

REGULAR MAIL REPORT OF RECEIPTS AND DISBURSEMENTS

OCT 15 1990

For An Authorized Committee
(Summary Page)

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1. C00239459 MI/12 090790 P 427
ARNOLD KRIEGER
FRIENDS FOR JIM DINGEMAN
4286 GRATIOT
PORT HURON MI 48060

2. FEC IDENTIFICATION NUMBER
132543

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

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

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

Termination Report

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

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07/19/90 through 09/30/90		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	41,520.18	118,255.42
(b) Total Contribution Refunds (from Line 20(d))	0.00	30.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	41,520.18	118,225.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	78,882.80	178,019.51
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	78,882.80	178,019.51
8. Cash on Hand at Close of Reporting Period (from Line 27)	12,586.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	86,845.90	

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Arnold Krieger

Signature of Treasurer *Arnold Krieger, CPA*

Date 10/15/90

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

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FEC FORM 3
(revised 4/87)

90014114218

DETAILED SUMMARY PAGE

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

Name of Committee (in full) **Friends for Jim Dingeman**

Report Covering the Period:
From: **07/19/90** To: **09/30/90**

	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
I. RECEIPTS			
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees	16,050.00		11(a)(i)
(i) Itemized (use Schedule A)	6,705.75		11(a)(ii)
(ii) Unitemized	22,755.75	92,078.56	11(a)(iii)
(iii) Total of contributions from individuals	129.43	2,707.70	11(b)
(b) Political Party Committees	18,635.00	22,856.00	11(c)
(c) Other Political Committees (such as PACs)		613.16	11(d)
(d) The Candidate	41,520.18	118,255.42	11(e)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))			
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.			12
13. LOANS:			
(a) Made or Guaranteed by the Candidate			13(a)
(b) All Other Loans			13(b)
(c) TOTAL LOANS (add 13(a) and (b))			13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)			14
15. OTHER RECEIPTS (Dividends, Interest, etc.)			15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	41,520.18	118,255.42	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	78,882.80	178,019.51	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.			18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			19(a)
(b) Of All Other Loans			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			20(a)
(b) Political Party Committees			20(b)
(c) Other Political Committees (such as PACs)	0.00	30.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			20(d)
21. OTHER DISBURSEMENTS			21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	78,882.80	178,049.51	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	49,949.00	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	41,520.18	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	91,469.18	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	78,882.80	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	12,586.38	27

90014114219

SCHEDULE A

ITEMIZED RECEIPTS

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)

Friends for Jim Dingeman

0001414220

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis D'Agostino 10030 Ventura Blvd. Encino, CA 91436	Lincoln National Bank Occupation: President	7-26	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Rodney Preisser 5475 Mark Dabling Colorado Springs, CO 80918	Pikes Peak Water Co. Occupation: President	7-26	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Parker, Wittus and Co. 2000 Town Center Suite 1100 Southfield, MI 48075	Partnership Occupation:	8/1-90 8-16	500.00 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Richard Gagnon 69 Touraine Road Grosse Pointe Farms, MI 48236	GTA, Inc. Occupation: President	8-7	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Andrews, Jr. 507 Purdy Birmingham, MI	N/A Occupation: Self-employed	8-7	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,030.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Wismer 808 Huron Ave Port Huron, MI 48060	WHL's Radio Occupation: Self-employed	8-7 8-21	200.00 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
John Broad 194 Charlevoix Grosse Pointe Farms, MI 48236	Broad, Vogt & Conant, Inc. Occupation: Self-employed	8-16	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	300.00	

SUBTOTAL of Receipts This Page (optional) 5050.00

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 4
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry McPhedrain 0276 Lakeshore Rd. Port Huron, MI 48060	Mary Maxia Occupation: president	8-21	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
Richard DeVos, Jr. 2003 Hillsboro Ave SE Grand Rapids, MI 49506	The Windquest Group Occupation: president	8-21	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
Dan Scenga 60629 Stratist Richmond, MI 48062	Dan Scenga Occupation: Auto Dealer	9-7	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
C.R. & Carolyn Riley 90 Vendome Grosse Pointe Farms, MI 48250	Pointe Dodge Occupation: Auto Dealer	9-7	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 4,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Johnson 734 6 Ave S South St. Paul, MN 55075	N/A Occupation: self-employed	9-12	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Charlie Lawrence 6249 Wildrose Lane Port Huron, MI 48060	By-Lo Oil Occupation: president	9-12	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Carl Haas 582 N Riverside St. Clair, MI 48079	Blue Water Plastics Occupation: president	9-12	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

