

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 13 12 59 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE **Pewaukee WI 49449** STATE/DISTRICT **WI 2**

2. FEC IDENTIFICATION NUMBER
H8WI02063

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- July 15 Quarterly Report 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- October 15 Quarterly Report Termination Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
July 16, 1998 through Sept. 30, 1998		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	28320.25	38873.46
(b) Total Contribution Refunds (from Line 20(d))	1000.00	1000.00
(c) Net Contributions (other than loans) [subtract Line 6(b) from 6(a)]	27320.25	37873.46
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26121.52	30283.03
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	26121.52	30283.03
8. Cash on Hand at Close of Reporting Period (from Line 27)	12650.04	
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)	5000.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20453
Toll Free 800-424-9530
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 **10/8/98**

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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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In Full) Bob Shrauger for Congress Report Covering the Period: From: July 16, 1998 To: Sept. 30, 1998

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (see Schedule A)	7942.44	
(ii) Unitemized	6371.81	
(iii) Total of contributions from individuals	14314.25	18611.87
(b) Political Party Committees	2006.00	6162.95
(c) Other Political Committees (such as PACs)	12000.00	12000.00
(d) The Candidate		2098.64
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	28320.25	38873.46
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate	5000.00	6120.00
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))	5000.00	6120.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)	23.61	59.61
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	33343.86	45053.07
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	26121.52	30283.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	1120.00	1120.00
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	1120.00	1120.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees <u>Stearns County Dem's</u>	1000.00	1000.00
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	1000.00	1000.00
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	28241.52	32403.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 7547.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 33343.86
25. SUBTOTAL (add Line 23 and Line 24)	\$ 40891.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 28241.52
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 12650.04

Individual Itemized

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11(a)

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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
S. William Sealey 6800 N. Orange St Pewaukee, WI 53099	Retired	7/18/98	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 286.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael R. Dunn 5617 Carlin Ct Troy, MI 48098	Michael Dunn's Assoc	7/26/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Lawyer 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
Mary G. Anderson 145 Wyster St Battle Creek, MI 49015	Self Employed	7/28/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Home maker 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
Jean G. Trump 3084 Country Club Dr Muskegon, MI 49441	Retired Teacher	8/4/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Walter J. Ligon P.O. Box 106 Pewaukee, WI 53099	Retired	8/12/98	Interest Contributions 9.55
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 209.55		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Wagner 5610 L. Wainbridge Rd Pewaukee, WI 53099	Haut Family Medical 611 E Wain St Haut, WI 53420	8/13/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Doctor 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
Waynard Beal 269 Suffolk Rd Pewaukee, WI 53099	Retired	8/13/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1500.00		

SUBTOTAL of Receipts This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

Individual Itemized

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 13

FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

Bob Shriver for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence S Sweet MD 999 Putney Birmingham, MI 48009	Birmingham Allergy Clinic	8/11/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 500.00	
Marilyn R Loeb 75 Westland Ave Lodchester NY 14618		8/12/98	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	
Jean T. Beal 269 Suffolk Rd Pewaukee, WI 49449		8/3/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 1000.00	
Wilton H. Pugsley 5612 W. Ottawa Wauw: @ Pewaukee, WI 49449		8/12/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 1,000.00	
Mary G Anderson 145 Winter St. Battle Creek, MI 49015	Self Employed	8/24/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Home maker	Aggregate Year-to-Date > \$ 350.00	
Walter J. Ligon P.O. Box 106 Pewaukee, WI 49449		8/12/98	In kind - Contribution 9.55
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 209.55	
G. William Aice 1826 Shine Ct Royal Oak, MI 48073		8/29/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional)

3409.55

TOTAL This Period (last page this line number only)

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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
Marilyn J. Hammond 7195 Riverside Way Atlanta, GA 30328	Called for employer 9/10/98 Occupation: Advertising/Marketing Aggregate Year-to-Date > \$ 500.00	8/15/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. 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 Pentwater, MI 49449	Retired Aggregate Year-to-Date > \$ 661.69	8/15/98	In Kind Contribution 461.69
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. 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 Pentwater, MI 49449	Retired Aggregate Year-to-Date > \$ 230.75	9/11/98	In Kind Contribution 21.20
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peggy Stuckey 1710 Beach St. Muskegon, MI 49441	Self Employed Business Manager Aggregate Year-to-Date > \$ 500.00	9/10/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret L. Kazerinoff P.O. Box Pentwater, MI 49449	Occupation Aggregate Year-to-Date > \$ 486.30	9/10/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. 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 Homemaker Aggregate Year-to-Date > \$ 450.00	9/15/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	1832.89
TOTAL This Period (last page this line number only)	7942.44

