security and Medicare PAC<br>10 G Street NE Suite 600<br>Washington, DC 20002-4213      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/20/00 | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | <b>Aggregate Year-to-Date</b> > \$               |                                               | \$3,500.00                                                  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Natl Committee to Preserve<br>Social Security and Medicare PAC<br>10 G Street NE Suite 600<br>Washington, DC 20002-4213      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/21/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | <b>Aggregate Year-to-Date</b> > \$               |                                               | \$3,500.00                                                  |

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

\$10,000.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**Contributions from Other Political Committees**

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

 PAGE 11 OF 17  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                                                                              |                                                  |                                                   |                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Natl Committee to Preserve<br>Social Security and Medicare PAC<br>10 G Street NE Suite 600<br>Washington, DC 20002-4213 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month,<br/>day, year)</b><br><br>9/20/00 | <b>Amount of Each<br/>Receipt this Period</b><br><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Aggregate Year-to-Date</b> > \$ 3,500.00      |                                                   |                                                                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Responsible Citizens<br>Political League (T.C.U.)<br>3 Research Place<br>Rockville, MD 20850                            | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month,<br/>day, year)</b><br><br>7/26/00 | <b>Amount of Each<br/>Receipt this Period</b><br><br>\$500.00   |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                   |                                                                 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Pfizer PAC<br>235 East 42nd St.<br>New York, NY 10017-                                                                  | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month,<br/>day, year)</b><br><br>6/18/00 | <b>Amount of Each<br/>Receipt this Period</b><br><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                                   |                                                                 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Action Cmte. Rural Electrification<br>4301 Wilson Blvd<br>Arlington, VA 22203                                           | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month,<br/>day, year)</b><br><br>7/21/00 | <b>Amount of Each<br/>Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                                   |                                                                 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>ELA LEASE PAC<br>4301 N. Fairfax Dr., Ste. 550<br>Arlington, VA 22203                                                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month,<br/>day, year)</b><br><br>7/13/00 | <b>Amount of Each<br/>Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                                   |                                                                 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>ELA LEASE PAC<br>4301 N. Fairfax Dr., Ste. 550<br>Arlington, VA 22203                                                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month,<br/>day, year)</b><br><br>9/7/00  | <b>Amount of Each<br/>Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                                   |                                                                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Natl Education Assn. PAC<br>1201 16th Street NW<br>Washington, DC 20036                                                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month,<br/>day, year)</b><br><br>7/28/00 | <b>Amount of Each<br/>Receipt this Period</b><br><br>\$4,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Aggregate Year-to-Date</b> > \$ 4,000.00      |                                                   |                                                                 |

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

\$8,500.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**Contributions from Other Political Committees**

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

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in full)

Levin for Congress Committee C00158812

|                                                                                                                                                           |                                      |                         |                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Airline Pilots Association PAC<br>1625 Massachusetts Avenue NW<br>Suite #818<br>Washington, DC 20036 | Name of Employer                     | Date (month, day, year) | Amount of Each Receipt this Period<br><br>\$2,500.00 |
|                                                                                                                                                           | Occupation                           | 9/30/00                 |                                                      |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Aggregate Year-to-Date > \$ 4,000.00 |                         |                                                      |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Delphi Automotive Systems PAC<br>5727 Delphi Drive<br>Troy, MI 48068-                                | Name of Employer                     | Date (month, day, year) | Amount of Each Receipt this Period<br><br>\$500.00   |
|                                                                                                                                                           | Occupation                           | 7/18/00                 |                                                      |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Aggregate Year-to-Date > \$ 500.00   |                         |                                                      |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>CNA Citizens For Good Government<br>One Plaza<br>Chicago, IL 60685                                   | Name of Employer                     | Date (month, day, year) | Amount of Each Receipt this Period<br><br>\$1,000.00 |
|                                                                                                                                                           | Occupation                           | 9/25/00                 |                                                      |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Aggregate Year-to-Date > \$ 1,000.00 |                         |                                                      |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Amer. Nurses Assn. PAC<br>600 Maryland Avenue, S.W.<br>Suite 100 West<br>Washington, DC 20024-2571   | Name of Employer                     | Date (month, day, year) | Amount of Each Receipt this Period<br><br>\$1,000.00 |
|                                                                                                                                                           | Occupation                           | 9/30/00                 |                                                      |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Aggregate Year-to-Date > \$ 3,000.00 |                         |                                                      |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Amer. Nurses Assn. PAC<br>600 Maryland Avenue, S.W.<br>Suite 100 West<br>Washington, DC 20024-2571   | Name of Employer                     | Date (month, day, year) | Amount of Each Receipt this Period<br><br>\$1,000.00 |
|                                                                                                                                                           | Occupation                           | 7/31/00                 |                                                      |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Aggregate Year-to-Date > \$ 3,000.00 |                         |                                                      |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Monsanto Citizenship Fund<br>800 N. Lindbergh C2SB<br>Saint Louis, MO 63167-                         | Name of Employer                     | Date (month, day, year) | Amount of Each Receipt this Period<br><br>\$500.00   |
|                                                                                                                                                           | Occupation                           | 9/30/00                 |                                                      |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Aggregate Year-to-Date > \$ 500.00   |                         |                                                      |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Chicago Mercantile Exchange PAC<br>30 S Wacker Drive<br>Chicago, IL 60605-                           | Name of Employer                     | Date (month, day, year) | Amount of Each Receipt this Period<br><br>\$500.00   |
|                                                                                                                                                           | Occupation                           | 7/18/00                 |                                                      |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | Aggregate Year-to-Date > \$ 500.00   |                         |                                                      |

SUBTOTAL of Receipts This Page (optional)

\$7,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**
**Contributions from Other Political Committees**

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

 PAGE 13 OF 17  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (in full)**

Levin for Congress Committee C00158612

|                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                          |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>KIDS PAC<br>80 Rowbridge Street<br>Cambridge, MA 02138<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>7/18/00<br><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br><br>\$2,000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Natl Rural Ltr. Carriers PAC<br>NRLCA PAC<br>1830 Duke Street, 4th Floor<br>Alexandria, VA 22314-3465<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>7/18/00<br><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Northwest Airlines P.A.C.<br>901 15th Street NW, #500<br>Washington, DC 20005<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>7/18/00<br><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Mashantucket Pequot Tribal Nation<br>1299 Pennsylvania Ave. NW<br>Suite 1250 East<br>Washington, DC 20004-2400<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>8/25/00<br><br>8/25/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Holland & Knight Committee<br>For Effective Government<br>2100 Pennsylvania Ave NW #400<br>Washington, DC 20037<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>9/25/00<br><br>9/25/00 | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Amer Dental Assoc PAC<br>1111 14th Street N W #1100<br>Washington, DC 20005<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>9/25/00<br><br>9/25/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Assoc. of Trial Lawyers of America<br>1050 31st Street NW<br>Washington, DC 20007<br><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>9/30/00<br><br>9/30/00 | <b>Amount of Each Receipt this Period</b><br><br>\$2,000.00 |

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

\$8,500.00

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



**SCHEDULE A**
**ITEMIZED RECEIPTS**
**Contributions from Other Political Committees**

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

 PAGE **14** OF **17**  
FOR LINE NUMBER  
**11(c)**

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee CD0156612

|                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                         |                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>BAXPAC<br>Multicandidate Committee<br>800 Connecticut Ave. NW Suite 1100<br>Washington, DC 20006-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>8/28/00<br>\$1,000.00 | <b>Amount of Each Receipt this Period</b><br>\$1,000.00                   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Amer. Soc of Assn Executives<br>A-PAC<br>1575 Eye Street, NW<br>Washington, DC 20005<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>7/18/00<br>\$1,000.00 | <b>Amount of Each Receipt this Period</b><br>\$500.00                     |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>ArvinMeritor<br>800 Michigan National Tower<br>Lansing, MI 48933-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>9/14/00<br>\$500.00   | <b>Amount of Each Receipt this Period</b><br>\$500.00                     |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>NEA Fund for Children and Pub Ed<br>1201 16th Street, NW<br>Suite 421<br>Washington, DC 20036<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>9/11/00<br>\$5,000.00 | <b>Amount of Each Receipt this Period</b><br>\$5,000.00                   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>ITT Industries PAC<br>1401 H Street NW Suite 770<br>Washington, DC 20036-<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>9/25/00<br>\$1,000.00 | <b>Amount of Each Receipt this Period</b><br>\$1,000.00                   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>National Committee for an Effective Congress<br>2 C Street, N.W. Suite B30<br>Washington, DC 20001<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>7/30/00<br>\$2,500.00 | <b>Amount of Each Receipt this Period</b><br>\$2,500.00<br><i>in kind</i> |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Amer. Institute of Architects<br>1735 New York Ave, N.W.<br>Washington, DC 20006<br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ | <b>Date (month, day, year)</b><br>9/25/00<br>\$1,000.00 | <b>Amount of Each Receipt this Period</b><br>\$1,000.00                   |

