

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 22 11 45 AM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Upton For All of Us

ADDRESS (number and street) Check if different than previously reported.
P.O. Box 490

CITY, STATE and ZIP CODE St. Joseph MI 49085 STATE/DISTRICT MI/6th

2. FEC IDENTIFICATION NUMBER
C00200584

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
- October 15 Quarterly Report 30-Day Post-Election Report following the General Election
on _____ in the State of _____
- January 31 Year End Report Termination Report
- July 31 Mid-Year Report (Non-election Year Only)

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

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>January 1, 1999 through June 30, 1999</u>		
8. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	<u>112,009.18</u>	<u>112,009.18</u>
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 8(b) from 8(a))	<u>112,009.18</u>	<u>112,009.18</u>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<u>117,107.30</u>	<u>117,107.30</u>
(b) Total Offsets to Operating Expenditures (from Line 14)	<u>708.06</u>	<u>708.06</u>
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	<u>116,399.24</u>	<u>116,399.24</u>
9. Cash on Hand at Close of Reporting Period (from Line 27)	<u>355,044.46</u>	
10. 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)		

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-219-3420

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
Robert L. Gerbel

Signature of Treasurer Robert L. Gerbel Date 7-13-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period	
Upton For All of Us	From January 1, 1999 to June 30, 1999	
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)	41,163.00	
(ii) Unitemized	15,053.63	
(iii) Total of contributions from individuals	56,216.63	56,216.63
(b) Political Party Committees	42.55	42.55
(c) Other Political Committees (such as PACs)	55,750.00	55,750.00
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (ii), (b), (c) and (d))	112,009.18	112,009.18
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.)	708.06	708.06
15. OTHER RECEIPTS (Dividends, Interest, etc.)	6791.12	6791.12
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	119,508.36	119,508.36
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	117,107.30	117,107.30
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)	117,107.30	117,107.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 352,643.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 119,508.36
25. SUBTOTAL (add Line 23 and Line 24)	\$ 472,151.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 117,107.30
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 355,044.46

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 11

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
E. Joseph Alberding 6254 Baywater Lane Richland MI 49083 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Promed Occupation: Physician Executive Aggregate Year-to-Date > \$ 1000.00	5-28-99	1000.00
B. Full Name, Mailing Address and ZIP Code Terrence Allen 2415 Riverwood Terrace St. Joseph MI 49085 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Penico Occupation: Owner Aggregate Year-to-Date > \$ 525.00	5-7-99 3-11-99	500.00 25.00
C. Full Name, Mailing Address and ZIP Code Joanne Averill 3458 Valley View Drive St. Joseph, MI 49085 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation: Aggregate Year-to-Date > \$ 500.00	5-3-99	500.00
D. Full Name, Mailing Address and ZIP Code James Betchek 10083 Rose Hill Berrien Springs, MI 49103 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Jameson Co. Ltd. Occupation: CEO Aggregate Year-to-Date > \$ 500.00	5-7-99	500.00
E. Full Name, Mailing Address and ZIP Code Robert Barsos One Moorbridge Kalamazoo MI 49002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Kreis, Enderle, Jaffarides & Hedges, P.C. Occupation: Attorney Aggregate Year-to-Date > \$ 500.00	6-15-99	500.00
F. Full Name, Mailing Address and ZIP Code Michelle Boyd PO Box 1026 Niles MI 49120 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Signal Travel & Tours Occupation: Executive Aggregate Year-to-Date > \$ 500.00	6-29-99	500.00
G. Full Name, Mailing Address and ZIP Code Jeff Breneman 910 Rainbow Portage MI 49024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Western Michigan University Occupation: Asst VP Govt Affairs Aggregate Year-to-Date > \$ 500.00	3-16-99	500.00

SUBTOTAL of Receipts This Page (optional)

4025.00

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 11
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in FWI)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Brintnall 1086 Brunn Ave St. Joseph MI 49085	Retired	6-18-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elden Butzbaugh 101 N. Pier St. Joseph MI 49085	Butzbaugh + Ehrenberg	6-17-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chester Byrns 498 Ridgeway St. Joseph MI 49085	Retired	6-15-99	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Murray Campbell 50 Box 787 Niles MI 49120	Klutz, Stone, & Campbell	3-4-99	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Chormann 2175 Lites End Kalamazoo MI 49002	Retired	6-10-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gilbert A. Coliver 249 Thistle Climax MI 49034	Climax Telephone Company	1-19-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Manager	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Colvin 8034 Fernwood Augusta MI 49012	WOTV Channel 41	4-27-99	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/Gen. Man.	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

