

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

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OCT 23 2 54 PM '98  
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USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <b>Bob Shrauger for Congress</b>		2. FEC IDENTIFICATION NUMBER <b>H8MI02063</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>6152 Longbridge</b>		
CITY, STATE and ZIP CODE <b>Pewaukee WI 54499</b>	STATE/DISTRICT <b>WI 2</b>	

4. TYPE OF REPORT

April 15 Quarterly Report

12-Day Pre-Election Report for the General (Type of Election)  
election on Nov 3 in the State of Michigan

July 15 Quarterly Report

30-Day Post-Election Report for the \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

October 15 Quarterly Report

January 31 Year End Report

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

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 the period <u>10/1/98</u> through <u>10/14/98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	9,300.51	48,173.97
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	9,300.51	48,173.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23,574.94	53,857.97
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	23,574.94	53,857.97
8. Cash on Hand at Close of Reporting Period (from Line 27)	13,404.21	
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)	This Period 15,000 Previous 5,000	

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

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

Type or Print Name of Treasurer  
**James Mac Gregor**

Signature of Treasurer  
*James Mac Gregor*

Date  
**10/18/98**

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

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# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period	
Bob Shriver for Congress	From: 10/1/98	To: 10/14/98
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	1705.75	
(ii) Unitemized -----	3588.76	
(iii) Total of contributions from Individuals -----	5294.51	23906.38
(b) Political Party Committees -----	1306.00	7468.95
(c) Other Political Committees (such as PACs) -----	2700.00	14200.00
(d) The Candidate -----		2098.64
(e) <b>TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))</b> -----	<b>9300.51</b>	<b>48172.97</b>
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b> -----		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate -----	15,000.00	21120.00
(b) All Other Loans -----		
(c) <b>TOTAL LOANS (add 13(a) and (b))</b> -----	<b>15,000.00</b>	<b>21120.00</b>
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b> -----		
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> -----	28.60	88.21
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b> -----	<b>24,329.11</b>	<b>69382.18</b>
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b> -----	23,574.94	53857.97
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b> -----		
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate -----		1120.00
(b) Of All Other Loans -----		
(c) <b>TOTAL LOAN REPAYMENTS (add 19(a) and (b))</b> -----		<b>1120.00</b>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees -----		
(b) Political Party Committees -----		1000.00
(c) Other Political Committees (such as PACs) -----		
(d) <b>TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))</b> -----		<b>1000.00</b>
<b>21. OTHER DISBURSEMENTS</b> -----		
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b> -----	<b>23,574.94</b>	<b>55,977.97</b>

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	12,650.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	24,329.11
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	36,979.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	23,574.94
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	13,404.21

Itemized

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3  
FOR LINE NUMBER 11(a)

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

NAME OF COMMITTEE (In Full)

Bob Stranger for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret L. Kazaninoff P.O. Box 437 Pewaukee, WI 49449	Retired	10/11/98	7.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
		493.30	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth J. O'Brien 621 Dryden St Hart, WI 49420	Retired	10/12/98	21.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
		201.60	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louisa Meyer 5230 Lattin Rd Pewaukee, WI 49449	Retired	10/2/98	70.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
		731.69	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Irene Stark 118 N. Style Rd Ludington, WI 49431		10/11/98	175.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
		275.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia A. Fitch 595B Sunset Ln Pewaukee, WI 49449	Retired	10/11/98	35.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
		535.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth J. O'Brien 621 Dryden St Hart, WI 49420	Retired	10/12/98	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
		221.60	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Beatrice Smith 2045 Alexander Dr Troy, WI 48083	Troy Board of Education Teacher	10/5/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
		300.00	

SUBTOTAL of Receipts This Page (optional)	428.00
TOTAL This Period (last page this line number only)	

Itemized

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3  
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Bob Shrauger for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Beverly L. Boringner 18864 - 80th Ave & Tz Coopersville, MI 49404	Retired	9/25/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 372.75	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elizabeth O'Brien 621 Dryden St Hart, MI 49420		9/20/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 280.60	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
S. William Seeley 6890 N. Orange Pewaukee, MI	Self employed	9/20/98	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 486.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Walter Ligan P.O. Box 106 Pewaukee, MI 49449	Retired	10/8/98	In Kind Contribution 113.61
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 323.16	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James E. Helmick 2268 Arthur St. Marne, MI	Disabled	10/7/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Diane E. Murray 12511 120th Ave Grand Haven, MI 49417	Grand Valley State University	10/9/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 276.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mary G Anderson 145 Winter St Battle Creek, MI 49015	Self Employed	10/6/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <del>350.00</del> 550.00	

SUBTOTAL of Receipts This Page (optional)

1013.61

TOTAL This Period (last page this line number only)

Itemized

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)  
**Bob Shrauger for Congress**

A. Full Name, Mailing Address and ZIP Code Walter Ligon P.O. Box 106 Pewaukee, WI	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period In Kind Contribution 55.64
	Occupation Retired	10/10/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 378.80		

B. Full Name, Mailing Address and ZIP Code Elizabeth C. Jensen P.O. Box 245 Pewaukee, WI 49449	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period In Kind Contribution 200.00
	Occupation Retired	10/10/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 375.70		

C. Full Name, Mailing Address and ZIP Code Elizabeth J. O'Brien 621 Dryden St North, WI 49420	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period In Kind Contribution 8.50
	Occupation	10/14/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 230.10		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....	264.14
TOTAL This Period (last page this line number only) .....	1705.75