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

\$11,500.00

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

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

 Use separate schedule(s)  
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FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                                                                            |                                                  |                                               |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Dewey Ballantine, LLP<br>DBPAC<br>1775 Pennsylvania Ave. NW.<br>Washington, DC 20006-4605                             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/14/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$ 3,000.00      |                                               |                                                             |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>United Parcel Service PAC<br>316 Pennsylvania Avenue, S.E.<br>Room 304<br>Washington, DC 20003                        | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/27/00 | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                               |                                                             |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Allegheny Technologies Incorporated<br>1000 Six PPG Place<br>Pittsburgh, PA 15222                                     | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/25/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                               |                                                             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Amer. Maritime Officers, AFL-CIO<br>Voluntary Pol. Action Fund<br>490 L'Enfant Plaza East, SW<br>Washington, DC 20024 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                               |                                                             |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>American Institute of Architects<br>1735 New York Avenue NW<br>Washington, DC 20006                                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                               |                                                             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Amer. Crystal Sugar PAC<br>1156 15th St., N.W.<br>Washington, DC 20005                                                | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/21/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$ 3,000.00      |                                               |                                                             |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Amer. Crystal Sugar PAC<br>1156 15th St., N.W.<br>Washington, DC 20005                                                | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/19/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$ 3,000.00      |                                               |                                                             |

SUBTOTAL of Receipts This Page (optional)

\$8,500.00

TOTAL This Period (last page this line number only)

# SCHEDULE A

## ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 16 OF 17  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in full)

Levin for Congress Committee C00156612

|                                                                                                                                                                 |                                                  |                                               |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Amer. Postal Workers Union<br>Comm. on Political Action<br>1300 L Street N.W. #608<br>Washington, DC 20005 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/14/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date &gt;</b> \$ 1,000.00   |                                               |                                                             |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Eastman Kodak Company<br>KodaPAC<br>343 State St.<br>Rochester, NY 14650-0516                              | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>8/14/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date &gt;</b> \$ 1,000.00   |                                               |                                                             |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>To Protect Our Heritage P.A.C.<br>2421 W. Pratt<br>Chicago, IL 60645                                       | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>8/28/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date &gt;</b> \$ 1,000.00   |                                               |                                                             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>ASCAP Legislative Fund for the Arts<br>One Lincoln Plaza<br>1 Lincoln Plaza<br>New York, NY 10023          | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/19/00 | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date &gt;</b> \$ 500.00     |                                               |                                                             |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Natl Multi Housing Council PAC<br>1850 M Street, NW<br>Suite 540<br>Washington, DC 20036                   | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date &gt;</b> \$ 1,000.00   |                                               |                                                             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Michigan Beer and Wine Wholesalers<br>332 Townsend Street<br>Lansing, MI 48933                             | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/20/00 | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date &gt;</b> \$ 500.00     |                                               |                                                             |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Amer. Medical Assoc. PAC<br>1101 Vermont Avenue NW<br>Washington, DC 20005                                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/14/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date &gt;</b> \$ 1,000.00   |                                               |                                                             |

SUBTOTAL of Receipts This Page (optional)

\$6,000.00

TOTAL This Period (fill page this line number only)

**SCHEDULE A**
**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

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

 PAGE 17 OF 17  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Levin for Congress Committee C00156612

|                                                                                                                                                                 |                                                  |                                               |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Seafarers Political Action Cmte.<br>5201 Auth Way<br>Sultland, MD 20746                                    | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/18/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                               |                                                             |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Procter & Gamble<br>National Government Relations<br>801 Pennsylvania Ave, NW<br>Washington, DC 20004-2604 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>8/11/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                               |                                                             |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>DuPont Good Government Fund<br>1007 Market Street<br>External Affairs, N-9<br>Wilmington, DE 19898         | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/20/00 | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date</b> > \$ 500.00        |                                               |                                                             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Society of Thoracic Surgeons<br>1200 19th Street, NW<br>Suite 300<br>Washington, DC 20036-                 | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>8/8/00  | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date</b> > \$ 2,000.00      |                                               |                                                             |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Andersen Consulting PAC<br>1666 K Street NW<br>Washington, DC 20006-                                       | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>7/12/00 | <b>Amount of Each Receipt this Period</b><br><br>\$1,000.00 |
| <b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date</b> > \$ 1,000.00      |                                               |                                                             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Great Lakes Sugar Beet Growers PAC<br>485 Plaza, North<br>4800 Fashion Sq. Blvd.<br>Saginaw, MI 48601      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/30/00 | <b>Amount of Each Receipt this Period</b><br><br>\$500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Aggregate Year-to-Date</b> > \$ 750.00        |                                               |                                                             |
| <b>G. Full Name, Mailing Address and ZIP Code</b>                                                                                                               | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>                | <b>Amount of Each Receipt this Period</b>                   |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                              | <b>Aggregate Year-to-Date</b> > \$               |                                               |                                                             |

SUBTOTAL of Receipts This Page (optional)

\$5,000.00

TOTAL This Period (last page this line number only)

\$130,350.00

# **SCHEDULE A**

# **ITEMIZED RECEIPTS**

Other Receipts

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

PAGE 1 OF 1  
FOR LINE NUMBER 15

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

NAME OF COMMITTEE (In Full)

Levin for Congress Committee C00156812

|                                                                                                                                        |                                                  |                                               |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Merrill Lynch<br>1577 N. Woodward Ave, Ste. 100<br>Bloomfield Hills, MI 48304     | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b><br><br>9/29/00 | <b>Amount of Each Receipt this Period</b><br><br>\$3,242.49 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 4,820.35             |                                               | Interest earned                                             |
| <b>B. Full Name, Mailing Address and ZIP Code</b>                                                                                      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>                | <b>Amount of Each Receipt this Period</b>                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date > \$                      |                                               |                                                             |
| <b>C. Full Name, Mailing Address and ZIP Code</b>                                                                                      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>                | <b>Amount of Each Receipt this Period</b>                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date > \$                      |                                               |                                                             |
| <b>D. Full Name, Mailing Address and ZIP Code</b>                                                                                      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>                | <b>Amount of Each Receipt this Period</b>                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date > \$                      |                                               |                                                             |
| <b>E. Full Name, Mailing Address and ZIP Code</b>                                                                                      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>                | <b>Amount of Each Receipt this Period</b>                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date > \$                      |                                               |                                                             |
| <b>F. Full Name, Mailing Address and ZIP Code</b>                                                                                      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>                | <b>Amount of Each Receipt this Period</b>                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date > \$                      |                                               |                                                             |
| <b>G. Full Name, Mailing Address and ZIP Code</b>                                                                                      | <b>Name of Employer</b><br><br><b>Occupation</b> | <b>Date (month, day, year)</b>                | <b>Amount of Each Receipt this Period</b>                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | Aggregate Year-to-Date > \$                      |                                               |                                                             |

SUBTOTAL of Receipts This Page (optional)

\$3,242.49

TOTAL This Period (last page this line number only)

