

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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1. NAME OF COMMITTEE (in full) UPTON FOR ALL OF US		2. FEC IDENTIFICATION NUMBER C 00200584
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. BOX 490		
CITY, STATE and ZIP CODE ST. JOSEPH MI 49085	STATE/DISTRICT MI / 6TH	
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

4. TYPE OF REPORT

- April 15 Quarterly Report
- 12-Day Pre-Election Report for the GENERAL (Type of Election)
election on 11/07/2000 in the State of MI
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- 30-Day Post-Election Report following the General Election
- Termination Report

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

SUMMARY

6. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>10/01/2000</u> through <u>10/18/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	61,560.00	342,781.94
(b) Total Contribution Refunds (from Line 20(d))	-	-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	61,560.00	342,781.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5,572.25	176,068.72
(b) Total Offsets to Operating Expenditures (from Line 14)	-	316.57
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	5,572.25	175,752.15
8. Cash on Hand at Close of Reporting Period (from Line 27)	539,727.42	
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)	-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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

Type or Print Name of Treasurer ROBERT L. GERBEL	
Signature of Treasurer <i>Robert L. Gerbel</i>	Date <u>10-20-00</u>

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) UPTON FOR ALL OF US	Report Covering the Period: From: 10/1/2000 To: 10/18/2000	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	28,175.00	
(ii) Unitemized -----	4,885.00	
(iii) Total of contributions from individuals -----	33,060.00	141,803.07
(b) Political Party Committees -----	-	43.37
(c) Other Political Committees (such as PACs) -----	28,500.00	200,935.50
(d) The Candidate -----	-	-
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	61,560.00	342,781.94
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	-	-
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	-	-
(b) All Other Loans -----	-	-
(c) TOTAL LOANS (add 13(a) and (b)) -----	-	-
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	-	316.57
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	-	16,132.07
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	61,560.00	359,230.58
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	5,572.25	176,068.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	-	-
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	-	-
(b) Of All Other Loans -----	-	-
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	-	-
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	-	-
(b) Political Party Committees -----	-	-
(c) Other Political Committees (such as PACs) -----	-	-
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	-	-
21. OTHER DISBURSEMENTS -----	300.00	62,940.82
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	5,872.25	239,009.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	484,039.67	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	61,560.00	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	545,599.67	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	5,872.25	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	539,727.42	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER
11A1

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

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John Allen 3412 Bronson Blvd. Kalamazoo MI 49008	Varnum, Riddering, Schmidt & Howlett Occupation Attorney	10/11/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Mr. Perry Ballard 3354 West Valley View St. Joseph MI 49085	Ballard Advertising Occupation President	10/10/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Mr. Robert E. Bentley 3501 Magnolia Lane St. Joseph MI 49085	 Occupation Retired	10/18/2000	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Mrs. Rosemary Bell 1082 Brun Ave. St. Joseph MI 49085	 Occupation Homemaker	10/10/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Mr. Bryce Boothby 405 North Street St. Joseph MI 49085	 Occupation Retired	10/12/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Ms. Nancy Butler 1210 Morris Drive Niles MI 49120	Coldwell Banker Occupation Owner/Broker	10/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Mr. Alfred Butzbaugh 11492 Redbud Trail Berrian Springs MI 49103	Butzbaugh & Dawans Occupation Attorney	10/10/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

<p>Full Name, Mailing Address, and ZIP Code Mrs. Deborah Campbell 1502 River Pines Drive Niles MI 49120</p>	<p>Name of Employer Occupation Homemaker</p>	<p>Date (month, day, year) 10/16/2000</p>	<p>Amount of Each Receipt this Period 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 > \$ 300.00</p>		
<p>Full Name, Mailing Address, and ZIP Code Dr. John Carter 2255 Ann Drive St. Joseph MI 49085</p>	<p>Name of Employer Occupation Retired</p>	<p>Date (month, day, year) 10/12/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 500.00</p>		
<p>Full Name, Mailing Address, and ZIP Code Mr. Jerry Colvin 8034 Fernwood August MI 49012</p>	<p>Name of Employer WOTV Channel 41 Occupation President/General Manager</p>	<p>Date (month, day, year) 10/16/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 500.00</p>		
<p>Full Name, Mailing Address, and ZIP Code Dr. James Dolan 2278 Preserve Blvd. Portage MI 49024</p>	<p>Name of Employer Private Practice Occupation Physician</p>	<p>Date (month, day, year) 10/11/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 500.00</p>		
<p>Full Name, Mailing Address, and ZIP Code Dr. Kenneth Edwards 3280 Estates Court, South St. Joseph MI 49085</p>	<p>Name of Employer Riverview Orthopedic Occupation Orthopaedic Surgeon</p>	<p>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 1000.00</p>		
<p>Full Name, Mailing Address, and ZIP Code Mrs. Lucille Eisala 4115 Landings Lane St. Joseph MI 49085</p>	<p>Name of Employer Occupation Homemaker</p>	<p>Date (month, day, year) 10/11/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 500.00</p>		
<p>Full Name, Mailing Address, and ZIP Code Dr. Nicholas Federna 1611 Portage St. Kalamazoo MI 49001</p>	<p>Name of Employer Self-employed Occupation Chiropractor</p>	<p>Date (month, day, year) 10/08/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>		

