

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Bob Shrauger for Congress

ADDRESS (number and street) Check if different than previously reported.
6152 Longbridge Road

CITY, STATE and ZIP CODE
Pentwater, MI 49449

STATE/DISTRICT
MI/2nd

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER:
H8M102063

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

July 15 Quarterly Report 30-Day Post-Election Report following the General Election
on _____ in the State of _____

October 15 Quarterly Report Termination Report

January 31 Year End Report

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

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

SUMMARY

| 5. Covering Period | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| <u>1/1/00</u> through <u>3/31/00</u> | | |
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(a)) | 12,063.90 | 12,063.90 |
| (b) Total Contribution Refunds (from Line 20(d)) | - | - |
| (c) Net Contributions (other than loans) (subtract Line 8(b) from 6(a)) | 12,063.90 | 12,063.90 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 12,270.58 | 12,270.58 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | - | - |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) | 12,270.58 | 12,270.58 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 8,782.45 | |
| 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) | 26,400.00 | |

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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: **Roger Law**

Signature of Treasurer: *Roger Law* Date: **4/14/00**

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

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

DETAILED SUMMARY PAGE

of Receipts and Disbursements

[Page 2, FEC FORM 3]

| Name of Committee (in full) | Report Covering the Period: | |
|---|-------------------------------|-----------------------------------|
| Bob Shrager for Congress | From: 11/1/00 | To: 3/31/00 |
| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Calendar Year-To-Date |
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) ----- | 4,800.00 | |
| (ii) Unitemized ----- | 7,070.00 | |
| (iii) Total of contributions from Individuals ----- | 11,870.00 | 11,870.00 |
| (b) Political Party Committees ----- | - | - |
| (c) Other Political Committees (such as PACs) ----- | - | - |
| (d) The Candidate ----- | 193.90 | 193.90 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) ----- | 12,063.90 | 12,063.90 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ----- | - | - |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate ----- | 5,000.00 | 5,000.00 |
| (b) All Other Loans ----- | - | - |
| (c) TOTAL LOANS (add 13(a) and (b)) ----- | 5,000.00 | 5,000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ----- | - | - |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) ----- | 16.87 | 16.87 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) ----- | 17,080.77 | 17,080.77 |
| II. DISBURSEMENTS | | |
| 17. OPERATING EXPENDITURES ----- | 12,270.58 | 12,270.58 |
| 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) ----- | 12,270.58 | 12,270.58 |

III. CASH SUMMARY

| | |
|--|--------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD ----- | \$ 3,972.26 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) ----- | \$ 17,080.77 |
| 25. SUBTOTAL (add Line 23 and Line 24) ----- | \$ 21,053.03 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) ----- | \$ 12,270.58 |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) ----- | \$ 8,782.45 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER 11(9)(1)

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

NAME OF COMMITTEE (In Full)

Bob Shrauger for Congress

| | | | |
|---|--|--|--|
| <p>A. Full Name, Mailing Address and ZIP Code Norman B. Cobb 4101 Lakeridge Dr. Holland, MI 49424</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer self</p> <p>Occupation Business Consultant</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 1/22/00</p> | <p>Amount of Each Receipt this Period \$500.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Marilynn J. Cobb 4101 Lakeridge Dr. Holland, MI 49424</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer homemaker</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 2/5/00</p> | <p>Amount of Each Receipt this Period \$500.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Robert E. Share 460 Washington Ave. Glencoe, IL 60022-1869</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer self</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 2/5/00</p> | <p>Amount of Each Receipt this Period \$500.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Claudette Filiputti 3945 W. Osborne Rd Delton, MI 49046</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Delton District Library</p> <p>Occupation Librarian</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 2/3/00</p> | <p>Amount of Each Receipt this Period \$250.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code William Hecht 3111 Aurelia Court BKU NY NY 11210</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer none</p> <p>Occupation retired accountant</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 2/7/00</p> | <p>Amount of Each Receipt this Period \$500.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code A. Newton Dilley 408 Michigan National Towers Bldg 77 Monroe Center Grand Rapids, MI 49503</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 300.00</p> | <p>Date (month, day, year) 2/24/00</p> | <p>Amount of Each Receipt this Period \$300.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Isabel M. Doyle 505 E. Lincoln # 9 Birmingham, MI 48009-3613</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer none</p> <p>Occupation Retired teacher</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 2/26/00</p> | <p>Amount of Each Receipt this Period \$500.00</p> |

SUBTOTAL of Receipts This Page (optional) \$ 3,050.00

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(9)(1)

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NAME OF COMMITTEE (in Full)