\$3,242.49

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE **1** OF **26**  
FOR LINE NUMBER  
**17**
**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00158612

|                                                                                                                                          |                                                                                                                                                                                                               |                                           |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Jennifer Osfield<br>19017 Saxon Drive<br>Beverly Hills, MI 48025                    | <b>Purpose of Disbursement</b><br>Administrative (Fundraising)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Date (month, day, year)</b><br>8/21/00 | <b>Amount of Each Disbursement This Period</b><br>\$6.00                          |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Baesler for Congress<br>PO Box 1807<br>Lexington, KN 46568                          | <b>Purpose of Disbursement</b><br>Contributions<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Date (month, day, year)</b><br>9/28/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,000.00                      |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Office Max<br>32251 John R<br>Madison Heights, OH 48071                             | <b>Purpose of Disbursement</b><br>Fax Toner<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | <b>Date (month, day, year)</b><br>9/15/00 | <b>Amount of Each Disbursement This Period</b><br>\$103.79                        |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Office Max<br>32251 John R<br>Madison Heights, OH 48071                             | <b>Purpose of Disbursement</b><br>Office Supplies<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Date (month, day, year)</b><br>9/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$10.55                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Democratic Cong. Campaign Cmte.<br>430 South Capitol Street<br>Washington, DC 20003 | <b>Purpose of Disbursement</b><br>Fundraising Services<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>8/9/00  | <b>Amount of Each Disbursement This Period</b><br>\$39.69 *<br>* in-kind received |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Democratic Cong. Campaign Cmte.<br>430 South Capitol Street<br>Washington, DC 20003 | <b>Purpose of Disbursement</b><br>Membership Dues<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Date (month, day, year)</b><br>9/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$5,000.00                      |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Democratic Cong. Campaign Cmte.<br>430 South Capitol Street<br>Washington, DC 20003 | <b>Purpose of Disbursement</b><br>Membership Dues<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Date (month, day, year)</b><br>7/31/00 | <b>Amount of Each Disbursement This Period</b><br>\$5,000.00                      |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Mandy Rossmann<br>21843 Elmway<br>Clinton Township, MI 48035                        | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>9/15/00 | <b>Amount of Each Disbursement This Period</b><br>\$744.50                        |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Mandy Rossmann<br>21843 Elmway<br>Clinton Township, MI 48035                        | <b>Purpose of Disbursement</b><br>Volunteer Expense (Fundraisin<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/23/00 | <b>Amount of Each Disbursement This Period</b><br>\$1.00                          |

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

\$11,908.59

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 26  
FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee 000156612

|                                                                                                                  |                                                                                                                                                                                                                 |                                           |                                                            |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Mandy Rossman<br>21843 Elmway<br>Clinton Township, MI 48035 | <b>Purpose of Disbursement</b><br>Volunteer Expense (Fundraising)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$11.94  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Mandy Rossman<br>21843 Elmway<br>Clinton Township, MI 48035 | <b>Purpose of Disbursement</b><br>Volunteer Expense (Fundraising)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>9/22/00 | <b>Amount of Each Disbursement This Period</b><br>\$20.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Mandy Rossman<br>21843 Elmway<br>Clinton Township, MI 48035 | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>8/30/00 | <b>Amount of Each Disbursement This Period</b><br>\$452.70 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Wilson Welding<br>30600 Dequindre<br>Warren, MI 48092       | <b>Purpose of Disbursement</b><br>Field Event - Helium<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$15.90  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Wilson Welding<br>30600 Dequindre<br>Warren, MI 48092       | <b>Purpose of Disbursement</b><br>Fundraising Event - Helium<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$9.81   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Wilson Welding<br>30600 Dequindre<br>Warren, MI 48092       | <b>Purpose of Disbursement</b><br>Field Event - Helium<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br>\$32.33  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Wilson Welding<br>30600 Dequindre<br>Warren, MI 48092       | <b>Purpose of Disbursement</b><br>Field Event - Helium<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br>\$98.21  |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Wilson Welding<br>30600 Dequindre<br>Warren, MI 48092       | <b>Purpose of Disbursement</b><br>Field Event - Helium<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$15.37  |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Wilson Welding<br>30600 Dequindre<br>Warren, MI 48092       | <b>Purpose of Disbursement</b><br>Field Event - Helium<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$9.81   |

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

\$666.07

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE **3** OF **26**  
FOR LINE NUMBER  
**17**
**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                                    |                                                                                                                                                                                                             |                                               |                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Wilson Welding<br>30600 Dequindre<br>Warren, MI 48092                         | <b>Purpose of Disbursement</b><br>Field Event - Helium<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br><br>8/23/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$15.90  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Wilson Welding<br>30600 Dequindre<br>Warren, MI 48092                         | <b>Purpose of Disbursement</b><br>Field Event - Helium<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$4.24   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Seneca Insurance<br>180 Water Street<br>16th Floor<br>New York, NY 10038-4922 | <b>Purpose of Disbursement</b><br>Building Insurance<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$369.50 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Sarah Brown<br>9640 Rogers Road<br>Alanson, MI 49706                          | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br><br>8/13/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$13.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Sarah Brown<br>9640 Rogers Road<br>Alanson, MI 49706                          | <b>Purpose of Disbursement</b><br>Payroll Expenses<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br><br>8/30/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$853.44 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Sarah Brown<br>9640 Rogers Road<br>Alanson, MI 49706                          | <b>Purpose of Disbursement</b><br>Camp. Visibilit (Field)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>8/23/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$10.82  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Sarah Brown<br>9640 Rogers Road<br>Alanson, MI 49706                          | <b>Purpose of Disbursement</b><br>Volunteer Expenses<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br><br>7/25/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$11.00  |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Sarah Brown<br>9640 Rogers Road<br>Alanson, MI 49706                          | <b>Purpose of Disbursement</b><br>Payroll Expenses<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br><br>7/15/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$853.44 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Sarah Brown<br>9640 Rogers Road<br>Alanson, MI 49706                          | <b>Purpose of Disbursement</b><br>Payroll Expenses<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$853.44 |

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

\$2,984.78

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (in full)**

Levin for Congress Committee C00158612

|                                                                                                               |                                                                                                                                                                                                               |                                           |                                                            |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Sarah Brown<br>9640 Rogers Road<br>Alanson, MI 49706     | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>8/15/00 | <b>Amount of Each Disbursement This Period</b><br>\$853.44 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Sarah Brown<br>9640 Rogers Road<br>Alanson, MI 49706     | <b>Purpose of Disbursement</b><br>Volunteer Expense (Fundraisin<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>\$8.29   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Sarah Brown<br>9640 Rogers Road<br>Alanson, MI 49706     | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>7/30/00 | <b>Amount of Each Disbursement This Period</b><br>\$853.44 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>AT and T<br>Post Office Box 945800<br>Maitland, FL 32794 | <b>Purpose of Disbursement</b><br>PHONES<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Date (month, day, year)</b><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br>\$28.26  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>AT and T<br>Post Office Box 945800<br>Maitland, FL 32794 | <b>Purpose of Disbursement</b><br>PHONES<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>\$126.60 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>AT and T<br>Post Office Box 945800<br>Maitland, FL 32794 | <b>Purpose of Disbursement</b><br>PHONES<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Date (month, day, year)</b><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br>\$52.25  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>AT and T<br>Post Office Box 945800<br>Maitland, FL 32794 | <b>Purpose of Disbursement</b><br>PHONES<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$28.77  |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>AT and T<br>Post Office Box 945800<br>Maitland, FL 32794 | <b>Purpose of Disbursement</b><br>PHONES<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$376.92 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>AT and T<br>Post Office Box 945800<br>Maitland, FL 32794 | <b>Purpose of Disbursement</b><br>PHONES<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$170.34 |