3500.00

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 3 OF 11

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Cory Deane 308 Ridgeway St. Joseph MI 49085 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Combeane Law Office Occupation: Attorney Aggregate Year-to-Date > \$ 500.00	6-28-99	500.00
Diane DeNooyer 1426 Edgemoor Kalamazoo MI 49008 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Homemaker Occupation: Homemaker Aggregate Year-to-Date > \$ 500.00	5-19-99	500.00
J. Craig DeNooyer 1325 White Oak Dr. Kalamazoo MI 49008 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Woodbridge Hills Occupation: Developer Aggregate Year-to-Date > \$ 500.00	5-10-99	500.00
Michael Dineen 500 Pennsylvania Ave, SE #202 Washington, DC 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Kemper National Insurance Co. Occupation: VP - Fed'l Relations Aggregate Year-to-Date > \$ 350.00	3-30-99	350.00
Richard Dougherty 1645 Signal Point Dr. Niles MI 49120 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Retired Occupation: Retired Aggregate Year-to-Date > \$ 500.00	6-10-99	500.00
Ronald Eleniadas 3323 Oakdale Hickory Corners MI 49060 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Stryker Instruments Occupation: Group President Aggregate Year-to-Date > \$ 500.00	6-18-99	500.00
Charles Elliott 1024 Essex Circle Kalamazoo MI 49008 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Retired Occupation: Retired Aggregate Year-to-Date > \$ 500.00	4-22-99	500.00

SUBTOTAL of Receipts This Page (optional)

3350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 11
FOR LINE NUMBER 11600

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NAME OF COMMITTEE (in full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joan Embling 2100 Morton St. Joseph MI 49885	Hilliard Lyons Occupation: Stock Broker	6-28-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gerald Frieling 514 Laurel Dr. Niles MI 49120	Frieling + Assoc. Occupation: Owner	6-10-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas George 8545 Oak Circle Kalamazoo MI 49009	Kalamazoo Anesthesiology PC Occupation: Physician	5-24-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mari Goff 2311 South State St. St Joseph MI 49885	City of St. Joseph Occupation: Mayor	3-16-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward Greissing 1255 F Street NW Washington DC 20005	Pharmacia UpJohn Occupation: Executive	6-29-99	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jerry Hill 145 Edgebrook Belle Creek MI 49015	Kellogg Company Occupation: Executive	4-22-99	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peggy Hoaglin 5141 Country Club Way Albion MI 49224	Sparrow Hospital Occupation: Nurse Anesthetist	6-24-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

3750.00

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 11
FOR LINE NUMBER 1001

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NAME OF COMMITTEE (In Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Diane Jancha 3200 Estates Dr., North St Joseph MI 49085 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Homemaker	6-28-99	500.00
Aggregate Year-to-Date > \$ 500.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sandra Kaminski 513 Lake Street St Joseph MI 49085 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Homemaker	6-17-99	500.00
Aggregate Year-to-Date > \$ 500.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ron Kerber 2475 Mayflower Rd. Niles MI 49120 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Whirlpool Corp.	6-10-99	500.00
Aggregate Year-to-Date > \$ 500.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Henry Kiss 2700 Highland Court St Joseph MI 49085 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	6-15-99	500.00
Aggregate Year-to-Date > \$ 500.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward Krieger PO Box 856 St Joseph MI 49085 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Sales Inc.	6-21-99	500.00
Aggregate Year-to-Date > \$ 500.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arnold Langbo 111 Capital Ave. SW Battle Creek MI 49015 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Kellogg Company	6-1-99	250.00
Aggregate Year-to-Date > \$ 250.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John W Lawrence 4949 Ridgewood Richland MI 49053 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Lawrence Production	6-19-99	700.00
Aggregate Year-to-Date > \$ 700.00			

SUBTOTAL of Receipts This Page (optional)

3450.00

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 6 OF 11

FOR LINE NUMBER

1100

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NAME OF COMMITTEE (In Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Lewandowski 2536 Chippendale Kalamazoo MI 49009	Three Rivers Hospital	5-3-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Russell Mawby 8400 N 39th Street Augusta MI 49012	Retired	4-22-99	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David McFall 2375 Riverside Point Drive St Joseph MI 49085	Thelma Inc.	5-13-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President + CEO	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael McLoughlin 5805 Windy Acres Benton Springs MI 49103	K+M Machine Fabricating Inc.	6-18-99	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earline Melchior 1558 Spruce Drive Kalamazoo MI 49008	Homemaker	6-14-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert Mendel 1600 Rocky Gap Rd. Benton Harbor MI 49022	Retired	5-26-99	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Audre Mendel 1600 Rocky Gap Rd. Benton Harbor MI 49022	Homemaker	5-26-99	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional)