Political Party

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1 FOR LINE NUMBER 11b

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NAME OF COMMITTEE (in Full)

Bob Strouger for Congress

A. Full Name, Mailing Address and ZIP Code Ottawa County Democratic Party General Fund P.O. Box 118 Spring Lake, MI 49456	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 2000.00
	Occupation	8/30/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000.00		

B. Full Name, Mailing Address and ZIP Code Bob Strouger for Congress Committee	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 6.00
	Occupation	7/20/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 42.00		

C. 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 > \$		

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)

TOTAL This Period (last page this line number only) 2006.00

PAC's

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1 FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Bob Shrauger for Congress

A. Full Name, Mailing Address and ZIP Code
Association of Trial Lawyers of America
Political Action Committee
1050 - 31st ST, NW
Washington, DC 20007

Name of Employer
PAC

Date (month, day, year)
7/23/98

Amount of Each Receipt this Period
1,000.00

Receipt For: [X] Primary [] General [] Other (specify):

Occupation
Aggregate Year-to-Date > \$ 1,000.00

B. Full Name, Mailing Address and ZIP Code
Philip Hart Democratic Club
3119 Rothbury Way
Chesterfield, WI, 48047

Name of Employer
PAC

Date (month, day, year)
7/28/98

Amount of Each Receipt this Period
5,000.00

Receipt For: [X] Primary [] General [] Other (specify):

Occupation
Aggregate Year-to-Date > \$ 5,000.00

C. Full Name, Mailing Address and ZIP Code
UAW VCAP
8000 East Jefferson Ave
Detroit, WI, 48214-3963

Name of Employer
PAC

Date (month, day, year)
7/31/98

Amount of Each Receipt this Period
5,000.00

Receipt For: [X] Primary [] General [] Other (specify):

Occupation
Aggregate Year-to-Date > \$ 5,000.00

D. Full Name, Mailing Address and ZIP Code
I.B.E.W. - G.O.P.B.
1125 - 15th Street, N.W.
Washington, DC 20005

Name of Employer
PAC

Date (month, day, year)
9/6/98

Amount of Each Receipt this Period
1,000.00

Receipt For: [] Primary [X] General [] Other (specify):

Occupation
Aggregate Year-to-Date > \$ 1,000.00

E. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: [] Primary [] General [] Other (specify):

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: [] Primary [] General [] Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: [] Primary [] General [] Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional) 12,000.00

TOTAL This Period (last page this line number only) 12,000.00

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 Shrager for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bob Shrager 6152 Longridge Rd Pentwater, MI 49449	Candidate	9/1/98	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 6120.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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):	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):	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):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5000.00

LOANS

Name of Committee (in Full)
Bob Strouger for Congress

A. Full Name, Mailing Address and ZIP Code of Loan Source <u>Bob Strouger</u> <u>6152 Longbridge Rd</u> <u>Pewaukee, WI 53099</u> Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan <u>5000.00</u> <u>Personal Funds</u>	Cumulative Payment To Date	Balance Outstanding at Close of This Period <u>5000.00</u>
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Terms: Date Incurred 9/1/88 Date Due NA Interest Rate 0 % (ap) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (ap) 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) _____ 5000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
CADILLAC EVENING NEWS CADILLAC, MI	ADVERTISING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/98	85.60
FREMONT TIMES INDICATOR FREMONT, MI	ADVERTISING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/98	105.60
BETTY JENSEN 49 R. Lake Rd. PENTWATER, MI 49449	REIMB-STAMPS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1/98	59.92
BEVERLY BARRINGER 18864 80th Ave. Rt. 2 Compassville, MI 49409	SIGNS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/98	238.50
BOB SHRAUGER 6162 Long Bridge Road PENTWATER, MI 49449	REIMB-SUBS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/98	1430.24
JIM MACGREGOR 5437 W. Howard Rd. PENTWATER, MI 49449	LUMBER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1/98	39.14
BETTY JENSEN 49 R. Lake Rd. PENTWATER, MI 49449	STAMPS / REIMB Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1/98	300⁰⁰
OTE NORTH P.O. Box 2112 Tampa, Florida 33631-3122	PHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/98	235.80
DON HANSEN 180 W. Hilltop Drive HART, MI 49420	RENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/98	100.00