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

\$2,496.31

**TOTAL This Period (last page only)**

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE **5** OF **26**  
FOR LINE NUMBER  
**17**
**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00158612

|                                                                                                                              |                                                                                                                                                                                                                     |                                           |                                                              |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>AT and T<br>Post Office Box 945800<br>Maitland, FL 32794                | <b>Purpose of Disbursement</b><br><b>PHONES</b><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>\$154.55   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Northwest Airlines<br>Minneapolis, MN                                   | <b>Purpose of Disbursement</b><br><b>Candidate Travel</b><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$268.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Cash<br>Levin for Congress<br>PO Box 1092<br>Warren, MI 48090           | <b>Purpose of Disbursement</b><br><b>Mail Expense</b><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Date (month, day, year)</b><br>8/21/00 | <b>Amount of Each Disbursement This Period</b><br>\$300.00   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Cash<br>Levin for Congress<br>PO Box 1092<br>Warren, MI 48090           | <b>Purpose of Disbursement</b><br><b>Mail Expense</b><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Date (month, day, year)</b><br>8/21/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,025.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>American Legion Post 8<br>224 D Street SE<br>Washington, DC 20003       | <b>Purpose of Disbursement</b><br><b>Event Expenses - Fundraising</b><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$350.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>American Legion Post 8<br>224 D Street SE<br>Washington, DC 20003       | <b>Purpose of Disbursement</b><br><b>Fundraising Expense - Event</b><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Date (month, day, year)</b><br>7/25/00 | <b>Amount of Each Disbursement This Period</b><br>\$384.00   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Rush Holt for Congress<br>PO Box 782<br>Pennington, NJ 08534            | <b>Purpose of Disbursement</b><br><b>Contributions</b><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>9/28/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,000.00 |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Mingee for Congress<br>115 1/2 E 2nd Street<br>Chaska, MN 55318         | <b>Purpose of Disbursement</b><br><b>Contributions</b><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>9/28/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,000.00 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Specifications Services<br>23998 Telegraph Road<br>Southfield, MI 48037 | <b>Purpose of Disbursement</b><br><b>Printing (Field)</b><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$32.86    |

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

\$4,494.41

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE **61** OF **26**  
FOR LINE NUMBER  
**17**
**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                                        |                                                                                                                                                                                                        |                                           |                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Specifications Services<br>23999 Telegraph Road<br>Southfield, MI 48037           | <b>Purpose of Disbursement</b><br>Printing (Fundraising)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>9/13/00 | <b>Amount of Each Disbursement This Period</b><br>\$982.62    |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Specifications Services<br>23999 Telegraph Road<br>Southfield, MI 48037           | <b>Purpose of Disbursement</b><br>Printing (Fundraising)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>\$2,470.33  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Stabenow for Senate<br>P.O. Box 4945<br>East Lansing, MI 48826                    | <b>Purpose of Disbursement</b><br>Contributions<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>9/26/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,000.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>IMS, Inc.<br>5225 Wisconsin Ave.<br>Washington, DC 20015                          | <b>Purpose of Disbursement</b><br>Consultant Fee (Media)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$600.00    |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Sawicki and Sons<br>1521 West Lafayette<br>Detroit, MI 48216                      | <b>Purpose of Disbursement</b><br>Buttons and Stickers<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>9/13/00 | <b>Amount of Each Disbursement This Period</b><br>\$567.10    |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Sawicki and Sons<br>1521 West Lafayette<br>Detroit, MI 48216                      | <b>Purpose of Disbursement</b><br>Buttons and Stickers<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>8/17/00 | <b>Amount of Each Disbursement This Period</b><br>\$413.40    |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Friends of Jim Maloney<br>20 East Main Street<br>Suite 235<br>Waterbury, CT 06702 | <b>Purpose of Disbursement</b><br>Contributions<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>9/26/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,000.00  |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>The Mellman Group<br>1000 Thomas Jefferson<br>Suite 520<br>Washington, DC 20007   | <b>Purpose of Disbursement</b><br>Survey<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Date (month, day, year)</b><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>\$35,100.00 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Hoeftel for Congress<br>700 E. Johnson Hwy.<br>Norristown, PA 19402               | <b>Purpose of Disbursement</b><br>Contributions<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>9/26/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,000.00  |

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

\$43,133.45

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER  
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**Operating Expenditures**

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**NAME OF COMMITTEE (in full)**

Levin for Congress Committee C00156812

|                                                                                                                                                         |                                                                                                                                                                                                     |                                           |                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Tom Carper for Senate<br>729 15th Street NW<br>3rd Floor<br>Washington, DC 20005                   | <b>Purpose of Disbursement</b><br>Contributions<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>9/26/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,000.00                         |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>National Committee for an Effective Congress<br>2 C Street, N.W. Suite 630<br>Washington, DC 20001 | <b>Purpose of Disbursement</b><br>Electoral Targeting<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>7/30/00 | <b>Amount of Each Disbursement This Period</b><br>\$2,500.00 *<br>* in-kind received |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Detroit Edison<br>Post Office Box 2859<br>Detroit, MI 48260                                        | <b>Purpose of Disbursement</b><br>Office Utilities<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br>8/23/00 | <b>Amount of Each Disbursement This Period</b><br>\$209.93                           |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Detroit Edison<br>Post Office Box 2859<br>Detroit, MI 48260                                        | <b>Purpose of Disbursement</b><br>Office Utilities<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>\$201.62                           |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Detroit Edison<br>Post Office Box 2859<br>Detroit, MI 48260                                        | <b>Purpose of Disbursement</b><br>Office Utilities<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>\$51.07                            |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Detroit Edison<br>Post Office Box 2859<br>Detroit, MI 48260                                        | <b>Purpose of Disbursement</b><br>Office Utilities<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$20.44                            |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Detroit Edison<br>Post Office Box 2859<br>Detroit, MI 48260                                        | <b>Purpose of Disbursement</b><br>Office Utilities<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$92.89                            |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Detroit Edison<br>Post Office Box 2859<br>Detroit, MI 48260                                        | <b>Purpose of Disbursement</b><br>Office Utilities<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br>8/23/00 | <b>Amount of Each Disbursement This Period</b><br>\$54.12                            |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Cantrell/Cutter<br>499 S. Capitol, S.W.<br>Suite 101<br>Washington, DC 20003                       | <b>Purpose of Disbursement</b><br>Event Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,014.44                         |

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

\$5,144.51

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

 Use separate schedule(s)  
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Detailed Summary Page

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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                                   |                                                                                                                                                                                                    |                                           |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Cantrell/Cutter<br>409 S. Capitol, S.W.<br>Suite 101<br>Washington, DC 20003 | <b>Purpose of Disbursement</b><br>Event Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,306.01 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Karen Caird<br>2342 Mortinson<br>Berkley, MI 48072                           | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>9/15/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,030.58 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Karen Caird<br>2342 Mortinson<br>Berkley, MI 48072                           | <b>Purpose of Disbursement</b><br>Volunteer Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$14.72    |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Springer Associates<br>436 New Jersey Avenue, SE<br>Washington, DC 20003     | <b>Purpose of Disbursement</b><br>Consultant Fee<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br>\$4,899.41 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Springer Associates<br>436 New Jersey Avenue, SE<br>Washington, DC 20003     | <b>Purpose of Disbursement</b><br>Consultant Fee<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br>8/2/00  | <b>Amount of Each Disbursement This Period</b><br>\$6,548.57 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Springer Associates<br>436 New Jersey Avenue, SE<br>Washington, DC 20003     | <b>Purpose of Disbursement</b><br>Consultant Fee<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$4,777.26 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Erika Randel<br>1408 N. Alexander Ave.<br>Royal Oak, MI 48067                | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>7/15/00 | <b>Amount of Each Disbursement This Period</b><br>\$838.44   |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Erika Randel<br>1408 N. Alexander Ave.<br>Royal Oak, MI 48067                | <b>Purpose of Disbursement</b><br>Volunteer Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br>\$8.57     |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Erika Randel<br>1408 N. Alexander Ave.<br>Royal Oak, MI 48067                | <b>Purpose of Disbursement</b><br>Volunteer Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>9/22/00 | <b>Amount of Each Disbursement This Period</b><br>\$23.75    |