4750.00

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 7 OF 11

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Miller 3505 Greenleaf Blvd. #203 Kalamazoo MI 49008	Private Practice	1-25-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
B. Full Name, Mailing Address and ZIP Code Stanley Miller 3609 Lakeview Ave St. Joseph MI 49085	Name of Employer New Products Corp	Date (month, day, year) 6-10-99	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
C. Full Name, Mailing Address and ZIP Code Jeff Myers 5145 N. 10th St. Arlington VA 22205	Name of Employer Pharmacia Upjohn	Date (month, day, year) 5-1-99	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director - Govt. Affairs		
D. Full Name, Mailing Address and ZIP Code Nancy Myers 5145 N. 10th St. Arlington VA 22205	Name of Employer McMillan Group	Date (month, day, year) 5-1-99	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant		
E. Full Name, Mailing Address and ZIP Code Susan Orinow 4192 E Gull Lake Dr. Hickory Corners MI 49060	Name of Employer Homemaker	Date (month, day, year) 5-17-99	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
F. Full Name, Mailing Address and ZIP Code Mary Helen Proos 1922 Sunset Court St. Joseph MI 49085	Name of Employer Homemaker	Date (month, day, year) 5-7-99	Amount of Each Receipt this Period 92.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6-16-99	500.00
G. Full Name, Mailing Address and ZIP Code David Resch 121 North Pier St. Joseph MI 49085	Name of Employer Retired	Date (month, day, year) 6-18-99	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		

SUBTOTAL of Receipts This Page (optional)

4092.00

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 8 OF 11

FOR LINE NUMBER

11(a)(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)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merlin Robertson 3169 Country Club Drive Glendale CA 91208	Retired	6-14-99	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Schanze 250 Water Street - Suite D St. Joseph MI 49085	Retired	5-5-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Scherer, Jr. 31951 Middle Crossing Rd. Dowagiac MI 49047	Scherer Farms	1-25-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Self-Employed	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Schuler 17321 - 17 Mile Rd. Marshall MI 49068	Schuler's Inc.	5-4-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Schwarz 251 Central St. Battle Creek MI 49017	State of Michigan	5-17-99	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation State Senator	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard Sherburn 45667 M-51 West Decatur MI 49045	Decatur Elevator Company	3-17-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joan Siemanns 263 Ridgeway St. Joseph MI 49085	Homemaker	4-27-99	46.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6-22-99	500.00
	Aggregate Year-to-Date > \$ 546.00		

SUBTOTAL of Receipts This Page (optional)

3796.00

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 9 OF 11

FOR LINE NUMBER 11000

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NAME OF COMMITTEE (In Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dan Smith 2016 Lakeview St. Joseph MI 49085 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Shoreline Bank Occupation: President Aggregate Year-to-Date > \$ 500.00	6-16-99	500.00
Wallace Snyder 6246 - 33rd St, NW Washington DC 20015 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	American Advertising Federation Occupation: President + CEO Aggregate Year-to-Date > \$ 250.00	5-17-99	250.00
Thomas Starks 4425 Plum Creek Lane St. Joseph MI 49085 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Kerley + Starks Occupation: Funeral Director Aggregate Year-to-Date > \$ 500.00	1-5-99	500.00
Woodward Stover 430 Oxford Rd. East Lansing MI 48823 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Wolverine Ltd. Occupation: Chairman Aggregate Year-to-Date > \$ 500.00	6-16-99	500.00
Anne Tackas 3154 Sundance Path Steverville MI 49129 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Homemaker Occupation: Aggregate Year-to-Date > \$ 500.00	2-3-99	500.00
Jordan Tatter 7275 Beechwood Circle Waterliet MI 49098 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hanson Cold Storage Occupation: President + CEO Aggregate Year-to-Date > \$ 500.00	1-21-99	500.00
Don Thomason 1105 Capital Ave, SW BattleCreek MI 49015 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Kellogg Company Occupation: Executive Aggregate Year-to-Date > \$ 250.00	5-17-99	250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

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 10 OF 11

FOR LINE NUMBER

11(a)(1)

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NAME OF COMMITTEE (in Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marjorie Tower 3877 W. Gull Lake Dr. Richland MI 49083 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Homemaker Occupation:	5-24-99	500.00
Aggregate Year-to-Date > \$ 500.00			
B. Full Name, Mailing Address and ZIP Code Jim Tozzi 8995 Kildownet Court Vienna VA 22180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Multinational Business Services Occupation: Office Manager	6-21-99	500.00
Aggregate Year-to-Date > \$ 500.00			
C. Full Name, Mailing Address and ZIP Code Helen Tremble 26915 Dutch Settlement St. Dowagiac MI 49047 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Homemaker Occupation:	5-3-99	400.00
Aggregate Year-to-Date > \$ 400.00			
D. Full Name, Mailing Address and ZIP Code Pamela Turner 4831 26th Street, N. Arlington VA 22207 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Cable TV Association Occupation: VP Govt. Relations	6-1-99	500.00
Aggregate Year-to-Date > \$ 500.00			
E. Full Name, Mailing Address and ZIP Code Elizabeth Upjohn-Mason 4141 Lake Terrace Dr. Kalamazoo MI 49008 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Upjohn National Leasing Co. Occupation: Owner/President	6-14-99	1000.00
Aggregate Year-to-Date > \$ 1000.00			
F. Full Name, Mailing Address and ZIP Code Richard Ward 3180 Estates Drive, North St Joseph MI 49085 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Private Practice Occupation: Investments	4-26-99	500.00
Aggregate Year-to-Date > \$ 500.00			
G. Full Name, Mailing Address and ZIP Code James Ware 4400 E. Gull Lake Drive Hickory Corners MI 49060 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation:	6-16-99	500.00
Aggregate Year-to-Date > \$ 500.00			

