

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (do not include address)
 C00006099 121499
 P 254 PAUL LEIDIG
 OTTAWA COUNTY REPUBLICAN COMM
 TTEE
 613 EAST 8TH STREET SUITE 21
 HOLLAND MI 49423

2. FEC IDENTIFICATION NUMBER

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
 PRIOR TO JAN 1, 1994

200 FEB -1 P 12:52

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
 (Type of Election)
 election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
 on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07.01.99</u> through <u>12.31.99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 4768.20
(b) Cash on Hand at Beginning of Reporting Period	\$ 30305.98	
(c) Total Receipts (from Line 19)	\$ 30325.68	\$ 23032.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 60631.66	\$ 87800.94
7. Total Disbursements (from Line 30)	\$ 40470.78	\$ 67640.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 20160.88	\$ 20160.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20483 Tel Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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
PAUL LEIDIG
 Signature of Treasurer
Paul Leidig
 Date
1-20-2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

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FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE OTTAWA COUNTY REPUBLICAN COMMITTEE		REPORT COVERING PERIOD FROM 07.01.99 TO 12.31.99	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	26181.77	65182.41	11(a)(i)
ii. Unitemized	3836.60	14146.60	11(a)(ii)
iii. Total (add i and ii) >	30018.37	79329.01	11(a)(iii)
b. Political Party Committees		3368.00	11(b)
c. Other Political Committees (such as PACs)	213.00	213.00	11(c)
d. Total Contributions (add a ii, b and c) >	30231.37	82910.01	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		4.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	94.31	118.73	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	30325.68	83032.74	19
20. Total Federal Receipts (subtract line 18 from line 19) >	30325.68	83032.74	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	40470.78	67640.06	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	40470.78	67640.06	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	40470.78	67640.06	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	40470.78	67640.06	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	30231.37	82910.01	32
33. Total Contribution Refunds (from line 28d)	—	—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	30231.37	82910.01	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	40470.78	67640.06	35
36. Offsets to Operating Expenditures (from line 15)	—	4.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	40470.78	67636.06	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 10

FOR LINE NUMBER

11a

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NAME OF COMMITTEE (in Full)

OTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHESTER BARTELS 8600 116TH AVE WEST OLIVE MI 49460	BARTELS PLANTS Occupation: OWNER	7.15.99 10.22.99	300.00 26.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 326.00		
EDWARD BERGHORST 1781 LAKEVIEW DR ZEELAND MI 49464	OTAWA COUNTY Occupation: COMMISSIONER	10.22.99	15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 415.00		
MAX BOERGA 319 WALNUT CT. HOLLAND MI 49423	Occupation: RETIRED	9.2.99	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
SHARON BOUMA 2915 LAKESHORE DR HOLLAND MI 49424	Occupation: HOME MAKER	12.31.99	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
TOM BRANN 0-480 BARRY GRANDVILLE MI 49418	BRANN'S RESTAURANTS Occupation: OWNER	10.21.99 10.22.99	20.00 IK 3.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 539.00		
JUDY BROOK 3611 BUTTERNUT DR #143 HOLLAND MI 49424	FAMILY INDEPENDENCE AGENCY Occupation: INTAKE WORKER	10.21.99 10.22.99 10.26.99	125.00 IK 100.00 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 265.00		
PAUL BROWER 888 BRENTWOOD ST JENISON MI 49428	Occupation: RETIRED	10.22.99	37.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 353.00		

SUBTOTAL of Receipts This Page (optional)

1666.00

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 10

FOR LINE NUMBER 1122

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NAME OF COMMITTEE (in Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS BROWNLEE 17290 WOODLAND LANE NUNICA MI 49448	BROWNLEE BUILDERS	10.21.99 10.22.99	30.00 IK 319.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BUILDER	Aggregate Year-to-Date > \$ 515.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRIS BYRNES 8408 OLIVE SHORES DR WEST OLIVE MI 49460	HOLLAND AREA CHAMBER OF COMMERCE	10.22.99	248.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE PRESIDENT	Aggregate Year-to-Date > \$ 248.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BILL CHADA P.O. BOX 426 JENISON MI 49429-0426	ASAP ENTERPRISES	7.15.99 10.21.99 10.30.99	142.00 210.00 IK 79.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER	Aggregate Year-to-Date > \$ 431.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHYLLIS DAHLMAN 18205 WEST SPRING LAKE RD SPRING LAKE MI 49456		7.8.99 10.21.99 10.26.99	35.00 67.00 IK 201.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 637.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT DEBRAUN P.O. BOX 76 ZEELAND MI 49464	DEBRAUN PRODUCE	8.17.99 12.16.99	300.00 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SALES	Aggregate Year-to-Date > \$ 800.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS DEPREE 645 STATE ST HOLLAND MI 49423	FRANKLIN LIFE	7.21.99 9.2.99 7.17.99 7.30.99	140.00 100.00 100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SALES	Aggregate Year-to-Date > \$ 653.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK DEWITT 205 NORWOOD AVE HOLLAND MI 49424	REQUEST FOODS	9.9.99	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 3121.00