SUBTOTALS of Receipts This Page (Optional)

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

Full Name, Mailing Address, and ZIP Code Mr. Macdonald Flinn P.O. Box 445 Lakeside MI 49116	Name of Employer Occupation Retired	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mrs. Rosemary Flinn P.O. Box 445 Lakeside MI 49116	Name of Employer Occupation Homemaker	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Karl Freed 1009 Southern Ave. Kalamazoo MI 49001	Name of Employer Gove Associates Inc. Occupation Project Manager	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Richard Freeman 20582 Watson Road White Pigeon MI 49088	Name of Employer Freeman Manufacturing Co. Occupation President/CEO	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mrs. Marjorie Gaynor 1108 Weesaw Road Niles MI 49120	Name of Employer Occupation Homemaker	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 547.00		
Full Name, Mailing Address, and ZIP Code Mr. John Globensky 1315 Lake Boulevard St. Joseph MI 49085	Name of Employer Globensky, Gleiss, Bittner, & Hyme Occupation Attorney	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Dr. Phillip M. Green 3703 Swan Creek Drive Kalamazoo MI 49008	Name of Employer Kalamazoo Neurology Occupation Physician	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 325.00		

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Brigitte Huff 3930 Lakeside Drive Kalamazoo MI 49008		10/11/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$	500.00	
Mrs. Judith Kinney 340 Ridgeway St. Joseph MI 49085		10/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$	500.00	
Mrs. Andrea Kell 50650 Cable Park Road Dowagiac MI 49047		10/10/2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$	1000.00	
Mr. Henry Kisa 2700 Highland Court St. Joseph MI 49085		10/04/2000	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	
Mrs. Chris Kucklick 21274 Sail Bay Drive Cassopolis MI 48031		10/17/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$	500.00	
Mrs. Jeannette Lashey 2985 W. Bluffwood Terrace St. Joseph MI 49085		10/18/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$	500.00	
Mr. William Marohn 1109 St. Joseph Drive St. Joseph MI 49085		10/16/2000	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	

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

Full Name, Mailing Address, and ZIP Code Mr. Steve Marschke 990 Tucker Drive St. Joseph MI 49085	Name of Employer State of Michigan Occupation Parole Board	Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mr. Richard Marzka 3546 S. Lakeshore Dr. St. Joseph MI 49085	Name of Employer Pri Mar Petroleum Occupation President	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mrs. Marilyn McInney 4331 Landings Lane St. Joseph MI 49085	Name of Employer Occupation Homemaker	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mrs. Janet McLelland 2952 Dozer Drive St. Joseph MI 49085	Name of Employer Occupation Homemaker	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 297.00		
Full Name, Mailing Address, and ZIP Code Mrs. Nancy Merritt 2300 Portage Street Kalamazoo MI 49001	Name of Employer Occupation Homemaker	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 575.00		
Full Name, Mailing Address, and ZIP Code Mr. Jeffrey Massner 3000 East Cedar Ave. #11 Denver CO 80209	Name of Employer Security Life of Denver Occupation Insurance & Investment Banker	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. Craig A. Miller P.O. Box 1027 Leland MI 49634	Name of Employer Miller, Johnson, Snell & Cumiskey Occupation Attorney	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Susan Miller 9191 West S Avenue Schoolcraft MI 49087		10/12/2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 1000.00	
Mrs. Constance Monte 3752 Riverside Road Riverside MI 49084		10/18/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 500.00	
Mrs. Carol Page P.O. Box 162 Bloomington MI 49028		10/10/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 750.00	
Mrs. Sally Anne Plante 711 Kingsley Avenue St. Joseph MI 49085		10/16/2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 1000.00	
Dr. Jeffrey Schmidt 1112 Highland Avenue St. Joseph MI 49085	Private Practice	10/11/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dentist	Aggregate Year-to-Date > \$ 500.00	
Mr. Harold Schuitmaker 29924 60th Avenue Lawton MI 49065	Schuitmaker, Clarke & Cooper	10/12/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
Mr. Frank Sims P.O. Box 158 Lakeside MI 49115	Clark Equipment Co.	10/12/2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 1000.00	