SUBTOTAL of Receipts This Page (optional)

3900.00

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 11 OF 11
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John C. Wattles 2825 Oakland Dr. Kalamazoo MI 49008	Self-employed	6-14-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investment Advisor	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mildred Wenzel 8545 Darneffel Rd. Waterliet MI 49098	Homemaker	6-14-99	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charlotte Wenham 2727 S. Lakeshore Dr. St Joseph MI 49085	Planning Partners	1-7-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Westin 1417 Academy Kalamazoo MI 49007	Old Kent Bank	6-15-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Whitwam 1408 Masley Court St Joseph MI 49085	Homemaker	6-23-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas M. Wood 5063 E Bonnie Bruce Stevensville MI 49127	Wood Personnel	2-11-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

41,163.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(6)

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NAME OF COMMITTEE (In Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer In Kind	Date (month, day, year)	Amount of Each Receipt this Period
National Republican Congressional Committee 320 First Street NE Washington D.C. 20003	Satellite Feed	3-11-99	23.40
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	2-17-99	14.15
Aggregate Year-to-Date > \$ 42.55			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

42.55

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Abbott Labs Better Govt. Fund 1710 Rhode Island, NW Washington DC 20036	PAC	5/12/99	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
All State Insurance Co. 888 16th St NW, Ste 500 Washington DC 20006	PAC	4/22/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Ambulance Assoc. 1301 Connecticut Ave, NW Washington DC 20036	PAC	5/10/99	2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Bankers Assoc. 1120 Connecticut Ave, NW Washington DC 20036	PAC	4/26/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Chiropractic Assn. 1701 Clarendon Blvd Arlington, VA 22209	PAC	6/21/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Dental Assn 1111 14th St, NW Washington DC 20005	PAC	4/26/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Dietetic Assn 1225 1st, NW, Suite 1250 Washington DC, 20001-5138	PAC	5/10/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 5,500.00

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 11
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Electric Power 801 Pennsylvania, NW Washington, DC 20004	PAC	4/26/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Frozen Food Institute 200 Corporate Ridge Suite McLean VA 22102-4399	PAC	4/12/99	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Furniture Manufacturers Assn 918 16th St NW Washington, DC 20006	PAC	5/3/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Health Care Assn 1201 L St. NW Washington, DC 20005	PAC	6/14/99 6/11/99	500.00 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Institute of CPA's 1455 Pennsylvania Ave, NW Washington DC 20004	PAC	4/24/99 6/2/99	500.00 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Maritime Officers 650 4th Ave Brooklyn NY 11232	PAC	3/22/99 4/26/99	500.00 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Occupational Therapy Assn 4720 Montgomery Lane Bethesda, MD 20824-1220	PAC	6/28/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 4,750.00

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 3 OF 11
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Optometric Assn 1505 Prince St Alexandria, VA 22314	PAC	6/24/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Podiatric Med Assn 9312 Old Georgetown Rd Bethesda, Md 20814-1621	PAC	3/22/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Society of Anesthesiologists 520 N. Northwest Hwy Park Ridge, IL 60068-2573	PAC	4/26/99 6/21/99	1,000.00 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Speech-Language-Hearing Assn 10801 Rockville Pike Rockville, Md 20852	PAC	4/26/99 6/28/99	500.00 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Trucking Assn 430 First St SE Washington, Dc 20003	PAC	5/3/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Americans for Free International Trade 112 S. West St., Ste 310 Alexandria, VA 22301	PAC	6/4/99	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Assoc. Builders & Contractors 1300 N. 17th St. Rosslyn, VA 22209	PAC	6/18/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

19,500.00

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 11
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Assoc. General Contractors of America 1957 E Street NW Washington, DC 20000	PAC	3/9/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bear Stearns PAC 245 Park Ave. New York, NY 10167	PAC	3/22/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BNSF RAIL PAC PO Box 961039 Fort Worth, TX 76161-2364	PAC	5/6/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chrysler Corp PAC 1401 H St., NW, 56700 Washington, DC 20005	PAC	3/4/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cigna Corp 2001 Pennsylvania Ave, NW Washington DC - 20006	PAC	3/30/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CINergy 1301 Pennsylvania Ave, NW Washington, DC 20004	PAC	4/26/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Consumers Power CO. 1016 16th St., NW Washington, DC 20036	PAC	3/22/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

4,000.00

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 5 OF 11
FOR LINE NUMBER 11C