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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FOR LINE NUMBER 1192

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NAME OF COMMITTEE (in Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARVIN DEWITT 7703 STANTON ST ZEELAND MI 49464		9.9.99	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	12.16.99	500.00
	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
MERLE DEWITT 8700 124th AVE WEST OLIVE MI 49460	REQUEST FOODS	12.21.99	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR		
	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
WAYNE ESSINK 475 W. MAE ROSE #29 HOLLAND MI 49424	HOWARD MILLER	9.2.99	30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRODUCTION PLANNER	10.22.99	21.00
	Aggregate Year-to-Date	> \$ 258.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS GRYSER 5545 36th AVE HUDSONVILLE MI 49426	EVERGREEN MORTGAGE	8.3.99	24.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation LOAN OFFICER	10.21.99	50.00 IK
	Aggregate Year-to-Date	> \$ 867.00	273.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUDY WEARN 57 WEST 27th ST HOLLAND MI 49423	SELF	11.9.99	\$ 1100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY		
	Aggregate Year-to-Date	> \$ 1100.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDSKO WERMAN P.O. BOX 532 SPRING LAKE MI 49456		9.24.99	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	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
ALVIN WOERMAN 6761-2 OTTAWA BEACH RD HOLLAND MI 49424		10.22.99	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date	> \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

3658.00

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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FOR LINE NUMBER 1182

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NAME OF COMMITTEE (In Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
JACK HOLMES 10 N. 160th Ave HOLLAND MI 49424	HOPE COLLEGE	10.3.99	50.00 JK
	PROFESSOR	10.22.99 12.14.99 12.21.99	97.00 25.00 65.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 437.00		
WILLIAM WUZENGA 1641 LARAMY LANE HUDSONVILLE MI 49426	SELF	10.22.99	389.00
	CHIROPRACTOR		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 499.00		
CRAIG JENISON 2672 MITCHELL Ct JENISON MI 49428	SELF	10.21.99	150.00 JK
	ATTORNEY	12.31.99	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
SUSAN JONAS 16038 HARBOR Point Dr SPRING LAKE MI 49456	OTTAWA County	8.3.99	300.00
	JUDGE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
WALTER JONES 936 SYCAMORE HOLLAND MI 49423		12.21.99	1000.00
	RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000.00		
JOYCE KORTMAN 16935 RILEY ST HOLLAND MI 49424	OTTAWA County	10.22.99	183.00
	COMMISSIONER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 603.00		
DANIEL KRUEGER 14117 BROOK LANE HOLLAND MI 49424	OTTAWA County	7.21.99	400.00
	CLERK	10.21.99	43.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 443.00		

SUBTOTAL of Receipts This Page (optional)

2851.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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1192

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NAME OF COMMITTEE (in Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TERRI LAND 7955 BYRON STATION CT, SW BYRON CENTER MI 49315 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Kent County Occupation: CLERK Aggregate Year-to-Date > \$ 2000.00	12.16.99	1000.00
B. Full Name, Mailing Address and ZIP Code PAMELA MARTIN 8077 BELAIRE DR JENISON MI 49428 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	MICHIGAN MOBILE JEWELRY SERVICE Occupation: OWNER Aggregate Year-to-Date > \$ 201.00	10.22.99	77.60
C. Full Name, Mailing Address and ZIP Code KAREN MEEUWSEN 8071 FELCH ZEELAND MI 49464 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation: HOME MAKER Aggregate Year-to-Date > \$ 2000.00	12.21.99	1000.00
D. Full Name, Mailing Address and ZIP Code JANNE MEYERS, JR. 937 MEADOWLARK CT HOLLAND MI 49424 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation: JUDGE Aggregate Year-to-Date > \$ 300.00	10.22.99	300.00
E. Full Name, Mailing Address and ZIP Code MARJORIE NEDERVELD 9279 WHISPERING SANDS DR WEST OLIVE MI 49460 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation: HOME MAKER Aggregate Year-to-Date > \$ 317.00	10.26.99	317.00
F. Full Name, Mailing Address and ZIP Code MARIE NOE 2077 FERNWOOD DR JENISON MI 49428 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation: SECRETARY Aggregate Year-to-Date > \$ 258.00	10.22.99	158.00
G. Full Name, Mailing Address and ZIP Code DAVID ONDRSMA 3521 N. LAKE SHORE DR HOLLAND MI 49424 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation: RETIRED Aggregate Year-to-Date > \$ 500.00	9.2.99	500.00