Bob Shrauger for Congress

| | | | |
|--|---|--|--|
| <p>A. Full Name, Mailing Address and ZIP Code Robert R. Bird 16634 James St. Holland, MI 49424</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer XRI Testing</p> <p>Occupation Lab Technician</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 3/15/00</p> | <p>Amount of Each Receipt this Period \$250.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Joann W. Bird 16634 James St. Holland, MI 49424</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Zaeland Public Schools</p> <p>Occupation teacher</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 3/15/00</p> | <p>Amount of Each Receipt this Period \$250.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Milton J. Nieuwsma 2421 Central Ave Holland, MI 49424</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Lonaco Hunt</p> <p>Occupation writer</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period \$250.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Jerry L. Hamelink 4209 Blair Hudsonville, MI 49426-9343</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer none</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p> | <p>Date (month, day, year) 3/10/00</p> | <p>Amount of Each Receipt this Period \$1,000.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |

SUBTOTAL of Receipts This Page (optional)

\$1,750.00

TOTAL This Period (last page this line number only)

\$3,050.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1 FOR LINE NUMBER 17

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)

Bob Shrauger for Congress

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Ameritech Bill Payment Center Saginaw, MI 48663-0003 | Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1/25/00 | 70.63 |
| | | 2/20/00 | 72.57 |
| | | 3/22/00 | 78.98 |
| | | 3/31/00 | 151.00 |
| B. Full Name, Mailing Address and ZIP Code U.S. Postmaster Pentwater, MI 49449 | Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3/31/00 | 42.90 |
| | | | |
| C. Full Name, Mailing Address and ZIP Code Holiday Inn 939 3rd Muskegon, MI | Restaurant - food + location - fund raiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 2/23/00 | 250.00 |
| | | 3/22/00 | 1039.38 |
| | | 3/27/00 | 120.00 |
| D. Full Name, Mailing Address and ZIP Code Huntington Bank Pentwater, MI 49449 | Bank - checking account charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 3/00 | 6.00 |
| | | | |
| E. Full Name, Mailing Address and ZIP Code IRS Detroit, MI | Withholding, FICA FUTA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1/28/00 | 235.12 |
| | | | |
| F. Full Name, Mailing Address and ZIP Code State of Michigan Lansing, MI 48929 | withholding SUTA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1/25/00 | 235.12 |
| | | | |
| G. Full Name, Mailing Address and ZIP Code Political Action Consulting Services 2440 FoxRun Wyoming, MI 49509 | Consulting - political and Fundraising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1/14/00 | 1400.00 |
| | | 1/15/00 | 397.35 |
| | | 1/25/00 | 550.00 |
| H. Full Name, Mailing Address and ZIP Code Same as G. above | Consulting - political and Fundraising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 1/25/00 | 1400.00 |
| | | 2/4/00 | 1400.00 |
| | | 2/23/00 | 1400.00 |
| I. Full Name, Mailing Address and ZIP Code Same as G. above | Consulting political and fundraising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 2/28/00 | 621.53 |
| | | 3/11/00 | 1400.00 |
| | | 3/24/00 | 1400.00 |

SUBTOTAL of Disbursements This Page (optional)

12,270.58

TOTAL This Period (last page this line number only)

—

LOANS

| | | | |
|--|--|--|--|
| Name of Committee (in Full) Bob Shrauger for Congress | | | |
| A. Full Name, Mailing Address and ZIP Code of Loan Source Bob Shrauger - personal funds (not borrowed) 6152 Longbridge Rd. Pentwater, MI 49449 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Original Amount of Loan 20,000 5,000 | Cumulative Payment To Date 3600 - | Balance Outstanding at Close of This Period 16,400 5,000 |
| Terms: Date Incurred 8/2/99 \$1,400; 10/5/98 \$500; 10/15/98 \$10,000; 12/15/99 \$5,000 Date Due on demand Interest Rate 0% % (apr) 00 <input type="checkbox"/> Secured no | | | |
| List All Endorsers or Guarantors (if any) to Item A | | | |
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| B. Full Name, Mailing Address and ZIP Code of Loan Source Bob Shrauger - personal funds (not borrowed) 6152 Longbridge Rd. Pentwater, MI 49449 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| | Original Amount of Loan 5000 | Cumulative Payment To Date - | Balance Outstanding at Close of This Period 5,000 |
| Terms: Date Incurred 1/31/00 Date Due on demand Interest Rate 0% % (apr) 00 <input type="checkbox"/> Secured no | | | |
| 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) **26,400**

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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 checked="" type="checkbox"/> First Class Mail | POSTMARKED 4-14-00 |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <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 | |
| Y.C. | 4-17-00 |
| PREPARER | DATE PREPARED |