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)

Upton For All of US

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Corp for Advancement of Psychiatry 1400 K Street, NW Washington, DC 20005	PAC	6/17/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CSX Transportation, Inc 1331 Pennsylvania Ave Washington DC 20004	PAC	4/22/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dairy Farmers of America 3253 E. Chestnut Expressway Springfield, MO 65902	PAC	4/26/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Deloitte & Touche 1001 Pennsylvania Ave Washington, DC 20004	PAC	3/1/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Detroit Edison 601 Pennsylvania Ave Washington, DC 20004	PAC	4/26/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dow Corning Corp. 1133 Connecticut Ave, NW Washington DC 20036	PAC	3/1/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dykema Gossett 1300 I Street, NW Washington, DC 20005	PAC	6/2/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

4,000.00

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 6 OF 11
FOR LINE NUMBER 11C

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)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ernst & Young 1225 Connecticut Ave, NW Washington, DC 20036	PAC	4/12/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FMC Corp. 1627K Street NW Washington, DC 20006	PAC	4/26/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Food Marketing Institute 500 Connecticut Ave, NW Washington, DC 20006	PAC	3/9/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ford Motor Co, Civic Action Fund 1350 I Street, NW Washington, DC 20005	PAC	5/22/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
General Electric Co. 1299 Pennsylvania Ave, NW Washington, DC 20004	PAC	4/24/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
General Mills 555 13th St, NW Washington, DC 20004	PAC	5/27/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
General Motors Civic Involvement 1160 L Street, NW Washington, DC 20036	PAC	4/22/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

4,000.00

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 7 OF 11
FOR LINE NUMBER 11C

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)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Grocery Manufacturers of America 4401 N. 13th St Arlington, Va 22205 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	5/17/99	250.00
Aggregate Year-to-Date > \$ 250.00			
Health Insurance Assn of America 1025 Connecticut Ave, NW Washington DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	3/30/99	500.00
Aggregate Year-to-Date > \$ 500.00			
Hoffmann-La Roche 1300 Eye St NW, Ste 520 Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	6/17/99	500.00
Aggregate Year-to-Date > \$ 500.00			
Independent Bankers Assn One Thomas Circle NW Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	4/22/99	500.00
Aggregate Year-to-Date > \$ 500.00			
Kellogg Corp 601 Pennsylvania, NW Washington, DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	5/17/99	3,000.00
Aggregate Year-to-Date > \$ 3,000.00			
Mead Corp. 1667 K St., NW Ste 420 Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	1/4/99	500.00
Aggregate Year-to-Date > \$ 500.00			
Mutual of Omaha Insurance Co. 1700 Pennsylvania, NW Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	2/16/99	500.00
Aggregate Year-to-Date > \$ 500.00			

SUBTOTAL of Receipts This Page (optional)

5750.00

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 8 OF 11
FOR LINE NUMBER 11C

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)

Upton For All of US

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Assn of Broadcasters 1711 N Street NW Washington, DC 20036	PAC	6/29/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Assn of Chain Drug Stores Box H17-049 Alexandria, VA 22304	PAC	6/28/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Assn of Independent 444 N. Capitol NW, Ste 80 Insurers Washington, DC 20001	PAC	5/25/99	1,183.75
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Assn. of Life Underwriters 1922 F St., NW Washington, DC 20006	PAC	3/30/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Assn. of Realtors 700 11th St. NW Washington, DC 20001-4507	PAC	4/26/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Assn of Social Workers 750 1st St, NW Ste 700 Washington, DC 20002	PAC	4/26/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Assn of Water Companies 1725 K St, NW Ste 1212 Washington, DC 20006	PAC	4/12/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

4683.75

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Assoc. of Mutual Ins. Co. 3601 Vincennes Rd Indianapolis, IN 46268	PAC	3/30/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Auto Dealers Assn. 412 First St., SE Washington, DC 20003	PAC	5/10/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Restaurant Assn 1200 17th St., NW Washington, DC 20036-3097	PAC	2/4/99 6/2/99	1,000.00 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Roofing Contractors Assn. 10255 W. Higgins Rd Rosemont, IL 60018-5607	PAC	4/26/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Rural Electrification Corp 1800 Massachusetts Ave, NW Washington, DC 20036	PAC	2/24/96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
New York Life Insurance Co. 1001 Pennsylvania Ave, NW Washington, DC 20004	PAC	4/22/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Northwest Airlines, Inc 900 17th St, NW Washington, DC 20006	PAC	4/26/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)	4,500.00
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

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NAME OF COMMITTEE (in Full)