SUBTOTAL of Receipts This Page (optional)

3352.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 10
FOR LINE NUMBER 1102

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NAME OF COMMITTEE (In Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E, DUANE POWERS P.O. BOX 170 GRAND HAVEN MI 49417		10.26.99	274.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 274.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOIS POWERS P.O. BOX 170 GRAND HAVEN MI 49417		7.21.99 10.1.99 10.21.99 10.30.99	50.00 40.27 IK 35.00 IK 36.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOMEMAKER	Aggregate Year-to-Date > \$ 640.91	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMANDA PRICE 3975 LAKE RIDGE DR HOLLAND MI 49424	DAVENPORT COLLEGE	7.1.99 8.3.99 9.2.99 10.5.99	45.00 45.00 45.00 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR	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
AMANDA PRICE CONTINUED		10.22.99 11.16.99 12.14.99	44.00 45.00 63.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 548.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY RICHARDSON 216 S. WALL ZEELAND MI 49464	OTTAWA COUNTY	10.22.99 12.14.99	274.00 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: TREASURER	Aggregate Year-to-Date > \$ 607.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY SCHOLTEN 2524 FLOREL DR ZEELAND MI 49464	OTTAWA COUNTY	10.22.99	101.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REGISTER OF NEEDS	Aggregate Year-to-Date > \$ 507.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JON SCHRAM 1010 S. SHORE DR HOLLAND MI 49423	LAKE SHORE SURGICAL ASSOC	10.22.99	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SURGEON	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional)

2167.27

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 10

FOR LINE NUMBER

1102

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NAME OF COMMITTEE (in Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>LEESA SCHRAM</u> <u>1010 S. SHORE DR</u> <u>HOLLAND MI 49423</u>		<u>10.21.99</u> <u>10.22.99</u>	<u>660.00 - IK</u> <u>531.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>DOMESTIC WORKER</u>	Aggregate Year-to-Date > \$ <u>1171.00</u>	
<u>KATHLYN SCHULTZ</u> <u>4443 SLEEPY HOLLOW</u> <u>Hudsonville MI 49426</u>		<u>10.5.99</u> <u>10.22.99</u>	<u>300.00</u> <u>20.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>RETIRED</u>	Aggregate Year-to-Date > \$ <u>370.00</u>	
<u>KARLYN SISSON</u> <u>1327 BAYVIEW DR</u> <u>HOLLAND MI 49423</u>		<u>12.16.99</u>	<u>300.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>OWNER</u>	Aggregate Year-to-Date > \$ <u>300.00</u>	
<u>LOIS SLIGH</u> <u>1627 S. SHORE DR</u> <u>HOLLAND MI 49423</u>		<u>12.14.99</u>	<u>300.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>RETIRED</u>	Aggregate Year-to-Date > \$	
<u>JOHN SPOELHOF</u> <u>341 WALKAZOO DR</u> <u>HOLLAND MI 49424</u>		<u>12.31.99</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>RETIRED</u>	Aggregate Year-to-Date > \$ <u>2000.00</u>	
<u>DENNIS SWARTOUT</u> <u>436 DUNCAN COURT</u> <u>GRAND HAVEN MI 49417</u>		<u>10.22.99</u> <u>10.26.99</u>	<u>50.00</u> <u>225.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>COMMISSIONER</u>	Aggregate Year-to-Date > \$ <u>275.00</u>	
<u>BONNIE TENEYCK</u> <u>5000 KENNEDY DR</u> <u>Hudsonville MI 49426</u>		<u>9.17.99</u> <u>10.26.99</u> <u>12.14.99</u>	<u>5.00</u> <u>72.00</u> <u>25.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>OFFICE SECRETARY</u>	Aggregate Year-to-Date > \$ <u>222.00</u>	