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

\$19,243.31

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

Levin for Congress Committee 000150012

|                                                                                                                     |                                                                                                                                                                                                        |                                           |                                                            |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Erika Randel<br>1408 N. Alexander Ave.<br>Royal Oak, MI 48067  | <b>Purpose of Disbursement</b><br>Field Event - Balloons<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$31.80  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Erika Randel<br>1408 N. Alexander Ave.<br>Royal Oak, MI 48067  | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>8/30/00 | <b>Amount of Each Disbursement This Period</b><br>\$836.44 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Erika Randel<br>1408 N. Alexander Ave.<br>Royal Oak, MI 48067  | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>7/30/00 | <b>Amount of Each Disbursement This Period</b><br>\$836.44 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Erika Randel<br>1408 N. Alexander Ave.<br>Royal Oak, MI 48067  | <b>Purpose of Disbursement</b><br>Events (Field)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>8/18/00 | <b>Amount of Each Disbursement This Period</b><br>\$5.45   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Erika Randel<br>1408 N. Alexander Ave.<br>Royal Oak, MI 48067  | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>9/15/00 | <b>Amount of Each Disbursement This Period</b><br>\$836.44 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Erika Randel<br>1408 N. Alexander Ave.<br>Royal Oak, MI 48067  | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>8/15/00 | <b>Amount of Each Disbursement This Period</b><br>\$836.44 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Erika Randel<br>1408 N. Alexander Ave.<br>Royal Oak, MI 48067  | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$836.44 |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Erika Randel<br>1408 N. Alexander Ave.<br>Royal Oak, MI 48067  | <b>Purpose of Disbursement</b><br>- Volunteer Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>8/23/00 | <b>Amount of Each Disbursement This Period</b><br>\$13.99  |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Consumers Energy<br>Post Office Box 359<br>Royal Oak, MI 48068 | <b>Purpose of Disbursement</b><br>Office Utilities<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$15.07  |

SUBTOTAL of Disbursements This Page (optional)

\$4,248.51

TOTAL This Period (last page this line number only)

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                             |                                                                                                                                                                                                  |                                           |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Consumers Energy<br>Post Office Box 369<br>Royal Oak, MI 48068         | <b>Purpose of Disbursement</b><br>Office Utilities<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$6.97   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Consumers Energy<br>Post Office Box 369<br>Royal Oak, MI 48068         | <b>Purpose of Disbursement</b><br>Office Utilities<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>\$2.15   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Consumers Energy<br>Post Office Box 369<br>Royal Oak, MI 48068         | <b>Purpose of Disbursement</b><br>Utilities<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$17.55  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Consumers Energy<br>Post Office Box 369<br>Royal Oak, MI 48068         | <b>Purpose of Disbursement</b><br>Office Utilities<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br>\$35.02  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Consumers Energy<br>Post Office Box 369<br>Royal Oak, MI 48068         | <b>Purpose of Disbursement</b><br>Office Utilities<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br>\$27.85  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Consumers Energy<br>Post Office Box 369<br>Royal Oak, MI 48068         | <b>Purpose of Disbursement</b><br>Office Utilities<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$12.85  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Staples Office Supply<br>Van Dyke Avenue<br>Sterling Heights, MI 48310 | <b>Purpose of Disbursement</b><br>Printer Toner<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br>7/28/00 | <b>Amount of Each Disbursement This Period</b><br>\$364.57 |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Staples Office Supply<br>Van Dyke Avenue<br>Sterling Heights, MI 48310 | <b>Purpose of Disbursement</b><br>Printer Toner<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | <b>Date (month, day, year)</b><br>9/11/00 | <b>Amount of Each Disbursement This Period</b><br>\$704.43 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Michigan Democratic Party<br>606 Townsend<br>Lansing, MI 48933         | <b>Purpose of Disbursement</b><br>Advertising<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>8/18/00 | <b>Amount of Each Disbursement This Period</b><br>\$112.50 |

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

\$1,283.99

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00158612

|                                                                                                                                       |                                                                                                                                                                                                                   |                                               |                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Internal Revenue Service<br><br>Cincinnati, OH                                   | <b>Purpose of Disbursement</b><br>Payroll<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Date (month, day, year)</b><br><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$377.20   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Mich Employment Security Cnsm<br>Post Office Box 33588<br>Detroit, MI 48232-6588 | <b>Purpose of Disbursement</b><br>Payroll<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Date (month, day, year)</b><br><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$396.84   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Fred Starzyk<br>903 Bernie Lane<br>Madison Heights, MI 48071                     | <b>Purpose of Disbursement</b><br>Payroll Expenses<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br><br>7/30/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$761.50   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Fred Starzyk<br>903 Bernie Lane<br>Madison Heights, MI 48071                     | <b>Purpose of Disbursement</b><br>Volunteer Expense (Fundraisin<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>9/22/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$20.00    |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Fred Starzyk<br>903 Bernie Lane<br>Madison Heights, MI 48071                     | <b>Purpose of Disbursement</b><br>Payroll Expenses<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br><br>9/15/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,162.84 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Fred Starzyk<br>903 Bernie Lane<br>Madison Heights, MI 48071                     | <b>Purpose of Disbursement</b><br>Events (Field)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$22.14    |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Fred Starzyk<br>903 Bernie Lane<br>Madison Heights, MI 48071                     | <b>Purpose of Disbursement</b><br>Events (Field)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$22.31    |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Fred Starzyk<br>903 Bernie Lane<br>Madison Heights, MI 48071                     | <b>Purpose of Disbursement</b><br>Payroll Expenses<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br><br>8/15/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,162.84 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Fred Starzyk<br>903 Bernie Lane<br>Madison Heights, MI 48071                     | <b>Purpose of Disbursement</b><br>Payroll Expenses<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$761.50   |

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

\$4,687.17

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



**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

 Use separate schedule(s)  
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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00158612

|                                                                                                                                  |                                                                                                                                                                                                                   |                                               |                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Fred Starzyk<br>903 Bernie Lane<br>Madison Heights, MI 48071                | <b>Purpose of Disbursement</b><br>• Reimb. Field - Parade Gandy<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$35.00    |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Fred Starzyk<br>903 Bernie Lane<br>Madison Heights, MI 48071                | <b>Purpose of Disbursement</b><br>Payroll Expenses<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$761.50   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Fred Starzyk<br>903 Bernie Lane<br>Madison Heights, MI 48071                | <b>Purpose of Disbursement</b><br>Payroll Expenses<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br><br>8/30/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,162.84 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Fred Starzyk<br>903 Bernie Lane<br>Madison Heights, MI 48071                | <b>Purpose of Disbursement</b><br>Volunteer Expenses<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$36.72    |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Ambrosino Consulting<br>847 Sansome<br>2nd Floor<br>San Francisco, CA 94111 | <b>Purpose of Disbursement</b><br>Consultant Fee (Media)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$2,500.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Ambrosino Consulting<br>847 Sansome<br>2nd Floor<br>San Francisco, CA 94111 | <b>Purpose of Disbursement</b><br>Consultant Fee (Media)<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$2,500.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Kansas City Grill<br>350 E. 14 Mile<br>Madison Heights, MI 48071            | <b>Purpose of Disbursement</b><br>Events (Field)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><br>8/17/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$850.00   |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Citizens for Klink<br>PO Box 15481<br>Pittsburgh, PA 15237                  | <b>Purpose of Disbursement</b><br>Contributions<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | <b>Date (month, day, year)</b><br><br>9/26/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,000.00 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Postmaster<br>Warren, MI 48090                                              | <b>Purpose of Disbursement</b><br>Postage (Fundraising)<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br><br>7/28/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$2,840.00 |

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

\$11,286.06

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

 Use separate schedule(s)  
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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156812

|                                                                                                                             |                                                                                                                                                                                                                   |                                               |                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Postmaster<br>Warren, MI 48090                                         | <b>Purpose of Disbursement</b><br>Bulk Mail Meter<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Date (month, day, year)</b><br><br>9/28/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$100.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Postmaster<br>Warren, MI 48090                                         | <b>Purpose of Disbursement</b><br>Postage (Fundraising)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br><br>9/21/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$7.70     |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Postmaster<br>Warren, MI 48090                                         | <b>Purpose of Disbursement</b><br>Postage (Fundraising)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br><br>9/20/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,320.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Postmaster<br>Warren, MI 48090                                         | <b>Purpose of Disbursement</b><br>Postage (Fundraising)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br><br>8/29/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$231.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Postmaster<br>Warren, MI 48090                                         | <b>Purpose of Disbursement</b><br>Postage (Fundraising)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br><br>8/23/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$378.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Postmaster<br>Warren, MI 48090                                         | <b>Purpose of Disbursement</b><br>Administrative<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><br>8/14/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$82.50    |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Postmaster<br>Warren, MI 48090                                         | <b>Purpose of Disbursement</b><br>Postage - Fundraising Expense<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$594.00   |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Postmaster<br>Warren, MI 48090                                         | <b>Purpose of Disbursement</b><br>Administrative<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><br>8/14/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$400.00   |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Woodruff's Supper Club<br>212 West Sixth Street<br>Royal Oak, MI 48068 | <b>Purpose of Disbursement</b><br>Catering (Fundraising)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br><br>8/15/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$922.50   |