0001414221

SUBTOTAL of Receipts This Page (optional)

5,200.00

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 4
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Friends for Jim Dingeman

9091414222

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dan Lockwood 1005 Oakland St. Clair, MI 48079	N/A	9-12	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation self	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Bier 1127 N. River Rd. St. Clair, MI 48079	N/A	9-12	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation self-employed	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
Russ Bishop, III 1105 Lakeshore Dr Incline Village, NV 89450	A.E. Edwards	9-12	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Stockbroker	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Van Andel 7180 Windy Hill Rd. SE Grand Rapids, MI 49546	Amway	9-12	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	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
Frank Moore, Jr. 4033 E. Meadow Cir. St. Clair, MI 48079	C&S Bank	9-12	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banker	Aggregate Year-to-Date > \$ 450.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Cook P.O. Box 2008 Grand Rapids, MI 49501	Mazda Distrib. Great Lakes	9-17	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 1200	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ken Meade 130 Kercheval #8236 Grosse Pointe Farms, MI	The Meade Group	9-17	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 2000.00	

SUBTOTAL of Receipts This Page (optional) 2,550.00

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 4
FOR LINE NUMBER 11(CAL)

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NAME OF COMMITTEE (In Full)

Friends for Jim Dingeman

90014114223

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley McDonald 910 N. Riverside St. Clair, MI 48079	H. McDonald M.D. P.C. Occupation: secretary	9-17	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilhelm Kast P.O. Box 58 Bloomfield Hills, MI 48013	D.P.C.S. Occupation: president	9-28	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Harvy Veryses 37759 Greenwich Mt. Clemens, MI 48043	Stampings, Inc. Occupation: president	9-28	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	900.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Michael Kojarian #150 1400 N. Woodward Bloomfield Hills, MI 48013	Kojarian Properties Occupation: Exec. V.P.	9-28	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marc Howard 47700 Conger Bay Dr. Mt. Clemens, MI 48045	Harbor/Marina Dgmt. Occupation: president	9-28	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Don Williamson 470 S. Chestnut Owosso, MI 48867	The Colonel's Inc. Occupation: president	9-29	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
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)

3,450.00
16,050.00

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)
Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>National Republican Congressional Committee</i> <i>320 1st St SE</i> <i>Washington D.C. 20515</i> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>* in-kind media services</i> Occupation Aggregate Year-to-Date > \$ <i>2047.70</i>	<i>7-24</i>	<i>129.43</i>
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

90014114224

SUBTOTAL of Receipts This Page (optional)	<i>129.43</i>
TOTAL This Period (last page this line number only)	<i>129.43</i>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(0)

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NAME OF COMMITTEE (In Full)

Friends for Jim Dingeman

9001414225

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Eaton Public Policy Assn. 1111 Superior Ave. Cleveland, OH 44114</i>		<i>7-27</i>	<i>500.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			<i>500.00</i>
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>MA PAC Dow Chemical U.S.A. 47 Bldg. Midland, MI 48667</i>		<i>8-2 9-5</i>	<i>1,500.00 2,000.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date < \$			<i>3,500.00</i>
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>New Majority Leadership PAC P.O. Box 54 New Ulm, MN 56073</i>		<i>8-7</i>	<i>500.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			<i>500.00</i>
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Precision Metal Forming Assn. PAC 27027 Chardon Rd. Richmond Heights, OH 44143</i>		<i>8-23</i>	<i>1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			<i>1,000.00</i>
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Public Service PAC 1761 Business Center Dr. #230 Reston, VA 22090</i>		<i>8-28</i>	<i>500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			<i>500.00</i>
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Assoc. General Contractors PAC 1057 E St NW Washington, D.C. 20006</i>		<i>8-30</i>	<i>1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			<i>1,000.00</i>
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Auto Dealers and Drivers for Free Trade PAC 153-12 Hillside Ave. Samaica, NY 11432</i>		<i>9-7</i>	<i>1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			<i>1,000.00</i>

SUBTOTAL of Receipts This Page (optional)

8,000.00

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 2 OF 2
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Friends for Jim Dingeman