Upton For All of US

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Osteopathic PAC P.O. Box 23340 Washington, DC 20026	PAC	4/26/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pfizer 235 E. 42nd St New York, NY 10017	PAC	3/4/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Physical Therapy Assn. 1111 N. Fairfax St Alexandria VA 22314	PAC	6/28/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Renal Leadership Council 1300 Connecticut Ave Washington, DC 20036	PAC	6/29/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Parcel Service 316 Pennsylvania, SE Washington, DC 20003	PAC	5/1/99 6/1/99	500.00 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 750.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Universal Studios PAC 100 Universal City Plaza Universal City, CA 91608	PAC	4/26/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
USAA PAC 9800 Fredericksburg Rd San Antonio, TX 78218	PAC	3/11/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

5250.00

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 11 OF 11
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
USX Corp 1101 Pennsylvania Ave Washington DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	6/8/99	500.00
Aggregate Year-to-Date > \$ 500.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Worner Lumber Co. 1627 K St, NW Washington DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	3/9/99	500.00
Aggregate Year-to-Date > \$ 500.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Worldcom, Inc 515 E. Amite St Jackson, MS 39201-2702 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	5/13/99	500.00
Aggregate Year-to-Date > \$ 500.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
American Assoc Nurse Anesthetists 777 N. Capitol St, NW Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	5/10/99	500.00
Aggregate Year-to-Date > \$ 500.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer (in kind)	Date (month, day, year)	Amount of Each Receipt (this Period)
NAIPAC 444 N. Capital N.W. Ste 80 Washington DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	3-23-99	816.25
Aggregate Year-to-Date > \$ 2000.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

2,816.25

TOTAL This Period (last page this line number only)

55,750.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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NAME OF COMMITTEE (in Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandler-Innocenzi, Inc. 705 Prince Street Alexandria, VA	Media Refund	2-3-99	223.64
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 223.64	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Taylor Rental 2524 S M-139 Benton Harbor, MI 49022	Rental Refund	5-17-99 5-19-99	17.33 42.28
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 59.61	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United States Treasury Austin TX	Overpayment of Payroll taxes	5-24-99	424.81
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 424.81	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

708.06

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shoreline Bank P.O. Box 1248 Benton Harbor, MI 49023	Interest	1-31-99	237.49
		2-26-99	191.57
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		3-31-99	205.86
		4-30-99	174.89
		Aggregate Year-to-Date > \$	3638.30
Shoreline Bank P.O. Box 1248 Benton Harbor, MI 49023	Interest	5-28-99	204.99
		6-30-99	247.61
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		1-4-99	409.03
		2-4-99	409.03
		Aggregate Year-to-Date > \$	3638.30
Shoreline Bank P.O. Box 1248 Benton Harbor, MI 49023	Interest	3-4-99	369.44
		4-5-99	400.42
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		5-4-99	387.55
		6-4-99	400.42
		Aggregate Year-to-Date > \$	3638.30
Civitas Bank 20 North West Third St Evansville IN 47708	Interest	1-31-99	105.37
		2-28-99	93.50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		3-31-99	104.35
		4-30-99	96.54
		5-31-99	100.07
		Aggregate Year-to-Date > \$	3152.82
Civitas Bank 20 North West Third St Evansville IN 47708	Interest	6-30-99	97.15
		2-24-99	1255.76
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		5-26-99	1298.08
		Aggregate Year-to-Date > \$	3152.82
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

6791.12

SCHE MULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Ameritech PO Box 5030 Saginaw MI 48663</i>	<i>Phone Bill</i>	<i>1-7-99</i>	<i>204.43</i>
		<i>1-25-99</i>	<i>194.87</i>
		<i>3-10-99</i>	<i>328.60</i>
		<i>3-21-99</i>	<i>258.95</i>
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
<i>Ameritech PO Box 5030 Saginaw MI 48663</i>	<i>Phone Bill</i>	<i>4-27-99</i>	<i>251.81</i>
		<i>5-26-99</i>	<i>284.23</i>
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify)	
<i>Berrien County GOP 2214 S. State Street St. Joseph MI 49085</i>	<i>Advertisement</i>	<i>4-12-99</i>	<i>100.00</i>
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify)	
		<i>Berrien County GOP 2214 S. State Street St. Joseph MI 49085</i>	<i>Event</i>
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
<i>Bittersweet Catering 103 N. Alfred St. Alexandria VA 22314</i>	<i>Catering</i>		
		<i>4-27-99</i>	<i>2,233.56</i>
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify)	
<i>Capitol Hill Club 300 First Street, SE Washington DC 20003</i>	<i>Catering</i>	<i>1-28-99</i>	<i>2187.47</i>
		<i>2-18-99</i>	<i>359.77</i>
		<i>2-24-99</i>	<i>728.32</i>
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)			
<i>Capitol Hill Club 300 First Street, SE Washington DC 20003</i>	<i>Catering</i>	<i>5-28-99</i>	<i>2276.96</i>
		<i>5-26-99</i>	<i>34.03</i>
		<i>5-26-99</i>	<i>29.90</i>
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)			
<i>Capitol Hill Club 300 First Street, SE Washington DC 20003</i>	<i>Catering</i>	<i>5-26-99</i>	<i>162.27</i>
		<i>6-29-99</i>	<i>2056.56</i>
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify)	
<i>Capitol Hill Club 300 First Street, SE Washington DC 20003</i>	<i>Event</i>	<i>4-22-99</i>	<i>346.93</i>
		<i>4-25-99</i>	<i>250.98</i>
		<i>6-29-99</i>	<i>620.74</i>
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional)