SUBTOTAL of Receipts This Page (optional) 3488.00

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 10
FOR LINE NUMBER 1101

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NAME OF COMMITTEE (In Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK THOMPSON 1385 WEATHER DR HOLLAND MI 49423	TRANS-MATIC MFG CO.	10.22.99	99.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 1099.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELIZABETH TRAVIS 615 S. SHORE DR HOLLAND MI 49423	FIRST UNITED METHODIST CHURCH	10.22.99	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY	10.26.99	299.00
	Aggregate Year-to-Date > \$ 349.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LUCILE VAN KOEVERING 11560 PORT SHELDON HOLLAND MI 49424		7.8.99	45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 495.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. J. VERPLANK P. O. BOX 8 FERRYSBURG MI 49409	VERPLANK TRUCKING	9.7.99	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggregate Year-to-Date > \$ 550.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CYNTHIA VISSCHER 248 W. 23 RD ST HOLLAND MI 49423	OTTAWA COUNTY	10.2.99	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COMMISSIONER	Aggregate Year-to-Date > \$ 460.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELAINE ZWIEP 1363 BAYVIEW DR HOLLAND MI 49423		10.21.99	35.00 IK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	10.22.99	125.00
	Aggregate Year-to-Date > \$ 260.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LYNNE SAERWOOD 15783 PROSPECT PT SPRING LAKE MI 49456	JSS CORPORATION	10.21.99	525.00 IK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 525.00	

SUBTOTAL of Receipts This Page (optional)

1738.00

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 10
FOR LINE NUMBER 1102

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NAME OF COMMITTEE (In Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVE MACHIELA 10617 BROOKVIEW HOLLAND MI 49424	CARPET BOJANZA Occupation: OWNER	10-21-99	3000.00 IK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY VERPLANK 221 N CUTLER GRAND HAVEN MI 49417	LIGHT CORPORATION Occupation: OWNER	10-21-99	300.00 IK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betsy DeVos 2003 HILLSBORO AVE SE GRAND RAPIDS MI 49506	MICHIGAN REPUBLICAN COMM Occupation: CHAIRMAN	10-21-99	306.00 IK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1306.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID DELEEUW 17105 MAPLEWOOD WEST OLIVE MI 49460	DELEEUW LUMBER Occupation: SECRETARY	10-21-99	400.00 IK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KRAIG VAN ROEVERING 10566 SOUTHFIELD DR HOLLAND MI 49424	MULLIGAN PUBLICATIONS Occupation: PRINTER	10-21-99	234.00 IK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 234.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK DEGROOT 1 EAST 8TH ST HOLLAND MI 49423	JP'S COFFEE BAR Occupation: OWNER	10-21-99	250.00 IK
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
TOM HARRINGTON 1862 MAIN HOLLAND MI 49424	GTI TRAVEL Occupation: TRAVEL MANAGEMENT	10-21-99	800.00 IK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		

SUBTOTAL of Receipts This Page (optional) 2590.00

TOTAL This Period (last page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 10
FOR LINE NUMBER 1102

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NAME OF COMMITTEE (In Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES HOWARD 3635 VIENNA STRASSE HOLLAND MI 49423	SELF	10.21.99	650.00 IK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > 6 650.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WAYNE KUIPERS 254 FERRIS HOLLAND MI 49423	STATE OF MICHIGAN	10.21.99	105.00 IK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REPRESENTATIVE	Aggregate Year-to-Date > 3 305.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL BOYCE 15061 DEREMO GRAND HAVEN MI 49417		10.21.99	259.00 IK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STUDENT	Aggregate Year-to-Date > 4 351.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANIEL HORNING 11570 OAK GROVE RD GRAND HAVEN MI 49417	NORTHWESTERN MUTUAL	10.21.99	80.00 IK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SALES	Aggregate Year-to-Date > 6 580.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIKE SUDARSS 18633 CAMBRIDGE SPRING LAKE MI 49456	BRILLANCE CORP.	10.21.99	236.50 IK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 5 236.50	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONNA COLLINS 776 MAYWOOD AVE HOLLAND MI 49424	LAKWOOD SEWING CENTER	10.21.99	100.00 IK
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggregate Year-to-Date > 4 235.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WARLD DOORREES 5380 KENOWA SW GRANDVILLE MI 49418		10.21.99	120.00 IK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > 3 220.00	

SUBTOTAL of Receipts This Page (optional) 1550.50

TOTAL This Period (last page this line number only) 26181.77

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)

OTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHIGAN TEEN AGE REPUBLICANS c/o CARISTINA WICKS 6054 SUMMERHILL DR HUDSONVILLE MI 49426		9.2.99	110.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 110.00	
B. Full Name, Mailing Address and ZIP Code CITIZENS to ELECT LEON STILLE PO BOX 224 GRAND HAVEN MI 49417		11.9.99	103.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1103.00	
C. Full Name, Mailing Address and ZIP Code			
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			
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			
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			
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			
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)

