

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION
OCT 13 2 50 PM '98

1. NAME OF COMMITTEE (in full)

C00137279 091798 P 266

A LONNIE L BONE

MICHIGAN CREDIT UNION LEAGUE L
LEGISLATIVE ACTION FUND
20200 CIVIC CENTER DRIVE
C PO BOX 3040
SOUTHFIELD MI 48076

2. FEC IDENTIFICATION NUMBER

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

Termination Report

Monthly Report Due On:

February 20 June 20 October 20

March 20 July 20 November 20

April 20 August 20 December 20

May 20 September 20 January 31

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 _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	7/1/98 through 9/30/98		
6. (a) Cash on Hand January 1, 1998			\$ 66,653.95
(b) Cash on Hand at Beginning of Reporting Period		\$ 78,931.79	
(c) Total Receipts (from Line 19)		\$ 75,691.30	\$ 13,183.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 154,623.09	\$ 179,837.11
7. Total Disbursements (from Line 20)		\$ 59,912.57	\$ 85,126.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 94,710.52	\$ 94,710.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	

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
Lonnie L. Bone

Signature of Treasurer
Lonnie L. Bone

Date
10-8-98

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

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Michigan Credit Union League Legislative Action Fund		FROM 7/1/98	TO 9/30/98
		COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	75.00	5,524.93	11400
ii. Unitemized	75,117.50	106,106.69	11401
iii. Total (add i and ii) >	75,192.50	111,631.62	11402
b. Political Party Committees	-0-	-0-	11403
c. Other Political Committees (such as PACs)	-0-	-0-	11404
d. Total Contributions (add a ii, b and c) >	75,192.50	111,631.62	11405
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	498.80	1,551.54	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	75,691.30	113,183.16	19
20. Total Federal Receipts (subtract line 18 from line 19) >	75,691.30	113,183.16	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21400
ii. Non-Federal Share	-0-	-0-	21401
b. Other Federal Operating Expenditures	1,972.57	3,624.59	21402
c. Total Operating Expenditures (add a i, a ii, and b) >	1,972.57	3,624.59	21403
22. Transfers to Affiliated/Other Party Committees	5,000.00	20,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	52,940.00	61,485.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-0-	17.00	28400
b. Political Party Committees	-0-	-0-	28401
c. Other Political Committees (such as PACs)	-0-	-0-	28402
d. Total Contribution Refunds (add a, b and c) >	-0-	17.00	28403
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	59,912.57	85,126.59	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	59,912.57	85,126.59	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	75,192.50	111,631.62	32
33. Total Contribution Refunds (from line 28d)	-0-	17.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	75,192.50	111,614.62	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	1,972.57	3,624.59	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	1,972.57	3,624.59	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (in Full)

Michigan Credit Union League Legislative Action Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doris Brown 8100 Jefferson Detroit, MI 48243	Michigan Credit Union	8/10	25.00
	Occupation Sr. Director	8/31/98	25.00
		9/30/98	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

75.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Michigan Credit Union League Action Fund

A. Full Name, Mailing Address and ZIP Code Michigan Services Credit Union PO. Box 5040 Southfield, MI 49086	Name of Employer Occupation	Date (month, day, year) 7/31/98 8/31/98 9/30/98	Amount of Each Receipt this Period 174.48 155.45 168.85
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest		Aggregate Year-to-Date > \$ 529.70	
B. Full Name, Mailing Address and ZIP Code Name of Employer: _____ Date (month, day, year): _____ Amount of Each Receipt this Period: _____ Occupation: _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Aggregate Year-to-Date > \$ _____			
C. Full Name, Mailing Address and ZIP Code Name of Employer: _____ Date (month, day, year): _____ Amount of Each Receipt this Period: _____ Occupation: _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Aggregate Year-to-Date > \$ _____			
D. Full Name, Mailing Address and ZIP Code Name of Employer: _____ Date (month, day, year): _____ Amount of Each Receipt this Period: _____ Occupation: _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Aggregate Year-to-Date > \$ _____			
E. Full Name, Mailing Address and ZIP Code Name of Employer: _____ Date (month, day, year): _____ Amount of Each Receipt this Period: _____ Occupation: _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Aggregate Year-to-Date > \$ _____			
F. Full Name, Mailing Address and ZIP Code Name of Employer: _____ Date (month, day, year): _____ Amount of Each Receipt this Period: _____ Occupation: _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Aggregate Year-to-Date > \$ _____			
G. Full Name, Mailing Address and ZIP Code Name of Employer: _____ Date (month, day, year): _____ Amount of Each Receipt this Period: _____ Occupation: _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Aggregate Year-to-Date > \$ _____			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	498.78