SUBTOTAL of Disbursements This Page (optional)	2594.80
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 6
FOR LINE NUMBER

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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
PRACTICAL POLITICAL CONSULTANT P.O. Box 6249 East Lansing, Mi. 48826	LABELS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1/98	114.94
FARM BUREAU INSURANCE 211 R. Park Rd. HART, MI 49420	WORKERS COMP INSUR Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/23/98	488.00
HUNTINGTON BANK 65 S. Hancock PENTWATER, MI	CHECK PRINTING SERVLET CHG Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/98	13.95
BRAD WADE 3255 Todd Rd. Whitehall, Mi. 49461	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/98	155.00
OTE NORTH P.O. Box 3422 Tampa Florida 33631-3422	PHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/98	607.32
BOB STRAUER 6152 Long Bridge Rd. PENTWATER, MI 49449	REIMS - POSTAGE SUPPLIES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/98	688.65
JAMES BURNS 1240 W. 4th St. Lansing, Mi.	ADVERTISING CDW Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/98	75.00
STERLING PRESS 3616 Shaffer Ave. Lansing, Mi. 48906-2103	PRINTING / LETTERHEAD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/98	477.00
ATT P.O. Box 27-866 Kansas City MO 64184-0866	PHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/98	30.78

SUBTOTAL of Disbursements This Page (optional)

8850.64

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 3 OF 18 FOR LINE NUMBER

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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
GRAND HAVEN TALBONE 101 N. Third St. GRAND HAVEN, MI 49417	NEWS SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/98	29.22
SYLVIA STRAUER 6152 Long Torrey Rd. PENTWATER, MI 49445	REIMB - SUPPLIES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/98	176.34
MELANIE DE GLOPPEN 4638 Truman Rd. Riverview, MI 49457	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/98	572.58
BETTY JENSON 49 E. Lake Rd. PENTWATER, MI 49449	CONTRACTED LABOR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/98	116.00 116.00
PATRIOT SIGNAGE 1001 Second Ave. Dexter MI 41074	SIGNS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/98	21070.00
DON HANSEN 180 W. Hill Top Drive HART, MI 49420	RENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/98	100.00
FRANK NOFFKE 5503 Vaughn Ave. PENTWATER, MI 49445	REIMB - SUPPLIES PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/98	289.03
BEVERLY FORTNEY 6225 W. Lake View Drive Pentwater MI 49449	REIMB - PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/98	373.69
MELANIE DE GLOPPEN 4638 Truman Rd. Riverview MI 49457	SALARY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/98	840.58

SUBTOTAL of Disbursements This Page (optional)

5167.41

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 8
FOR LINE NUMBER

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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
OTTAWA COUNTY DEMOCRATIC PARTY P.O. Box 118 Spring Lake Mi. 49456	REFUND	9/29/98	1000.00
B. Full Name, Mailing Address and ZIP Code BETH JENSEN 29 E. Lake Drive PENTWATER, MI 49448	Purpose of Disbursement ADVERTISING, SUPPLY REFUND	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 646.95
C. Full Name, Mailing Address and ZIP Code STAN BAKER 6900 S. Lake Shore Drive PENTWATER, MI 49449	Purpose of Disbursement PHOTO REFUND	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 10.60
D. Full Name, Mailing Address and ZIP Code MUSKOGON CHARLIE P.O. Box 59 MUSKOGON, MI 49448	Purpose of Disbursement NEWS SUBSCRIPTION	Date (month, day, year) 9/23/98	Amount of Each Disbursement This Period 37.50
E. Full Name, Mailing Address and ZIP Code GTE NORTH P.O. Box 3122 Tampa Florida 33631-3122	Purpose of Disbursement PHONE	Date (month, day, year) 9/23/98	Amount of Each Disbursement This Period 484.15
F. Full Name, Mailing Address and ZIP Code MIKE CON Box 900 Detroit Michigan 48268-0900	Purpose of Disbursement NATURAL GAS - UTILITY	Date (month, day, year) 9/20/98	Amount of Each Disbursement This Period 7.50
G. Full Name, Mailing Address and ZIP Code CONSOMER POLORA 4000 Clay Ave Box 201 Grand Rapids Mi. 49501	Purpose of Disbursement ELECTRICITY -	Date (month, day, year) 9/20/98	Amount of Each Disbursement This Period 28.36
H. Full Name, Mailing Address and ZIP Code IDAL PRINTING	Purpose of Disbursement <input checked="" type="checkbox"/> General	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 981.56
I. Full Name, Mailing Address and ZIP Code SWIFT PRINTING	Purpose of Disbursement <input checked="" type="checkbox"/> General	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period 1446.90