90014226

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Business-Industry PAC 1747 Pennsylvania Ave NW Washington, D.C. 20006		9-12	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
Maytag Good Govt. Committee One Dependability Square Newton, IA 50208		9-21	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
HUE PAC 2020 Dow Center Midland, MI 48640		9-21	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
N.F.I.B. PAC 150 W 20th Ave San Mateo, CA 94403		9-21	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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 Auto Dealers Election Action Committee 3400 West Park Dr. McLean, VA 22102		9-21	3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	3,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K-Mart Corporation PAC 3100 W. Big Beaver Rd. Troy, MI 48064		9-21	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	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
Conservative Republican Committee PAC 7015 Old Keene Mill Road Springfield, VA 22150	* in kind contribution mailing list.	8-6	2,885.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	2,885.00	

SUBTOTAL of Receipts This Page (optional) 10,635.00
 TOTAL This Period (last page this line number only) 18,635.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 115
OF 17
FOIL LINE NUMBER

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NAME OF COMMITTEE (in Full)

Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Computerland 35850 Van Dyke Ave. Sterling Heights, MI 48310	supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-19	216.32
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Cong. Comm 320 1st St SE Washington, D.C. 20515	media production Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-20	623.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Cong. Comm 320 1st St. SE Washington, D.C. 20515	* in-kind media services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-24	129.43
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster St. Clair Shores, MI 48080	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-20 7-24 8-1	8.75 12.11 50.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster St. Clair Shores, MI 48080	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-2 8-22 8-23	3105.00 264.00 95.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster St. Clair Shores, MI 48080	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-27 8-31 9-10	20.65 67.50 100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster St. Clair Shores, MI 48080	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-24 9-28 9-28	65.10 125.00 50.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stanley's Lawn Service P.O. Box 46297 Mt. Clemens, MI 48046	Lawn service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26	48.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Army Navy Club 901 17 St NW Washington, D.C. 20006	lodging Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26 9-6	801.58 132.45

SUBTOTAL of Disbursements This Page (optional)

5914.49

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 215 OF 17 FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Friends for Jim Dingeman

00014114228

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Met Communications 205 N. Michigan Ave. Chicago, IL 60601	billing	7-20	287.40
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25	248.02
Ameritech Mobile Comm. 32255 NW Hwy. # 143 Farmington Hills, MI 48018	billing	7-20	103.20
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25 8-25	58.48 123.99
Diane Wynn Mt. Clemens, MI 48043	cleaning	7-28	50.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-18 8-29 8-14	50.00 50.00 50.00
Grimpac, Inc. 3777 Plaza Drive, Suite 2 Ann Arbor, MI 48108	mail production	7-30	2000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-2	1343.40
Sir Speedy Printing 21312 Mack Ave. S Grosse Pointe, MI 48236	printing	8-15	1241.86
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Tarrance & Associates 14550 Torrey Chase Blvd. Ste 600 Houston, TX 77014	surveys	8-16	2000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-13	5000.00
Mama's & Associates 3620 N. High St. Ste. 120 Columbus, OH 43214	mailing	8-20	3304.39
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Michigan Bell P.O. Box 5030 Saginaw, MI 48603		8-25	601.59
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-6	802.70
Xerox P.O. Box 8118 350 S. NW Highway Avie Ridge, IL 60008	toner	8-25	119.60
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

17,495.23

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>P.A.C.E. 31940 Gratiot Roseville, MI 48066</i>	<i>supplies</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-28 8-31</i>	<i>40.51 99.33</i>
<i>Republican National Committee 310 First St. SE Washington, DC 20515</i>	<i>Reimb. Travel</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-4</i>	<i>269.26</i>
<i>National Imprinte 11440 West Sample Road Coral Springs, FL 33065</i>	<i>materials</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-6</i>	<i>349.80</i>
<i>Ameritech Mobile Comm. 32255 Nw Hwy #113 Farmington Hills, MI 48016</i>	<i>billing</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-6 9-17</i>	<i>59.75 79.20</i>
<i>Sawicki & Son 1521 W. Layayette Detroit, MI 48216</i>	<i>materials</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-10</i>	<i>167.00</i>
<i>Diane Wynn Mt. Clemens, MI 48043</i>	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-26</i>	<i>50.00</i>
<i>Conservative Republican Comm. Inc. 7015 Old Keene Mill Rd. Springfield, VA 22150</i>	<i>* in-kind contribution mail list</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-6</i>	<i>2885.00</i>
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) *3,999.85*