# Political Party Committees

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 116

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NAME OF COMMITTEE (in Full)			
<p>▶ <b>Bob Strouger for Congress</b></p>			
<p>A. Full Name, Mailing Address and ZIP Code</p> <p><b>Barry County Democratic Committee</b> P.O. Box 301 Holdings, etc 49008</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year)</p> <p>10/1/98</p>	<p>Amount of Each Receipt this Period</p> <p>300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 300.00</p>		
<p>B. Full Name, Mailing Address and ZIP Code</p> <p><b>Bob Strouger for Congress</b></p>	<p>Name of Employer</p> <p><b>G. Iob's Fund Raiser</b></p> <p>Occupation</p>	<p>Date (month, day, year)</p> <p>10/11/98</p>	<p>Amount of Each Receipt this Period</p> <p>598.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 598.00</p>		
<p>C. Full Name, Mailing Address and ZIP Code</p> <p><b>Ocean County Democratic Committee</b></p>	<p>Name of Employer</p> <p><b>Pig Roast</b></p> <p>Occupation</p>	<p>Date (month, day, year)</p> <p>10/1/98</p>	<p>Amount of Each Receipt this Period</p> <p>408.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 408.00</p>		
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$</p>		
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$</p>		
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$</p>		
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$</p>		

SUBTOTAL of Receipts This Page (optional) .....

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

1306.00

PAC's

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)

Bob Stanger for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAW V CAP 8000 East Jefferson Ave Detroit, MI 48214-3963		9/24/98	2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7500.00	
B. Full Name, Mailing Address and ZIP Code Friends of Ferris P.O. Box 1227 Big Rapids, MI 49307		10/1/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
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)

2700.00

# Loan

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 13a

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NAME OF COMMITTEE (In Full)

Bob Shrauger for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P. Robert Shrauger 6152 Longbridge Dr Pewaukee, MI 49449		10/4/98	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 11,120.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P. Robert Shrauger 6152 Longbridge Dr Pewaukee, MI 49449			10,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 21,120.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) .....

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

15,000.00



**LOANS**

Name of Committee (in Full) <b>Bob Shrauger for Congress</b>			
<b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b> Bob Shrauger 6152 Longbridge Rd Pentwater, MI 49449 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Original Amount of Loan</b> 5000.00 Personal Funds	<b>Cumulative Payment To Date</b> _____	<b>Balance Outstanding at Close of This Period</b> 5000.00
Terms: Date Incurred <u>10/4/98</u> Date Due <u>NA</u> Interest Rate <u>NA</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer	(This area is shaded to indicate that the information provided in this section is not to be reported on this form.)	
	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>B. Full Name, Mailing Address and ZIP Code of Loan Source</b>	<b>Original Amount of Loan</b>	<b>Cumulative Payment To Date</b>	<b>Balance Outstanding at Close of This Period</b>
Bob Shrauger 6152 Longbridge Rd Pentwater, MI Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10,000.00 Personal Funds	_____	10,000.00
Terms: Date Incurred <u>10/15/98</u> Date Due <u>NA</u> Interest Rate <u>NA</u> % (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	(This area is shaded to indicate that the information provided in this section is not to be reported on this form.)	
	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) _____			15,000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

BOB STRAUER FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GIBBS RESTAURANT US 10 LUDINGTON, MI 49437	FUND RAISING MEALS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		975.00
DON HANSEN 180 N HILLTOP HART, MI 49420	PENTWATER OFFICE RENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/98	100.00
MELANIE DE GONNA 4632 TRUMAN RAVENNA, MI 49451	SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/98	49.50
JULIE DENALI MUSKEGON, MI	MUSKEGON MI OFFICE RENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	500.00
BETTY SENNEY 49 E LAKE PENTWATER, MI 49445	POSTAGE COPIER REPAIR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	615.81
GRAND RAPIDS PRESS PO BOX 236 C GRAND RAPIDS, MI 49506	NEWS SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/98	37.00
JACKLINE DIAMOND PLAZA LUDINGTON, MI 49431	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/98	36.01
PRACTICAL POLITICAL CONSULTING PO BOX 6249 EAST LANSING, MI 48226	LABELS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/98	154.14
PAT FITCH 5958 SUNSET LAKE PENTWATER, MI 49445	POSTAGE REIMB Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	65.01

SUBTOTAL of Disbursements This Page (optional)

2532.47

TOTAL This Period (last page this line number only)

In-Kind Distribution

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 28 OF 3  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in full)

Bob Shrauger for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walter Ligon P.O. Box 106 Pewaukee, WI 49449	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/98	In Kind 113.61
Walter Ligon P.O. Box 106 Pewaukee, WI 49449	File cabinet, copies, misc. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/98	In Kind 55.64
Jeanne Lemme	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	In Kind 5.76
Elizabeth C. Jensen P.O. Box 245 Pewaukee, WI 49449	Copy machine rental mileage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/98	In Kind 200.00
Elizabeth J. O'Brien 621 Dryden St Hart, WI 49420	Copies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98	8.50
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)

383.51

TOTAL This Period (last page this line number only)

~~383.51~~

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Bob Shrauger for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walt Ligon 7180 S. Lakeshore Pewaukee, MI 49431	Photos Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	21.20
Huntington Bank 65 S. Hancock Hart, MI 49420	Employee withholding Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	784.80
Chris Warner 40 Rath Ludington, MI 49431	Reimbo Supplier Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	50.96
D. Full Name, Mailing Address and ZIP Code 1-616-847-1867 Cambridge Agency Muskegon, MI	media purchase Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98	19797.00
E. Full Name, Mailing Address and ZIP Code Victoria Deglopper 46	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
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)		
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)		
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)		
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)		

SUBTOTAL of Disbursements This Page (optional) .....

20,658.96


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

23,574.44

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
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	10-23-98 DATE PREPARED