

JUL 15 1992
CERTIFIED MAIL

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

1992 JUL 21 AM 10:17

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) BRIGGS FOR CONGRESS

2. FEC IDENTIFICATION NUMBER 132179
C00238824

3. IS THIS REPORT AN AMENDMENT?
 YES NO

ADDRESS (number and street) Check if different than previously reported.
1682 GRAEFIELD

CITY, STATE and ZIP CODE
BIRMINGHAM, MI 48009 MI/11

STATE/DISTRICT

4. TYPE OF REPORT

April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

Termination Report

Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

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

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1-01-92</u> through <u>6-30-92</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	8,735.00	8,735.00
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	8,735.00	8,735.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5,284.90	5,284.90
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	5,284.90	5,284.90
8. Cash on Hand at Close of Reporting Period (from Line 27)	18,582.73	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	15,240.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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 JERRY A. BENDERT

Signature of Treasurer Jerry A. Bendert

Date 7-14-92

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
(revised 4/87)

92014614368

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEO FORM 9)

Name of Committee (In full)		Report Covering the Period:	
BRIGGS FOR CONGRESS		From: 1-01-92	To: 6-30-92
C00238824		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
I. RECEIPTS			
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)			
(ii) Unitemized			
(iii) Total of contributions from individuals			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) The Candidate			
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))			
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.			
13. LOANS:			
(a) Made or Guaranteed by the Candidate			
(b) All Other Loans			
(c) TOTAL LOANS (add 13(a) and (b))			
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)			
15. OTHER RECEIPTS (Dividends, Interest, etc.)			
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)			
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES			
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.			
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			
(b) Of All Other Loans			
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			
21. OTHER DISBURSEMENTS			
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)			
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$	130.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$	23,736.72
25. SUBTOTAL (add Line 23 and Line 24)		\$	23,867.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$	5,284.90
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$	18,582.73

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SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS / PERSONS

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 committees.

NAME OF COMMITTEE (in Full) **BRIGGS FOR CONGRESS** C 00238824

792014614370

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANE B. HART 500 NORTH WOODWARD, SUITE 200 BLOOMFIELD HILLS, MI 48303 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Occupation	6.02.92 6.22.92	1,000.00 1,000.00
	Aggregate Year-to-Date > \$ 2,000.00		
JOHN CORBETT O'HEARA 300 FIRST NATIONAL BLDG DETROIT, MI 48226 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	DICKINSON, WRIGHT, MOON, VAN DUSEN & FREEMAN Occupation ATTORNEY	6.19.92	1,000.00
	Aggregate Year-to-Date > \$ 1,000.00		
ANN BRONFMAN 3700 CALVERT NW WASHINGTON, D.C. 20008 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Occupation	6.23.92 6.23.92	1,000.00 1,000.00
	Aggregate Year-to-Date > \$ 2,000.00		
MICHAEL R. SHPIELE 29323 LAUREL FARMINGTON HILLS, MI 48331 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HONIGMAN, MILLER, SCHWARTZ AND COHN Occupation ATTORNEY	6.25.92	250.00
	Aggregate Year-to-Date > \$ 250.00		
WALLACE G. LONG 1161 AUDUBON GROSSE POINTE, PARK MI 48230 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	COX & HODGMAN Occupation ATTORNEY	6.25.92	500.00
	Aggregate Year-to-Date > \$ 500.00		
KENNETH F. POSNER 4560 VALLEY VIEW WEST BLOOMFIELD, MI 48323 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF EMPLOYED Occupation ATTORNEY	6.30.92	250.00
	Aggregate Year-to-Date > \$ 250.00		
BASIL M. BRIGGS P.O. Box 908 BLOOMFIELD HILLS, MI 48304 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MIRO, MIRO & WEINER Occupation ATTORNEY	6.30.92	750.00
	Aggregate Year-to-Date > \$ 750.00		
SUBTOTAL of Receipts This Page (optional)			6,750.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)