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 4 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Multi Media Services 801 N. Fairfax St. Ste 312 Alexandria, VA 22314</i>	<i>Medicine buy & expense</i>	<i>7-20</i>	<i>16,709.68</i>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-25</i>	<i>190.04</i>
<i>Dwayne Kraft 29205 Lund Dr. #4 Warren, MI 48093</i>	<i>Salary & expenses</i>	<i>7-30</i>	<i>550.00</i>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-15</i> <i>8-15</i>	<i>600.00</i> <i>100.00</i>
<i>Bob Mauseth 29205 Lund Dr. #4 Warren, MI 48093</i>	<i>Salary & expenses</i>	<i>7-31</i>	<i>750.00</i>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-15</i> <i>8-31</i>	<i>750.00</i> <i>750.00</i>
<i>Jim Dingeman 4288 Gratiot Port Huron, MI 48060</i>	<i>Reimb expenses</i>	<i>7-30</i>	<i>673.47</i>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7-31</i> <i>8-23</i>	<i>2456.28</i> <i>258.27</i>
<i>Brookover & Co 9712 Harr Ct. burke, VA 22015</i>	<i>services & expenses</i>	<i>7-30</i>	<i>8052.00</i>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-15</i> <i>8-14</i> <i>8-14</i>	<i>5000.00</i> <i>5000.00</i> <i>500.00</i>
<i>Peter Lund 24016 Culver St. Clair Shores, MI 48080</i>	<i>services & expenses</i>	<i>7-31</i>	<i>1000.00</i>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-15</i> <i>9-14</i>	<i>1000.00</i> <i>405.54</i>
<i>Glorianne Rajcick 5215 Mitchell Detroit, MI 48211</i>	<i>services & expenses</i>	<i>7-31</i>	<i>150.00</i>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-31</i> <i>9-14</i>	<i>150.00</i> <i>150.00</i>
<i>Doug Touma 5082 Gratiot Port Huron, MI 48060</i>	<i>services</i>	<i>7-31</i>	<i>150.00</i>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-15</i> <i>8-31</i>	<i>150.00</i> <i>150.00</i>
<i>Ann Dingeman 4288 Gratiot Port Huron, MI 48060</i>	<i>services</i>	<i>7-31</i>	<i>222.00</i>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-31</i>	<i>200.00</i>

SUBTOTAL of Disbursements This Page (optional)

46,367.28

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 5 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Friends For John Dingeman

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Parker, Withus & Co 2000 Town Center Ste 1100 Southfield, MI 48093</i>	<i>Services</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-23</i>	<i>620.00</i>
<i>Michigan Bell P.O. Box 5030 Saginaw, MI 48603</i>	<i>Billing</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7-30 8-23</i>	<i>40.59 39.15</i>
<i>Dwayne Kraft 29205 Lund Dr. #4 Warren, MI 48093</i>	<i>Services & expenses</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-31 9-14 9-14</i>	<i>600.00 600.00 274.00</i>
<i>Judi Kemejes 58 S. Highland Mt. Clemens, MI 48043</i>	<i>Services</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-31 9-14</i>	<i>250.00 250.00</i>
<i>Doug Tanna 5082 Gratiot Port Huron, MI 48060</i>	<i>Services & expenses</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-14 9-14</i>	<i>150.00 60.40</i>
<i>Bob Mauseghy 29205 Lund Dr. #4 Warren, MI 48093</i>	<i>Services & expenses</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-14 9-14</i>	<i>750.00 125.20</i>
<i>Jim Dingeman 4288 Gratiot Port Huron, MI 48060</i>	<i>Reimb. expenses</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-14</i>	<i>237.92</i>
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)	<i>3997.26</i>
TOTAL This Period (last page this line number only)	<i>7774.11</i>

* Plus 1108.69 of expenses less than \$200 in aggregate each

SCHEDULE C
(Revised 3/80)

LOANS

Name of Committee (in Full) <i>Friends for Jim Dingeman</i>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <i>Jim Dingeman (candidate) 4288 Gratiot Port Huron, MI 48060</i>	Original Amount of Loan <i>133626.31 2567.72</i>	Cumulative Payment To Date <i>49348.13 -0-</i>	Balance Outstanding at Close of This Period <i>84276.18 2567.72</i>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <i>6-30-89</i> Date Due <i>N/A</i>		Interest Rate <i>N/A</i> %(apr)	<input type="checkbox"/> Secured
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code <i>All loans were made from the personal funds of the candidate</i>	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____		Interest Rate _____ %(apr)	<input type="checkbox"/> Secured
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			<i>86845.90</i>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

9001414232

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER _____
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<i>Friends for Jim Dinyeman</i>				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor	86845.90	-0-	-0-	86845.90
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				86845.90
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				86845.90

90714114233