215.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HUNTINGTON BANK 545 E. 8th ST HOLLAND MI 49423		9.30.99	43.29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12.31.99	46.02
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Date (month, day, year)
Aggregate Year-to-Date > \$		\$ 118.73	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Date (month, day, year)
Aggregate Year-to-Date > \$		\$	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Date (month, day, year)
Aggregate Year-to-Date > \$		\$	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Date (month, day, year)
Aggregate Year-to-Date > \$		\$	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Date (month, day, year)
Aggregate Year-to-Date > \$		\$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Date (month, day, year)
Aggregate Year-to-Date > \$		\$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

94.31

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 10
FOR LINE NUMBER 21 B

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NAME OF COMMITTEE (In Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LAKESHORE FLORAL & GIFTS 915 WASHINGTON GRAND HAVEN MI 49417	FUNERAL FLOWERS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7.6.99	25.00
HOLLAND CHARTER TOWNSHIP P.O. Box 8127 HOLLAND MI 49422	PERSONAL PROPERTY TAX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7.6.99	91.52
AT&T PO BOX 9001309 LOUISVILLE KY 40290	PHONE SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7.6.99 9.9.99 10.28.99	139.26 6.34 32.11
STATE OF MICHIGAN 7310 WOODWARD AVE DETROIT MI 48202	UNEMPLOYMENT TAX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7.6.99	5.07
BONNIE TEN EYCK 5000 KENNEDY DR WILSONVILLE MI 49421	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7.6.99 7.9.99 7.19.99	280.27 280.27 280.27
HOPE COLLEGE P.O. Box 9000 HOLLAND MI 49422	FOOD SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7.8.99	27.81
WOODEN SHOE FACTORY P.O. Box 2102 HOLLAND MI 49422	WOODEN SHOES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7.8.99	28.15
HOPE COLLEGE P.O. Box 9000 HOLLAND MI 49422	EQUIPMENT RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7.8.99	10.00
AMERITECH BILL PAYMENT CENTER SAGINAW MI 48663-0003	PHONE SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7.13.99 8.27.99 9.9.99	72.51 76.55 140.80

SUBTOTAL of Disbursements This Page (optional)

1489.93

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 10
FOR LINE NUMBER 218

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NAME OF COMMITTEE (In Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Huntington Bank 545 E. 8th St Holland MI 49423	PAYROLL TAXES	7.15.99	608.21
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8.17.99	486.80
	<input type="checkbox"/> Other (specify)	9.17.99	608.50
A & B RENTAL 1978 CHICAGO DR Hudsonville MI 49426	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	EQUIPMENT RENTAL	7.15.99	110.00
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code MICHIGAN REPUBLICAN COMMITTEE 2121 E. GRAND RIVER LANSING MI 48912	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	TICKET PURCHASES	7.19.99	490.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and ZIP Code Bonnie Teneyck Dr 5000 Kennedy Dr Hudsonville MI 49424	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	PETTY CASH REIMBURSE	7.20.99	28.78
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9.21.99	33.00
<input type="checkbox"/> Other (specify)	10.28.99	35.00	
E. Full Name, Mailing Address and ZIP Code STOR-IT 1200 CENTRAL AVE Holland MI 49423	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	FLOAT STORAGE	7.20.99	147.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8.27.99	147.00
<input type="checkbox"/> Other (specify)	9.21.99	147.00	
F. Full Name, Mailing Address and ZIP Code TRT COMPANY 540 E. 24th St Holland MI 49423	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	OFFICE RENT	7.20.99	469.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8.27.99	469.00
<input type="checkbox"/> Other (specify)	9.21.99	469.00	
G. Full Name, Mailing Address and ZIP Code EARNLINK NETWORK INC 3100 NEW YORK DR PASADENA CA 91107	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	INTERNET SERVICE	7.27.99	24.95
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8.27.99	24.95
<input type="checkbox"/> Other (specify)	9.21.99	34.95	
H. Full Name, Mailing Address and ZIP Code STATE FARM INSURANCE CO 410 EAST DR MARSHALL MI 49069	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	OFFICE INSURANCE	7.27.99	121.48
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11.4.99	121.48
<input type="checkbox"/> Other (specify)			
I. Full Name, Mailing Address and ZIP Code CENTRAL RESERVE LIFE INS 17800 ROYALTON RD STRANESVILLE OH 44136	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	EMPLOYEE INSURANCE	7.27.99	319.80
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8.27.99	401.22
<input type="checkbox"/> Other (specify)	9.28.99	401.22	

SUBTOTAL of Disbursements This Page (optional)