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

\$4,035.70

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Lovin for Congress Committee C00156812

|                                                                                                                     |                                                                                                                                                                                                                 |                                           |                                                              |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Awi Bawle<br>1965 Pelican<br>Troy, MI 48064                    | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>8/15/00 | <b>Amount of Each Disbursement This Period</b><br>\$786.44   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Awi Bawle<br>1965 Pelican<br>Troy, MI 48064                    | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br>\$325.72   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Awi Bawle<br>1965 Pelican<br>Troy, MI 48064                    | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>7/30/00 | <b>Amount of Each Disbursement This Period</b><br>\$786.44   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Awi Bawle<br>1965 Pelican<br>Troy, MI 48064                    | <b>Purpose of Disbursement</b><br>Volunteer Expense (Fundraising)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>\$8.25     |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Awi Bawle<br>1965 Pelican<br>Troy, MI 48064                    | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>8/15/00 | <b>Amount of Each Disbursement This Period</b><br>\$786.44   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Awi Bawle<br>1965 Pelican<br>Troy, MI 48064                    | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>8/30/00 | <b>Amount of Each Disbursement This Period</b><br>\$786.44   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Moore for Congress<br>PO Box 14631<br>Shawnee, KS 66285        | <b>Purpose of Disbursement</b><br>Contributions<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Date (month, day, year)</b><br>9/26/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,000.00 |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Danielle Randel<br>3671 Buckingham Avenue<br>Berkley, MI 48072 | <b>Purpose of Disbursement</b><br>Field Event Supplies Reimburs<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$21.57    |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Danielle Randel<br>3671 Buckingham Avenue<br>Berkley, MI 48072 | <b>Purpose of Disbursement</b><br>Volunteer Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>7/28/00 | <b>Amount of Each Disbursement This Period</b><br>\$44.38    |

**SUBTOTAL of Disbursements This Page (optional)**
**\$4,545.68**
**TOTAL This Period (last page (No line number only))**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

Levin for Congress Committee C00158612

|                                                                                                                     |                                                                                                                                                                                                                  |                                               |                                                                  |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Danielle Randel<br>3671 Buckingham Avenue<br>Berkley, MI 48072 | <b>Purpose of Disbursement</b><br>Field Event - Catering<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Date (month, day, year)</b><br><br>7/11/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$153.57   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Danielle Randel<br>3671 Buckingham Avenue<br>Berkley, MI 48072 | <b>Purpose of Disbursement</b><br>Miscellaneous (Gen. Camp. Ex<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>8/12/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$33.96    |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Danielle Randel<br>3671 Buckingham Avenue<br>Berkley, MI 48072 | <b>Purpose of Disbursement</b><br>Payroll Expenses<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$1,494.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Danielle Randel<br>3671 Buckingham Avenue<br>Berkley, MI 48072 | <b>Purpose of Disbursement</b><br>Parade Candy Reimbursement<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | <b>Date (month, day, year)</b><br><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$78.80    |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Danielle Randel<br>3671 Buckingham Avenue<br>Berkley, MI 48072 | <b>Purpose of Disbursement</b><br>Payroll Expenses<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,494.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Danielle Randel<br>3671 Buckingham Avenue<br>Berkley, MI 48072 | <b>Purpose of Disbursement</b><br>Payroll Expenses<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br><br>8/15/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,494.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Danielle Randel<br>3671 Buckingham Avenue<br>Berkley, MI 48072 | <b>Purpose of Disbursement</b><br>Volunteer Expenses<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br><br>8/23/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$30.77    |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Danielle Randel<br>3671 Buckingham Avenue<br>Berkley, MI 48072 | <b>Purpose of Disbursement</b><br>Payroll Expenses<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br><br>8/30/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,494.00 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Danielle Randel<br>3671 Buckingham Avenue<br>Berkley, MI 48072 | <b>Purpose of Disbursement</b><br>Payroll Expenses<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br><br>9/15/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,494.00 |

SUBTOTAL of Disbursements This Page (optional)

\$7,777.10

TOTAL This Period (last page this line number only)

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

 Use separate schedules  
for each category of the  
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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                      |                                                                                                                                                                                                              |                                           |                                                                       |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Danielle Randal<br>3671 Buckingham Avenue<br>Berkley, MI 48072  | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>7/30/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,494.00          |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Xerox Corporation<br>PO Box 7598<br>Philadelphia, PA 19101-7598 | <b>Purpose of Disbursement</b><br>Copier Supplies<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>8/23/00 | <b>Amount of Each Disbursement This Period</b><br>\$129.32            |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Xerox Corporation<br>PO Box 7598<br>Philadelphia, PA 19101-7598 | <b>Purpose of Disbursement</b><br>Service Contract<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>\$552.00            |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Kinkos<br>330 Hampton Row<br>Birmingham, MI 48009               | <b>Purpose of Disbursement</b><br>Events (Field)<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Date (month, day, year)</b><br>8/7/00  | <b>Amount of Each Disbursement This Period</b><br>\$99.11             |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Kinkos<br>330 Hampton Row<br>Birmingham, MI 48009               | <b>Purpose of Disbursement</b><br>Administrative (Fundraising)<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>7/13/00 | <b>Amount of Each Disbursement This Period</b><br>\$12.21             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Ameritech<br>Post Office Box 5030<br>Saginaw, MI 48663          | <b>Purpose of Disbursement</b><br>PHONES<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$84.55             |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Ameritech<br>Post Office Box 5030<br>Saginaw, MI 48663          | <b>Purpose of Disbursement</b><br>PHONES<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Date (month, day, year)</b><br>8/25/00 | <b>Amount of Each Disbursement This Period</b><br>\$201.37            |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Ameritech<br>Post Office Box 5030<br>Saginaw, MI 48663          | <b>Purpose of Disbursement</b><br>PHONES<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$244.34            |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Ameritech<br>Post Office Box 5030<br>Saginaw, MI 48663          | <b>Purpose of Disbursement</b><br>PHONES<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Date (month, day, year)</b><br>7/13/00 | <b>Amount of Each Disbursement This Period</b><br>\$400.00<br>Deposit |

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

\$9,226.90

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

 Use separate schedule(s)  
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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                                           |                                                                                                                                                                                                |                                           |                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Ameritech<br>Post Office Box 5030<br>Saginaw, MI 48663                               | <b>Purpose of Disbursement</b><br>PHONES<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>7/25/00 | <b>Amount of Each Disbursement This Period</b><br>\$274.50            |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Ameritech<br>Post Office Box 5030<br>Saginaw, MI 48663                               | <b>Purpose of Disbursement</b><br>PHONES<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>7/25/00 | <b>Amount of Each Disbursement This Period</b><br>\$120.62            |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Ameritech<br>Post Office Box 5030<br>Saginaw, MI 48663                               | <b>Purpose of Disbursement</b><br>PHONES<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>8/25/00 | <b>Amount of Each Disbursement This Period</b><br>\$714.15            |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Ameritech<br>Post Office Box 5030<br>Saginaw, MI 48663                               | <b>Purpose of Disbursement</b><br>PHONES<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | <b>Date (month, day, year)</b><br>7/13/00 | <b>Amount of Each Disbursement This Period</b><br>\$400.00<br>Deposit |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>State of Michigan<br>Dept. of Treasury<br>Post Office Box 20126<br>Lansing, MI 48901 | <b>Purpose of Disbursement</b><br>Taxes<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>\$268.00            |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>State of Michigan<br>Dept. of Treasury<br>Post Office Box 20126<br>Lansing, MI 48901 | <b>Purpose of Disbursement</b><br>Taxes<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>7/10/00 | <b>Amount of Each Disbursement This Period</b><br>\$315.00            |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>State of Michigan<br>Dept. of Treasury<br>Post Office Box 20126<br>Lansing, MI 48901 | <b>Purpose of Disbursement</b><br>Taxes<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$598.00            |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Public Storage<br>29250 John R. Rd.<br>Madison Heights, MI 48071                     | <b>Purpose of Disbursement</b><br>Office Storage<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$129.00            |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Public Storage<br>29250 John R. Rd.<br>Madison Heights, MI 48071                     | <b>Purpose of Disbursement</b><br>Office Storage<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>9/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$128.00            |