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)
Michigan Credit Union League Legislative Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CUCorp P.O. Box 5040 Southfield, MI 48086	raffle ticket mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	7/2/98	618.57
Morris Press P.O. Box 2110 Kearney, NE 68848	cookbook printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	9/3/98	1,354.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)

1,972.57

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)
Michigan Credit Union League Legislative Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement contribution	Date (month, day, year)	Amount of Each Disbursement This Period
CULAC (CD0007680) 805 15th Str. Washington, DC 20005	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/98	5,000.00
B. 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
C. 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
D. 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
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)

5,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Michigan Credit Union League Legislative Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Barcia P.O. Box 1243 Bay City, MI 48706	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/98	1,000.00
Jim Barcia P.O. Box 1243 Bay City, MI 48706	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/98	500.00
David Bonior 237 S. Gratiot Mt. Clemens, MI 48043	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/98 7/31/98	800.00 1,325.00
David Bonior 237 S. Gratiot Mt. Clemens, MI 48043	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/14/98	5,000.00
Dave Camp P.O. Box 423 Midland, MI 48640	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/98	3,300.00
Dave Camp 4451 Brookfield Corp. Ave. Suite 200 Chantilly, VA 20151	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/98	500.00
DCCC of Michigan Fund Federal PAC 430 S. Capitol Washington, DC 20003	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/23/98	1,000.00
John D. Dingell 13912 Michigan Ave. Dearborn, MI 48126	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/98	3,615.00
John D. Dingell One Heritage Place, Suite 400 Southgate, MI 48195	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)

18,040.00

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

PAGE 2 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Michigan Credit Union League Legislative Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Vernon Ehlers P.O. Box 3340 Grand Rapids, MI 49504	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Dale Kildee P.O. Box 317 Flint, MI 48501	Purpose of Disbursement contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/98	1,400.00
C. Full Name, Mailing Address and ZIP Code Dale Kildee P.O. Box 317 Flint, MI 48501	Purpose of Disbursement contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/98 5/8/25/98 9/3/98	1,190.00 170.00 170.00
D. Full Name, Mailing Address and ZIP Code Carolyn Kilpatrick 3000 B. Grand Blvd. Detroit, MI 48202	Purpose of Disbursement contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/98	2,150.00
E. Full Name, Mailing Address and ZIP Code Jack Kingston 7360 Skidway Savannah, GA 31406	Purpose of Disbursement contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/23/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Joe Knollenberg 27867 Orchard Lake Rd. Farmington, MI 48334	Purpose of Disbursement contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/98	2,500.00
G. Full Name, Mailing Address and ZIP Code Joe Knollenberg 27867 Orchard Lake Rd. Farmington, MI 48334	Purpose of Disbursement contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/10/98	1,000.00
H. Full Name, Mailing Address and ZIP Code Sander Levin P.O. Box 1092 Warren, MI 48090	Purpose of Disbursement contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	2,900.00
I. Full Name, Mailing Address and ZIP Code Sander Levin 436 New Jersey Ave. SW Washington, DC 20003	Purpose of Disbursement contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/98 9/10/98	2,000.00 1,000.00

SUBTOTAL of Disbursements This Page (optional)

16,480.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Michigan Credit Union League Legislative Action Fund


A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Lynn Rivers P.O. Box 8293 Ann Arbor, MI 48107	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/98	5,000.00
Lynn Rivers P.O. Box 8293 Ann Arbor, MI 48107	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/98	5,000.00
Debbie Stabenow P.O. Box 4945 East Lansing, MI 48826	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/2/98 7/31/98	400.00 2,130.00
Debbie Stabenow P.O. Box 4945 East Lansing, MI 48826	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/98	1000.00
Bart Stupak P.O. Box 143 Menominee, MI 49858	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/2/98 7/31/98	500.00 2,300.00
Bart Stupak P.O. Box 143 Menominee, MI 49858	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/98	800.00
Fred Upton P.O. Box 140 St. Joseph, MI 49085	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/98	1,000.00
Creative Catering 640 E. Michigan Jackson, MI 49201	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/98	490.00
I. Full Name, Mailing Address and ZIP Code	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)	18,420.00
TOTAL This Period (last page this line number only)	52,940.00

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 10-8-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	10-13-98 DATE PREPARED