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

Full Name, Mailing Address, and ZIP Code Mr. Thomas Sinn 3020 Dozer Drive St. Joseph MI 49085	Name of Employer Thomas Sinn & Associates Occupation Community Planner	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mr. Glen Smith, Jr. 2206 Sheffield Drive Kalamazoo MI 49008	Name of Employer Occupation Retired	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Mr. Ley Smith 2614 Aberdeen Kalamazoo MI 49008	Name of Employer Occupation Retired	Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Robert Starks 1180 Roslin Road Benton Harbor MI 49022	Name of Employer Occupation Retired	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Dr. Jeff Taylor 911 Dix Street Otsego MI 49078	Name of Employer Otsego Chiropractic Occupation Chiropractor	Date (month, day, year) 10/08/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. A. John Todd, III 2705 Cloverly Kalamazoo MI 49008	Name of Employer Arcadia Bank Holding Co. Occupation Director	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mrs. Mary Letty Upton 500 Ridgeway St. Joseph MI 49085	Name of Employer Occupation Homemaker	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		10 / 17
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (in Full) Upton For All of Us				
Full Name, Mailing Address, and ZIP Code Mr. Jay VanDenBerg 9922 Welko Drive Bridgman MI 49108		Name of Employer Whitpool Corp.	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Vice President, Community Relations	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Mrs. Dorothy Varnage 81508 Bluff Drive Marcellus MI 49067		Name of Employer	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired	Aggregate Year-to-Date > \$ 600.00	
Full Name, Mailing Address, and ZIP Code Mr. Moses L. Walker 1725 Cobb Avenue Kalamazoo MI 49007		Name of Employer Borgess Health Alliance	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Dr. Charlotte Wenham 2727 S. Lakeshore Drive St. Joseph MI 49085		Name of Employer Planning Partners	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Consultant	Aggregate Year-to-Date > \$ 600.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				28175.00

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	11 / 17
					FOR LINE NUMBER 11C
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
NAME OF COMMITTEE (in Full) Upton For All of Us					
Full Name, Mailing Address, and ZIP Code ABBOTT LABORATORIES BETTER GOVERNMENT FUND (ALBGF) 100 ABBOTT PARK ROAD D-312 AP8D2 ABBOTT PARK IL 60064		Name of Employer Occupation		Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1600.00			
Full Name, Mailing Address, and ZIP Code AMERICAN ACADEMY OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE PO BOX 40473 WASHINGTON DC 20016		Name of Employer Occupation		Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code AMERICAN CHIROPRACTIC ASSOCIATION POLITICAL ACTION COMMITTEE 1701 CLARENDON BOULEVARD ARLINGTON VA 22208		Name of Employer Occupation		Date (month, day, year) 10/08/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code AMERICAN CHIROPRACTIC ASSOCIATION POLITICAL ACTION COMMITTEE 1701 CLARENDON BOULEVARD ARLINGTON VA 22209		Name of Employer Occupation		Date (month, day, year) 10/08/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1500.00			
Full Name, Mailing Address, and ZIP Code AMERICAN DENTAL POLITICAL ACTION COMMITTEE 1111 14TH STREET, NW, 11TH FLOOR WASHINGTON DC 20005		Name of Employer Occupation		Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period 2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 3000.00			
Full Name, Mailing Address, and ZIP Code AMERICAN ELECTRIC POWER COMMITTEE FOR RESPONSIBLE GOVERNMENT; THE 1 RIVERBIDE PLAZA/PO BOX 16631 COLUMBUS OH 43215		Name of Employer Occupation		Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code AMERICAN FURNITURE MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE 223 S WRENN STREET PO BOX HP-7 HIGH POINT NC 27261		Name of Employer Occupation		Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11C

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC) 325 7TH STREET NW WASHINGTON DC 20007	AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC)	10/14/2000	3000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000.00	
AMERICAN NURSES' ASSOCIATION PAC (ANA-PAC) (FKA N-GAP) 600 MARYLAND AVENUE SW SUITE 100W WASHINGTON DC 20024	AMERICAN NURSES' ASSOCIATION PAC (ANA-PAC) (FKA N-GAP)	10/10/2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
BAYER CORPORATION POLITICAL ACTION COMMITTEE BAYER ROAD BUILDING 4 ATTN: W M WEBER PITTSBURGH PA 15205	BAYER CORPORATION POLITICAL ACTION COMMITTEE	10/14/2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
CINERGY CORP POLITICAL ACTION COMMITTEE 139 E FOURTH STREET CINCINNATI OH 45202	CINERGY CORP POLITICAL ACTION COMMITTEE	10/10/2000	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	
CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA P O BOX 576 WASHINGTON DC 20044	CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA	10/10/2000	3800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3800.00	
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL 8400 WESTPARK DRIVE MCLEAN VA 22102	NATIONAL AUTOMOBILE DEALERS ASSOCIATION (NADA)	10/10/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1500.00	
DTE ENERGY COMPANY POLITICAL ACTION COMMITTEE 2000 SECOND AVENUE 1079 WCB DETROIT MI 48226	FEDERAL 'EDPAC' FKA DETROIT EDISON PACT	10/10/2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11C