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

\$2,968.27

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                            |                                                                                                                                                                                                                  |                                               |                                                                  |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Public Storage<br>29250 John R. Rd.<br>Madison Heights, MI 48071      | <b>Purpose of Disbursement</b><br>Office Storage<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Date (month, day, year)</b><br><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$125.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Michigan National Bank<br>26555 Evergreen<br>Southfield, MI 48076     | <b>Purpose of Disbursement</b><br>Payroll Taxes<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><br>7/10/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,802.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Michigan National Bank<br>26555 Evergreen<br>Southfield, MI 48076     | <b>Purpose of Disbursement</b><br>Payroll Taxes<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><br>7/20/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$39.19    |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Michigan National Bank<br>26555 Evergreen<br>Southfield, MI 48076     | <b>Purpose of Disbursement</b><br>Payroll Taxes<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$1,703.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Michigan National Bank<br>26555 Evergreen<br>Southfield, MI 48076     | <b>Purpose of Disbursement</b><br>Bank Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><br>9/25/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$40.03    |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Michigan National Bank<br>26555 Evergreen<br>Southfield, MI 48076     | <b>Purpose of Disbursement</b><br>Payroll Taxes<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$3,703.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Hilton Northfield<br>5500 Crooks Road<br>Troy, MI 48098               | <b>Purpose of Disbursement</b><br>Event Expenses (Fundraising)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>9/20/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$5,358.83 |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Hilton Northfield<br>5500 Crooks Road<br>Troy, MI 48098               | <b>Purpose of Disbursement</b><br>Event Expenses (Fundraising)<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br><br>\$500.00   |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>CJ's Restaurant & Catering<br>16881 Fourteen Mile<br>Fraser, MI 48026 | <b>Purpose of Disbursement</b><br>Events (Field)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Date (month, day, year)</b><br><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$250.00   |

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

\$13,323.05

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE **19** OF **26**  
FOR LINE NUMBER  
**17**
**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee CD0156612

|                                                                                                                                            |                                                                                                                                                                                                         |                                           |                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>National Finance Center<br>DPRS Collections<br>PO Box 70874<br>Chicago, IL 60673-0874 | <b>Purpose of Disbursement</b><br>Insurance<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Date (month, day, year)</b><br>8/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$240.61 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>National Finance Center<br>DPRS Collections<br>PO Box 70874<br>Chicago, IL 60673-0874 | <b>Purpose of Disbursement</b><br>Insurance<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Date (month, day, year)</b><br>9/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$240.61 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>National Finance Center<br>DPRS Collections<br>PO Box 70874<br>Chicago, IL 60673-0874 | <b>Purpose of Disbursement</b><br>Insurance<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$240.61 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>MDAN<br>PO Box 46274<br>Mount Clemens, MI 48046                                       | <b>Purpose of Disbursement</b><br>Contributions<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>8/23/00 | <b>Amount of Each Disbursement This Period</b><br>\$500.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>American Express<br>Suite 0001<br>Chicago, IL 60679                                   | <b>Purpose of Disbursement</b><br>Cand. Travel<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>9/19/00 | <b>Amount of Each Disbursement This Period</b><br>\$73.50  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Iologic Info. Systems<br>156 Allen Lake Road<br>White Lake, MI 48386                  | <b>Purpose of Disbursement</b><br>Computer - Service Call<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>5337.45  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Anna Kohn<br>13109 LaSalle<br>Huntington Woods, MI                                    | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>8/11/00 | <b>Amount of Each Disbursement This Period</b><br>\$243.40 |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Anna Kohn<br>13109 LaSalle<br>Huntington Woods, MI                                    | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>8/30/00 | <b>Amount of Each Disbursement This Period</b><br>\$243.40 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Anna Kohn<br>13109 LaSalle<br>Huntington Woods, MI                                    | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | <b>Date (month, day, year)</b><br>7/30/00 | <b>Amount of Each Disbursement This Period</b><br>\$243.40 |

**SUBTOTAL of Disbursements This Page (optional)**
**\$2,362.96**
**TOTAL This Period (last page this line number only)**



**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                                          |                                                                                                                                                                                                               |                                           |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Anna Kohn<br>13109 LaSalle<br>Huntington Woods, MI                                  | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$243.40        |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Anna Kohn<br>13109 LaSalle<br>Huntington Woods, MI                                  | <b>Purpose of Disbursement</b><br>Payroll Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>7/15/00 | <b>Amount of Each Disbursement This Period</b><br>\$243.40        |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Eligio DiBerardo<br>40332 Denbigh<br>Sterling Heights, MI 48310                     | <b>Purpose of Disbursement</b><br>Office Rent<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Date (month, day, year)</b><br>8/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$750.00        |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Eligio DiBerardo<br>40332 Denbigh<br>Sterling Heights, MI 48310                     | <b>Purpose of Disbursement</b><br>Office Rent<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Date (month, day, year)</b><br>9/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$750.00        |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Eligio DiBerardo<br>40332 Denbigh<br>Sterling Heights, MI 48310                     | <b>Purpose of Disbursement</b><br>Office Rent<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                   | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$750.00        |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>NGP Software<br>Nathaniel Pearlman<br>5440 Nevada Avenue NW<br>Washington, DC 20015 | <b>Purpose of Disbursement</b><br>Software Conversion<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>\$2,112.16      |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Target<br>27584 Dequindre<br>Warren, MI 48092                                       | <b>Purpose of Disbursement</b><br>Field Event Supplies<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>8/24/00 | <b>Amount of Each Disbursement This Period</b><br>\$51.86         |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Target<br>27584 Dequindre<br>Warren, MI 48092                                       | <b>Purpose of Disbursement</b><br>Field Event Supplies<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>9/12/00 | <b>Amount of Each Disbursement This Period</b><br>\$15.16         |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Office Max<br>32251 John R<br>Madison Heights, OH 48071                             | <b>Purpose of Disbursement</b><br>Office Exp. (Gen. Camp. Exp.)<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>7/1/00  | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$79.67 |

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

\$4,818.12

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE **21** OF **26**  
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**Operating Expenditures**

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**NAME OF COMMITTEE (in full)**

Levin for Congress Committee C00156612

|                                                                                                               |                                                                                                                                                                                                             |                                          |                                                                                            |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>US Bank<br>Post Office Box 5400<br>Sioux Falls, SD 57117 | <b>Purpose of Disbursement</b><br>World Perks Visa<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>\$3,958.20<br><i>credit card payment</i> |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Office Max<br>32251 John R<br>Madison Heights, OH 48071  | <b>Purpose of Disbursement</b><br>Office Supplies - Fax toner<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$185.30                         |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Northwest Airlines<br>Minneapolis, MN                    | <b>Purpose of Disbursement</b><br>Cand. Travel<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$75.00                          |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Northwest Airlines<br>Minneapolis, MN                    | <b>Purpose of Disbursement</b><br>Cand. Travel<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$114.50                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Northwest Airlines<br>Minneapolis, MN                    | <b>Purpose of Disbursement</b><br>Cand. Travel<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$750.00                         |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Northwest Airlines<br>Minneapolis, MN                    | <b>Purpose of Disbursement</b><br>Cand. Travel<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$344.85                         |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Northwest Airlines<br>Minneapolis, MN                    | <b>Purpose of Disbursement</b><br>Cand. Travel<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$325.00                         |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Northwest Airlines<br>Minneapolis, MN                    | <b>Purpose of Disbursement</b><br>Cand. Travel<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$295.14                         |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Northwest Airlines<br>Minneapolis, MN                    | <b>Purpose of Disbursement</b><br>Cand. Travel<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$25.00                          |