← MELANIE HAS I NEED !! →

SUBTOTAL of Disbursements This Page (Optional)

3643.52
4643.52

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

PAGE 5 OF 8 FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

BOB STRAUHL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MELANIE DE GLOPPER 4058 Truman Rd. Riverview, MI 49451	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/30/98	840.58
MARGARET KARALINOFF 6327 N. Ribing Rd. PENTWATER, MI 49449	REIMB - SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/29/98	71.50
JOAN DAHL 5044 E. Dear Road HART, MI 49420	REIMB - SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/30/98	42.38
SUSAN MAC GIBSON 5932 W. Hancock Rd. PENTWATER, MI 49445	 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/30/98	42.36
FRANK NOFFKE 5681 Vaughn St PENTWATER, MI 49449	BANNERS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/30/98	77.01
BETH LYON 7190 S. Lakeside Dr. Pentwater, MI 49449	POSTAGE REIMB Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/30/98	128.00
PATRIOT SIGNS 1001 Second Ave. Dayton, Kentucky 41074	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/20/98	126.00
ATT P.O. Box 27, Bldg Kansas City, MO 64124-0027	PHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/30/98	6.17
GTE P.O. Box 3122 Kansas City, MO 64124-3122	PHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/30/98	46.89

SUBTOTAL of Disbursements This Page (optional)

1380.89

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 6 OF 8 FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

BOB SHAWVER FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DELTA PRINTING 1200 E. Oakland Ave. LANSING, MI 48906	PRINTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/98	1621.93
LOUISE MEYERS 5230 Lutton Rd. PENTWATER, MI 49445	REIMB - ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/98	211.95
BETTY JENSEN 49 E. Loken Rd. Pentwater, MI 49444	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/98	27.55
MELANIE DEGLORIAN 4688 W. ... Pentwater, MI 49444	MILEAGE - 265.43 SUPPLIES 126.65 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/98	422.08
CHRISTINE RYAN Loken's ... Loken's ... 49444	DOORSECTIONS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/98	58.30
BETTY JENSEN 49 E. Loken Rd. Pentwater, MI 49444	CONTRACTED LABOR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/98	300.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

2641.81

TOTAL This Period (last page this line number only)

~~25279.07~~

24279.07

In-kind Contributions

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 8
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Bob Shrager for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period In Kind Contributions
S. William Sealey 6800 N. Orange St Pewaukee, WI 49444	Food for Fund Raiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/98	86.00
Elizabeth O'Brien 621 Dryden St Hart, WI 49420	Copies & Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/16/98	24.38
Kathleen Fahlsing 4850 S. Dyer Ludington, WI 49431	Postage, Envelopes, Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/98	25.00
Jean G Trump 3084 Country Club Dr Muskegon, WI 49441	Maps, Duplication, Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/98	50.00
Elizabeth C. Jensen 49 Lake St Pewaukee WI 49449	Fax, Copies, Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/98	41.70
Walter V. Ligan P.O. Box 106 Pewaukee WI 49449	 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/12/98	9.55
Ralph & Mary Kayler 6039 Duna Vista Pewaukee, WI 49449	 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/98	63.00
Frank E. Noffke 5631 Vaughn Ave Pewaukee, WI 49449	Printing & Mileage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/98	11.07
Ralph & Mary Kayler 6039 Duna Vista Pewaukee, WI 49449	Food for meeting Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/98	48.86

SUBTOTAL of Disbursements This Page (optional)

359.56

TOTAL This Period (last page this line number only)

In Kind Contributions

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 8
FDR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Bob Strouger for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period In Kind Contributions
Louisa Meyer 5230 Lattin Rd Pewaukee, WI 49449	Purpose of Disbursement Travel, Advertising	8/5/98	461.69
B. Full Name, Mailing Address and ZIP Code Walter Wigam P.O. Box 106 Pewaukee, WI 49449	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/98	21.20 In Kind Contributions
C. 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
D. 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
E. 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
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)

482.89

TOTAL This Period (last page this line number only)

~~26,121.52~~
25,121.52

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 10-8-94
<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	
 <i>SLH</i>	 10-13-94
PREPARER	DATE PREPARED