5696.34

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 10
FOR LINE NUMBER 213

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NAME OF COMMITTEE (in Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BONNIE TEN EYCK 5000 KENNEDY DR HUDSONVILLE MI 49426	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7.27.99	280.27
		8.3.99	280.27
		8.19.99	280.27
B. Full Name, Mailing Address and ZIP Code HOLLAND Postmaster HOLLAND MI 49423	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7.29.99	66.00
		8.24.99	66.00
		9.14.99	66.00
C. Full Name, Mailing Address and ZIP Code THOMAS DEPREE 645 STATE ST HOLLAND MI 49423	REIMBURSEMENT for REFRESHMENTS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8.10.99	80.51
D. Full Name, Mailing Address and ZIP Code HUNTINGTON BANK 545 E. 8th ST HOLLAND MI 49423	SERVICE CHARGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8.6.99	2.00
		9.8.99	2.00
		10.7.99	2.00
E. Full Name, Mailing Address and ZIP Code MAXINE DEBRUYN P.O. BOX 76 ZEE LAND MI 49464	RECEPTION REFRESHMENTS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8.10.99	59.18
F. Full Name, Mailing Address and ZIP Code BONNIE TEN EYCK 5000 KENNEDY DR HUDSONVILLE MI 49426	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8.19.99	280.27
		8.27.99	280.27
		8.27.99	280.27
G. Full Name, Mailing Address and ZIP Code MRS. HENRY SCHOLTEN 5495 PARK HUDSONVILLE MI 49426	FAIR Booth Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8.20.99	65.00
H. Full Name, Mailing Address and ZIP Code DON'S FLOWERS & GIFT 217 MAIN ZEE LAND MI 49464	THANK YOU & FUNERAL FLOWERS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8.27.99	44.47
		9.21.99	31.75
I. Full Name, Mailing Address and ZIP Code DANKA P.O. BOX 77-3470 CHICAGO IL 60678	COPY MACHINE PURCHASE & MAINTAIN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8.27.99	20.84
		9.21.99	15.30
		9.21.99	2756.00

SUBTOTAL of Disbursements This Page (optional)

4958.67

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)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>HOLLAND COUNTRY CLUB</u> <u>51 COUNTRY CLUB ROAD</u> <u>HOLLAND MI 49423</u>	<u>FOOD SERVICE</u>	<u>8.27.99</u>	<u>400.00</u>
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>11.4.99</u>	<u>1951.86</u>
<u>AMERICAN HEART ASSOCIATION</u> <u>208 S. LASALLE ST, STE 900</u> <u>CHICAGO IL 60604</u>	<u>DONATION</u>	<u>8.29.99</u>	<u>25.00</u>
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<u>HOPE COLLEGE</u> <u>PO BOX 9000</u> <u>HOLLAND MI 49423</u>	<u>FOOD SERVICE</u>	<u>8.31.99</u>	<u>7027.07</u>
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<u>JACK HOLMES</u> <u>10 N 160TH AVE</u> <u>HOLLAND MI 49424</u>	<u>COMPUTER EQUIPMENT PURCHASES</u>	<u>9.2.99</u>	<u>865.39</u>
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10.5.99</u>	<u>120.00</u>
		<u>11.12.99</u>	<u>257.30</u>
<u>BONNIE TEN Eyck</u> <u>500 KENNEDY DR</u> <u>Hudsonville MI 49426</u>	<u>PAYROLL</u>	<u>9.3.99</u>	<u>280.27</u>
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>9.9.99</u>	<u>280.27</u>
		<u>9.17.99</u>	<u>280.27</u>
<u>HOSPICE OF MUSKEGON</u> <u>1095 THIRD ST STE 209</u> <u>MUSKEGON MI 49441</u>	<u>DONATION</u>	<u>9.7.99</u>	<u>25.00</u>
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<u>COOPERSVILLE SCHOOLS</u> <u>198 EAST</u> <u>COOPERSVILLE MI 49404</u>	<u>DONATION - STUDENT LOAN FUND</u>	<u>9.7.99</u>	<u>25.00</u>
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<u>ALLEGRA PRINT & IMAGING</u> <u>4314 136th AVE</u> <u>HOLLAND MI 49424</u>	<u>PRINTING SUPPLIES</u>	<u>9.9.99</u>	<u>97.06</u>
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10.28.99</u>	<u>209.95</u>
<u>GRAND VALLEY STATE UNIVERSITY</u> <u>1 CAMPUS DR</u> <u>ALLENDALE MI 49401</u>	<u>FOOD SERVICE</u>	<u>10.28.99</u>	<u>146.19</u>
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