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

\$3,958.20

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE **22** OF **26**  
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**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00158612

|                                                                                                                    |                                                                                                                                                                                                                    |                                          |                                                                    |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Postmaster<br>Warren, MI 48090                                | <b>Purpose of Disbursement</b><br>Postage - Fundraising Expense<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$132.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$26.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$18.34  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$16.52  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$43.42  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$17.56  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Westin Hotels<br>1500 Town Center<br>Southfield, MI 48075     | <b>Purpose of Disbursement</b><br>Catering - Fundraising Expense<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$602.85 |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Grand Hotel<br><br>Mackinaw Island, MI 49757                  | <b>Purpose of Disbursement</b><br>Candidate Hotel<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$405.26 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Target<br>27584 Dequindre<br>Warren, MI 48092                 | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br>7/1/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$5.82   |

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

\$0.00

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

# **SCHEDULE B**

# **ITEMIZED DISBURSEMENTS**

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

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## Operating Expenditures

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### NAME OF COMMITTEE (In Full)

Levin for Congress Committee C00156612

|                                                                                                                    |                                                                                                                                                                                                               |                                           |                                                                                            |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>US Bank<br>Post Office Box 5400<br>Sioux Falls, SD 57117      | <b>Purpose of Disbursement</b><br>World Perks Visa<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>\$1,962.85<br><i>credit card payment</i> |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Office Max<br>32251 John R<br>Madison Heights, OH 48071       | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$25.43                          |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Office Max<br>32251 John R<br>Madison Heights, OH 48071       | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$90.28                          |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Office Depot<br>29040 Van Dyke<br>Warren, MI 48093            | <b>Purpose of Disbursement</b><br>Office Supplies<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$154.71                         |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Postmaster<br>Warren, MI 48090                                | <b>Purpose of Disbursement</b><br>Postage (Field)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$7.28                           |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$13.26                          |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$16.52                          |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$18.28                          |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$60.58                          |

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

\$1,962.85

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE 24 OF 26  
FOR LINE NUMBER  
17
**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156612

|                                                                                                                            |                                                                                                                                                                                                           |                                           |                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194         | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$18.26                                  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194         | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$88.42                                  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194         | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$45.76                                  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194         | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$18.60                                  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Kinkos<br>330 Hampton Row<br>Birmingham, MI 48009                     | <b>Purpose of Disbursement</b><br>Printing (Field)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$64.45                                  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Festive Foods Catering<br>4980 Wyaconda Road<br>N. Bethesda, MD 20852 | <b>Purpose of Disbursement</b><br>Event Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$984.50                                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Target<br>27584 Dequindre<br>Warren, MI 48092                         | <b>Purpose of Disbursement</b><br>Office Supplies<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$47.91                                  |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>American Airlines<br>PO Box 619612<br>Dallas, TX 75261-9612           | <b>Purpose of Disbursement</b><br>Cand. Travel<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>8/10/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$212.00                                 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>US Bank<br>Post Office Box 5400<br>Sioux Falls, SD 57117              | <b>Purpose of Disbursement</b><br>World Perks Visa<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$3,703.83<br><i>credit card payment</i> |

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

\$3,703.83

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

 PAGE 25 OF 26  
FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00156612

|                                                                                                                    |                                                                                                                                                                                                           |                                           |                                                                    |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Northwest Airlines<br>Minneapolis, MN                         | <b>Purpose of Disbursement</b><br>Cand. Travel<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$188.10 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Northwest Airlines<br>Minneapolis, MN                         | <b>Purpose of Disbursement</b><br>Cand. Travel<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Date (month, day, year)</b><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$188.10 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Postmaster<br>Warren, MI 48090                                | <b>Purpose of Disbursement</b><br>Postage (Field)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$7.83   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$49.02  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$23.28  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$46.02  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$18.34  |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$21.20  |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194 | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$23.92  |

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

\$0.00

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

**SCHEDULE B**
**ITEMIZED DISBURSEMENTS**

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

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26 26  
FOR LINE NUMBER  
17

**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Levin for Congress Committee C00156812

|                                                                                                                            |                                                                                                                                                                                                               |                                               |                                                                      |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194         | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$16.52    |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Federal Express<br>Box 727, Department A<br>Memphis, TN 38194         | <b>Purpose of Disbursement</b><br>Postage (Gen. Camp. Exp.)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$23.28    |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Wyndham Hotels<br>6225 West Century Road<br>Los Angeles, CA 90045     | <b>Purpose of Disbursement</b><br>Candidate Hotel<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$833.84   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Wyndham Hotels<br>6225 West Century Road<br>Los Angeles, CA 90045     | <b>Purpose of Disbursement</b><br>Candidate Hotel<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$38.22    |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Wyndham Hotels<br>6225 West Century Road<br>Los Angeles, CA 90045     | <b>Purpose of Disbursement</b><br>Candidate Hotel<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$6.00     |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Wyndham Hotels<br>6225 West Century Road<br>Los Angeles, CA 90045     | <b>Purpose of Disbursement</b><br>Candidate Hotel<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | <b>Date (month, day, year)</b><br><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$44.42    |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Kinkos<br>330 Hampton Row<br>Birmingham, MI 48009                     | <b>Purpose of Disbursement</b><br>Printing (Field)<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Date (month, day, year)</b><br><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$8.06     |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>Festive Foods Catering<br>4980 Wyaconda Road<br>N. Bethesda, MD 20852 | <b>Purpose of Disbursement</b><br>Event Expenses<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br><br>8/28/00 | <b>Amount of Each Disbursement This Period</b><br>MEMO<br>\$2,360.60 |
| <b>I. Full Name, Mailing Address and ZIP Code</b>                                                                          | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                         | <b>Date (month, day, year)</b>                | <b>Amount of Each Disbursement This Period</b>                       |

SUBTOTAL of Disbursements This Page (optional)

\$0.00

TOTAL This Period (last page this line number only)

\$164,355.88

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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1 1  
FOR LINE NUMBER  
21

**Other Disbursements**

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**NAME OF COMMITTEE (In Full)**

Levin for Congress Committee C00156612

|                                                                                                                     |                                                                                                                                                                                                           |                                               |                                                                   |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Michigan Democratic Party<br>606 Townsend<br>Lansing, MI 48933 | <b>Purpose of Disbursement</b><br>Excess Funds Transfer<br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>9/19/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$5,000.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Michigan Democratic Party<br>606 Townsend<br>Lansing, MI 48933 | <b>Purpose of Disbursement</b><br>Excess Funds Transfer<br><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><br>7/31/00 | <b>Amount of Each Disbursement This Period</b><br><br>\$10,000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b>                                                                   | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Date (month, day, year)</b>                | <b>Amount of Each Disbursement This Period</b>                    |
| <b>D. Full Name, Mailing Address and ZIP Code</b>                                                                   | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Date (month, day, year)</b>                | <b>Amount of Each Disbursement This Period</b>                    |
| <b>E. Full Name, Mailing Address and ZIP Code</b>                                                                   | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Date (month, day, year)</b>                | <b>Amount of Each Disbursement This Period</b>                    |
| <b>F. Full Name, Mailing Address and ZIP Code</b>                                                                   | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Date (month, day, year)</b>                | <b>Amount of Each Disbursement This Period</b>                    |
| <b>G. Full Name, Mailing Address and ZIP Code</b>                                                                   | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Date (month, day, year)</b>                | <b>Amount of Each Disbursement This Period</b>                    |
| <b>H. Full Name, Mailing Address and ZIP Code</b>                                                                   | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Date (month, day, year)</b>                | <b>Amount of Each Disbursement This Period</b>                    |
| <b>I. Full Name, Mailing Address and ZIP Code</b>                                                                   | <b>Purpose of Disbursement</b><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     | <b>Date (month, day, year)</b>                | <b>Amount of Each Disbursement This Period</b>                    |

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

\$15,000.00

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

\$15,000.00



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

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

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

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

## Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

|                                                                                     |                                      |
|-------------------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Hand Delivered                                             | Date of Receipt                      |
| <input type="checkbox"/> First Class Mail                                           | POSTMARKED                           |
| <input checked="" type="checkbox"/> Registered/Certified Mail                       | POSTMARKED (R/C)<br>10-14-00         |
| <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<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing                                          |                                      |
| J. G.                                                                               | 10-16-00                             |
| PREPARER                                                                            | DATE PREPARED                        |

(6/2000)