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERNST & YOUNG POLITICAL ACTION COMMITTEE 1225 CONNECTICUT AVE NW SUITE 800 WASHINGTON DC 20036		10/10/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	
MARATHON OIL COMPANY EMPLOYEES POLITICAL ACTION COMMITTEE (MEPAC) 539 SOUTH MAIN ST. FINDLAY OH 45840		10/04/2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
MCI WORLDCOM, INC. POLITICAL ACTION COMMITTEE 515 EAST AMITE STREET JACKSON MS 39201		10/17/2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
NATIONAL ASSOCIATION OF BROADCASTERS TELEVISION AND RADIO POLITICAL ACTION COMMITTEE 1771 N STREET NW WASHINGTON DC 20036		10/10/2000	1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000.00	
NATIONAL ASSOCIATION OF BROADCASTERS TELEVISION AND RADIO POLITICAL ACTION COMMITTEE 1771 N STREET NW WASHINGTON DC 20036		10/17/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3250.00	
NATIONAL ASSOCIATION OF LETTER CARRIERS OF UNITED STATES OF AMERICA BRANCH 9 P.A.L. 11581 ILEX ST NW COON RAPIDS MN 55448		10/17/2000	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	
NATIONAL ASSOCIATION OF REALTORS 700 11TH STREET NW WASHINGTON DC 20001		10/09/2000	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 8500.00	

SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11C

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONAL CITY CORPORATION PAC (AKA NATIONAL CITY PAC OR NC PAC) 1800 EAST NINTH ST LOC #01-2172 NATIONAL CITY CENTER CLEVELAND OH 44114	PAC OR NC PAC	10/17/2000	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	
NATIONAL HARDWOOD LUMBER ASSOCIATION PAC INC PO BOX 34518 MEMPHIS TN 38184		10/17/2000	750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 750.00	
NORTHERN STATES POWER COMPANY EMPLOYEE POLITICAL INTEREST COMMITTEE 414 NICOLLET MALL MINNEAPOLIS MN 55401		10/04/2000	600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

28500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capitol Hill Club 300 First Street, SE Washington DC 20003	Catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/13/2000	23.28
Eike Lodge #541 616 Broad Street St. Joseph MI 49085	Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/02/2000	900.00
Mrs. Liz Garey 1442 Lake Blvd. St. Joseph MI 49085	Payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/13/2000	885.60
Green County Cable 208 W. Main Street Benton Harbor MI 49022	Cable Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/13/2000	33.25
K.B. Signs 3290 Chicago Drive Grandville MI 48418	Yard Signs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/04/2000	305.00
MI Dept. of Treasury Dept. 77802 Detroit MI 48227	Taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/12/2000	653.10
Shoreline Bank 823 Riverlawn Drive Benton Harbor MI 49022	Taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/12/2000	1786.44
U.S. Postal Service 205 Main Street St. Joseph MI 49085	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/03/2000	89.22
U.S. Postal Service 205 Main Street St. Joseph MI 49085	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/05/2000	20.00

SUBTOTALS of Disbursements This Page (Optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER
17

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

Full Name, Mailing Address, and ZIP Code

Yergeau, Jannette
3695 Marquette Woods Road

Stevensville MI 49127

Purpose of Disbursement

Payroll

Date (month, day, year)

10/13/2000

Amount of Each Disbursement This Period

824.38

Disbursement for: Primary General
 Other (specify):

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

5532.25

SCHEDULE B**ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER
21

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NAME OF COMMITTEE (in Full)
Upton For All of Us**Full Name, Mailing Address, and ZIP Code**Clarion Hotel
3600 Cork Street

Kalamazoo MI 49005

Purpose of Disbursement

Event In-kind Bush for President Inc. Austin TX 01/01/00

**Date (month,
day, year)****Amount of Each
Disbursement This
Period**

300.00

Disbursement for: Primary General Other (specify):**SUBTOTALS** of Disbursements This Page (Optional)**TOTALS** This Period (last page this line number only)

300.00

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 (R/C) <i>10-20-02</i>
<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>Amv</i> PREPARER	<i>10-24-02</i> DATE PREPARED