BRIGGS FOR CONGRESS

C00038874

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTHA BLOM 2 WALNUT LANE ORCHARD LAKE, MI 48324 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER Aggregate Year-to-Date > \$ 500.00	6.30.92	500.00
B. Full Name, Mailing Address and ZIP Code AGGIE MONFETTE 3521 HILLSIDE DR. ROYAL OAK, MI 48073 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer A.G. EDWARDS Occupation INVESTMENT COUNSELOR Aggregate Year-to-Date > \$ 300.00	6.25.92	300.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			800.00
TOTAL This Period (last page this line number only)			7,550.00

92014614371

SCHEDULE A

ITEMIZED RECEIPTS

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

LOANS MADE OR GUARANTEED BY THE CANDIDATE

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NAME OF COMMITTEE (in Full) **BRIGGS FOR CONGRESS** **C00238824**

92014614372

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MADISON NATIONAL BANK 1800 EAST 12 MILE MADISON HEIGHTS, MI 48071		6.19.92	15,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$15,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only) **15,000.00**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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) **BRIGGS FOR CONGRESS** **C00238824**

92014614373

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PROFESSIONAL MANAGEMENT INC. 29199 RYAN RD. WARREN, MI 48092	CONSULTING FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5.29.92	1,250.00
B. Full Name, Mailing Address and ZIP Code EMBASSY OFFICE CENTER 15800 PROVIDENCE DR. SOUTHFIELD, MI	OFFICE RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6.19.92 6.19.92	1,200.00 1,200.00
C. Full Name, Mailing Address and ZIP Code MICHIGAN BELL TELEPHONE P.O. BOX 5030 SAGINAW, MI 48663	PHONE DEPOSIT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6.22.92	1,210.00
D. Full Name, Mailing Address and ZIP Code MADISON NATIONAL BANK 1800 EAST 12 MILE MADISON HEIGHTS, MI 48071	LOAN FEES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6.19.92	300.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	5,160.00

SCHEDULE C
(Revised 3/80)

LOANS

Name of Committee (in Full) <u>BRIGGS FOR CONGRESS</u>		<u>C00238824</u>		
A. Full Name, Mailing Address and ZIP Code of Loan Source <u>MADISON NATIONAL BANK</u> <u>1800 EAST 12 MILE</u> <u>MADISON HEIGHTS, MI 48071</u>		Original Amount of Loan <u>15,000.00</u>	Cumulative Payment To Date -	Balance Outstanding at Close of This Period <u>15,000.00</u>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Terms: Date Incurred <u>6-19-92</u> Date Due <u>11-30-92</u> Interest Rate <u>11</u> % (apr) <input type="checkbox"/> Secured				
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code <u>WALTER O. BRIGGS IV</u> <u>1682 GRAEFIELD</u> <u>BIRMINGHAM, MI 48009</u>		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$ <u>15,000.00</u>		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source <u>WALTER O. BRIGGS IV</u> <u>SAME AS ABOVE</u>		Original Amount of Loan <u>240.00</u>	Cumulative Payment To Date -	Balance Outstanding at Close of This Period <u>240.00</u>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Terms: Date Incurred <u>11-03-89</u> Date Due <u>NONE</u> Interest Rate <u>0</u> % (apr) <input type="checkbox"/> Secured				
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				<u>15,240.00</u>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

92014614374

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) BRIGGS FOR CONGRESS		FEQ IDENTIFICATION NUMBER C00238224	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) MADISON NATIONAL BANK 1800 EAST 12 MILE MADISON HEIGHTS, MI 48071		AMOUNT OF LOAN 15,000.00	INTEREST RATE (APR) 11
		DATE INCURRED OR ESTABLISHED 6-19-92	DATE DUE 11-30-92
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred: _____			
B. If line of credit, amount of this draw: <u>15,000.00</u> ; total outstanding balance: <u>15,000.00</u>			
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ What is the value of this collateral? _____			
Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes			
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>CONTRIBUTIONS</u> What is the estimated value? _____			
A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: <u>6-19-92</u> Location of account: _____			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER			
TYPED NAME JERRY A. BENDERT		SIGNATURE <i>Jerry A. Bendert</i>	DATE 7-14-92
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION:			
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.			
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.			
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.			
AUTHORIZED REPRESENTATIVE Madison National Bank <i>Thomas K. Perkins</i>		TITLE <i>Vice President</i>	DATE 7/15/92
TYPED NAME Thomas K. Perkins		SIGNATURE	

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