14,543.97

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 7
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NAME OF COMMITTEE (in Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Competive Edge 2620 S. Cleveland Ave. St Joseph MI 49085	Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-22-99	308.10
B. Full Name, Mailing Address and ZIP Code Dan Morgan & Associates 4451 Brookfield Corporate Dr. Chantilly VA 22021	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-7-99 1-21-99 2-18-99	2,500.00 2,500.00 2,500.00
C. Full Name, Mailing Address and ZIP Code Dan Morgan & Associates 4451 Brookfield Corporate Dr. Chantilly VA 22021	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-22-99 4-27-99 5-15-99 6-11-99	2,500.00 2,500.00 2,500.00 2,500.00
D. Full Name, Mailing Address and ZIP Code Dan Morgan & Associates 4451 Brookfield Corporate Dr. Chantilly VA 22021	Printing Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-7-99 4-27-99	34.00 399.63
E. Full Name, Mailing Address and ZIP Code Dan Morgan & Associates 4451 Brookfield Corporate Dr. Chantilly VA 22021	Direct Mail Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-21-99 3-22-99 5-15-99 6-11-99	180.07 577.58 418.70 11.96
F. Full Name, Mailing Address and ZIP Code Evelyn Iversen PO Box 2503 Kalamazoo, MI 49003	Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-7-99	292.00
G. Full Name, Mailing Address and ZIP Code Exclusive Marketing Company 4622 N. Cedar Trail Stevensville MI 49127	Campaign Material Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-15-99	228.11
H. Full Name, Mailing Address and ZIP Code Gerbal & Company PO Box 44 St. Joseph MI 49085	Accounting Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-24-99	495.00
I. Full Name, Mailing Address and ZIP Code Grand Hotel West Bluff Mackinac Island MI 49757	Travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-29-99	250.00

SUBTOTAL of Disbursements This Page (optional)

2,0673.15

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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NAME OF COMMITTEE (in Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Great Lakes Letterpress 898 E. John Beer Rd. St Joseph MI 49085	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-7-99 1-7-99 4-27-99	119.00 1464.64 333.35
Great Lakes Letterpress 898 E. John Beers Rd. St Joseph MI 49085	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-27-99 6-11-99	681.15 428.76
Herman Studios 715 Columbia Ave St Joseph MI 49085	Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-4-99	473.29
Hill Research Consultants 2202 Timberloch Place The Woodlands TX 77380-1149	Poll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-7-99	19,806.57
Hyatt Regency Washington DC	Travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-26-99	200.38
Independent Copier Service 5746 James Dr. Stevensville MI 49127	Office Equipment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-31-99	234.20
Jannette Yergeau 3996 Marquette Wds Rd Stevensville MI 49127	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-8-99 1-21-99 2-5-99	653.88 653.88 653.88
Jannette Yergeau 3996 Marquette Wds Rd Stevensville MI 49127	Travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-10-99 3-19-99 5-22-99	30.50 65.88 46.98
Jannette Yergeau 3996 Marquette Wds Rd Stevensville MI 49127	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-18-99 3-5-99 3-17-99	653.88 653.88 653.88

SUBTOTAL of Disbursements This Page (optional)

27,807.98

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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NAME OF COMMITTEE (In Full)
Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jannette Yergeau 3976 Marquette Wds Rd. Stevensville MI 49127	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-1-99	716.87
		4-16-99	716.87
		4-30-99	716.87
Jannette Yergeau 3996 Marquette Wds Rd Stevensville MI 49127	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-15-99	716.87
		5-28-99	716.87
		6-25-99	716.87
Kalamazoo Country Club 1609 Whites Road Kalamazoo MI 49008	Advertising Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-24-99	10.00
		4-22-99	240.00
Kalish Communications 2120 S Street, NW Washington DC 20008	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-31-99	600.00
Liz Garey 1442 Lake Blvd. St. Joseph MI 49085	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-8-99	885.60
		1-21-99	885.60
		2-5-99	885.60
Liz Garey 1442 Lake Blvd. St. Joseph MI 49085	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-18-99	885.60
		3-5-99	885.60
		3-19-99	885.60
Liz Garey 1442 Lake Blvd. St. Joseph MI 49085	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-1-99	885.60
		4-12-99	885.60
		4-30-99	885.60
Liz Garey 1442 Lake Blvd. St. Joseph MI 49085	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-15-99	885.60
		5-28-99	885.60
		6-11-99	885.60
		6-25-99	885.60
Liz Garey 1442 Lake Blvd. St. Joseph MI 49085	Travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-10-99	157.50
		3-19-99	74.69
		3-31-99	134.96
		5-7-99	104.44