11990.63

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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213

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NAME OF COMMITTEE (In Full)

Ottawa County Republican Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STATE OF MICHIGAN DEPT 77802 DETROIT MI 48277-0802	TAXES	9.21.99	294.42
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.20.99	234.00
B. Full Name, Mailing Address and ZIP Code HOLLAND POSTMASTER HOLLAND MI 49423	POSTAGE	9.24.99	300.16
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9.30.99 10.5.99	12.21 66.00
C. Full Name, Mailing Address and ZIP Code BONNIE TENEYCK 5000 KENNEDY DR MUSKOGEEVILLE MI 49426	PAYROLL	9.24.99	280.27
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.1.99 10.9.99	280.27 280.27
D. Full Name, Mailing Address and ZIP Code HUNTINGTON BANK 545 E. 8TH ST HOLLAND MI 49423	PAYROLL TAXES	10.21.99	486.80
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11.16.99 12.14.99	608.50 365.10
E. Full Name, Mailing Address and ZIP Code CENTRAL RESERVE LIFE INS. 17800 ROYALTON RD STANESVILLE OH 44136	EMPLOYEE INS	10.28.99	401.22
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11.23.99	401.22
F. Full Name, Mailing Address and ZIP Code TRT COMPANY 540 E 24TH ST HOLLAND MI 49423	OFFICE RENT	10.28.99	469.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11.23.99 12.17.99	469.00 483.00
G. Full Name, Mailing Address and ZIP Code STOR-IT 1200 CENTRAL AVE HOLLAND MI 49423	FLOAT STORAGE	10.28.99	147.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.23.99 12.17.99	147.00 147.00
H. Full Name, Mailing Address and ZIP Code VER DUINS INC 623 WASHINGTON GRAND HAVEN MI 49417	FLAGS - Pom Poms	10.28.99	283.66
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code DANKA P.O. BOX 77-3470 CHICAGO IL 60678	COPY MACHINE MAINTENANCE	10.28.99	88.12
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11.23.99 12.17.99	6.70 32.60

SUBTOTAL of Disbursements This Page (optional)

6283.52

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 21A

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NAME OF COMMITTEE (In Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
EARTHLINK NETWORK INC 3100 NEW YORK DR PASADENA CA 91107	INTERNET SERVICE	10.28.99	34.95
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11.11.99	24.95
	<input type="checkbox"/> Other (specify)	11.23.99	34.95
AMERITECH BILL PAYMENT CENTER SAGINAW MI 48663-0003	PHONE SERVICE	10.28.99	4.31
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11.4.99	81.84
	<input type="checkbox"/> Other (specify)	12.9.99	73.63
BONNIE TENEYCK 5000 KENNEDY DR HUDSONVILLE MI 49426	PAYROLL	10.28.99	280.27
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10.28.99	280.27
	<input type="checkbox"/> Other (specify)	10.28.99	280.27
AT&T PO BOX 9001309 LOUISVILLE KY 40290	PHONE SERVICE	11.4.99	47.25
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	12.9.99	30.18
	<input type="checkbox"/> Other (specify)		
FRIS OFFICE OUTFITTERS 109 RIVER AVE HOLLAND MI 49423	OFFICE SUPPLIES	11.4.99	69.78
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
BONNIE TENEYCK 5000 KENNEDY DR HUDSONVILLE MI 49426	PAYROLL	11.4.99	280.27
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11.11.99	280.27
	<input type="checkbox"/> Other (specify)	11.19.99	280.27
HARTINGTON BANK 545 E. 8TH ST HOLLAND MI 49423	SERVICE CHARGE	11.5.99	2.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
REYNOLDS & REYNOLDS 824 MURLIN CELINA OH 45822	PURCHASE OF CHECKS	11.11.99	43.56
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11.23.99	215.28
	<input type="checkbox"/> Other (specify)		
SECOND DISTRICT REPUBLICAN COMMITTEE 798 144th AVE WAYLAND MI 49348	GOLF OUTING	11.11.99	100.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

2444.30

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)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HOLLAND POSTMASTER HOLLAND MI 49423	POSTAGE	11.12.99	66.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.9.99	33.00
B. Full Name, Mailing Address and ZIP Code BONNIE TENEYCK 5000 KENNEDY DR HUDSONVILLE MI 49426	PAYROLL	12.3.99	280.27
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.3.99 12.10.99	280.27 280.27
C. Full Name, Mailing Address and ZIP Code EARTHINK NETWORK INC 3100 NEW YORK DR PASADENA CA 91107	INTERNET SERVICE	12.16.99	24.95
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.17.99	34.95
D. Full Name, Mailing Address and ZIP Code BONNIE TENEYCK 5000 KENNEDY DR HUDSONVILLE MI 49426	PAYROLL	12.17.99	280.27
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code CONGRESSMAN PETE HOOKSTRA OFFICE SUPPLY 1124 LONGWORTH HOB WASHINGTON DC 20515	PURCHASE OF US FLAG	12.21.99	14.64
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code CITY OF FERRYSBURG P.O. BOX 38 FERRYSBURG MI 49409	HALL RENTAL	12.21.99	25.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code TOM BRANN 0-480 BARRY GRANDVILLE MI 49418	AUCTION ITEM	10.21.99	20.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		IK
H. Full Name, Mailing Address and ZIP Code JUDY BROCK 3611 BUTTERNUT DR #143 HOLLAND MI 49424	AUCTION ITEM	10.21.99	125.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		IK
I. Full Name, Mailing Address and ZIP Code THOMAS CROWLEE 17290 WOODLAND LANE NUNICA MI 49448	AUCTION ITEM	10.21.99	80.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		IK

SUBTOTAL of Disbursements This Page (optional)

1544.62

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)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BILL CHADA P.O. Box 426 JENISON MI 49429-0426	Auction item Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	210.00 IK
PHYLLIS DAHLMAN 18205 W. SPRING LAKE RD SPRING LAKE MI 49456	Auction item Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	67.00 IK
DENNIS GRYSEN 5545 36th AVE HUDSONVILLE MI 49424	Auction item Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	50.00 IK
JACK HOLMES 10 N. 160th AVE HOLLAND MI 49424	COPY PAPER/ U.S. FLAG Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.3.99	50.00 IK
CRAIG JENISON 2672 MITCHELL CT JENISON MI 49428	Auction item Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	150.00 IK
LOIS POWERS P.O. BOX 170 GRAND HAVEN MI 49417	FUNERAL FLOWERS/ Auction item Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.1.99 10.21.99	40.27 IK 35.00 IK
LEESA SCHRAM 1010 S. SHORE DR HOLLAND MI 49423	Auction item Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	660.00 IK
ELAINE ZWIEP 1363 BAYVIEW DR HOLLAND, MI 49423	Auction item Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	35.00 IK
LYNNE SHERWOOD 15783 PROSPECT PT SPRING LAKE MI 49456	Auction item Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	525.00 IK

SUBTOTAL of Disbursements This Page (optional)

1822.27

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)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DAVE MACHIELA 10617 BROOKVIEW HOLLAND MI 49424	Auction ITEM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	300.00 IK
GARY UERPLANK 221 N CUTLER SPRING LAKE MI 49456	Auction ITEM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	300.00 IK
Getsy DEVOS 2003 HILLSBORO AVE SE GRAND RAPIDS MI 49506	Auction ITEM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	306.00 IK
DAVID DELEEUW 17105 MAPLEWOOD WEST OLIVE MI 49460	Auction ITEM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	400.00 IK
KRAIG VAN KOEDERING 10566 SOUTHFIELD DR HOLLAND MI 49424	Auction ITEM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	234.00 IK
JACK DEGROOT 1 EAST 8th ST HOLLAND MI 49423	Auction ITEM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	250.00 IK
TOM HARRINGTON 1862 MAIN HOLLAND MI 49424	Auction ITEM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	300.00 IK
JAMES HOWARD 3635 VIENNA STRASSE HOLLAND MI 49423	Auction ITEM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	650.00 IK
WAYNE KUIPERS 254 FERRIS HOLLAND MI 49423	Auction ITEM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	105.00 IK

SUBTOTAL of Disbursement(s) This Page (optional)

3345.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

OTTAWA COUNTY REPUBLICAN COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PAUL BOYCE 15061 DEPEMO GRAND HAVEN MI 49417	Auction item Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	259.00 IK
DANIEL WORNING 11570 OAK GROVE RD GRAND HAVEN MI 49417	Auction item Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	80.00 IK
MIKE SNODGRASS 18653 CAMBRIDGE SPRING LAKE MI 49456	Auction item Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	236.50 IK
DONNA COLLINS ADE 776 MAYWOOD AVE HOLLAND MI 49424	Auction item Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	100.00 IK
HAROLD VOORHEES 5380 KENOWA SW GRANDVILLE MI 49418	Auction item Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.21.99	120.00 IK
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

795.50

TOTAL This Period (last page this line number only)

40470.78

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/24/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 RB PREPARER	 2/1/00 DATE PREPARED