SUBTOTAL of Disbursements This Page (optional)	17,852.48
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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NAME OF COMMITTEE (in Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Liz Garey 1442 Lake Blvd. St Joseph MI 49085	Travel	5-7-99	238.20
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	5-28-99	85.55
	<input type="checkbox"/> Other (specify)	6-25-99	168.40
MCI Worldcom PO Box 4644 Iowa City IA 52244-4644	Phone Bill	1-7-99	85.08
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2-18-99	47.50
	<input type="checkbox"/> Other (specify)	3-22-99	119.85
MCI Worldcom PO Box 4644 Iowa City IA 52244-4644	Phone Bill	3-31-99	221.29
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	6-29-99	69.48
	<input type="checkbox"/> Other (specify)		
MI Dept of Treasury Dpt. 77802 Detroit MI 48227	Taxes	2-1-99	1097.95
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	3-4-99	105.04
	<input type="checkbox"/> Other (specify)	4-15-99	500.64
PC Services 2670 W. John Beers Rd. Stevensville MI 49127	Computer Serv.	1-28-99	2,945.18
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2-2-99	35.00
	<input type="checkbox"/> Other (specify)	4-27-99	87.50
Perry Ballard 526 Upton Drive East St Joseph MI 49085	Consulting Fee		
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	3-22-99	679.00
	<input type="checkbox"/> Other (specify)		
Pharmacia + Upjohn 1455 F Street, NW - Suite 450 Washington DC 20005	Event		
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	5-17-99	378.00
	<input type="checkbox"/> Other (specify)		
Preferred List 5201 Leesburg Pike - Suite 1007 Falls Church, VA 22041	Mailing List		
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	6-17-99	492.00
	<input type="checkbox"/> Other (specify)		
Shoreline Bank 823 Riverview Dr.	Taxes	1-12-99	3782.75
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1-14-99	259.06
	<input type="checkbox"/> Other (specify)	1-14-99	222.53

SUBTOTAL of Disbursements This Page (optional)

11,619.80

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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NAME OF COMMITTEE (in Full)

Upton For All of Us

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shoreline Bank 823 Riverview Dr. Benton Harbor MI 49022	Taxes	1-21-99	2525.00
		2-11-99	1062.32
		3-5-99	1062.32
Shoreline Bank 823 Riverview Dr. Benton Harbor MI 49022	Taxes	4-1-99	1062.32
		4-27-99	96.04
		5-13-99	1668.42
Signal Travel + Tours 219 E. Main St. Niles MI 49120	Catering	6-17-99	910.00
St. Joseph Co. GOP 52799 Pulver Rd. Three Rivers MI 49093	Advertising Event	2-23-99	50.00
		4-1-99	150.00
		3-23-99	40.00
St. Joseph Public Schools 2214 S. State St. St. Joseph MI 49085	Rent	1-7-99	300.00
		2-1-99	300.00
		3-1-99	300.00
St. Joseph Public Schools 2214 S. State St. St. Joseph, MI 49085	Rent	4-1-99	300.00
		5-4-99	300.00
		6-1-99	300.00
State of Michigan PO Box 30189 Lansing MI 48909	Taxes	1-14-99	47.84
		4-23-99	244.07
Talk of the Town 14650 Southlawn Lane #23 Rockville MD 20850	Printing	5-26-99	600.00
The Congressional Institute 316 Pennsylvania Ave, SE, Ste 403 Washington DC 20003	Event	2-2-99	840.00

SUBTOTAL of Disbursements This Page (optional)

12,158.33

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in full)

Upton For All of Us.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
US Postal Service 205 Main Street St. Joseph MI 49085	Postage	2-18-99	238.60
		4-19-99	494.90
		5-7-99	132.00
		5-26-99	132.00
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
US Postal Service 205 Main Street St. Joseph MI 49085	Postage	5-26-99	57.00
		6-3-99	325.36
		6-14-99	198.00
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
US Postal Service 205 Main Street St Joseph MI 49085	Permit Fee	3-1-99	100.00
		3-31-99	100.00
		4-22-99	57.00
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Western Michigan University West Michigan Ave. Kalamazoo MI 49008	Event	2-24-99	628.98
		2-24-99	400.00
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Swiss hotel Watergate Washington DC	Travel	5-26-99	734.53
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Indiana Insurance Co 350 East 96th Street Indianapolis, IN 46240	Insurance	4-27-99	350.00
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
National Republican Congressional Committee 320 First Street NE Washington D.C. 20003	In Kind satellite feed	3-11-99	23.40
		6-17-99	19.15
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
NAU PAC 444 N. Capitol NW Ste 80 Washington DC 20001	Catering	3-22-99	816.25
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional)

4807.17

TOTAL This Period (last page this line number only)

109,282.90

