

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) Bob Shrauger for Congress		2. FEC IDENTIFICATION NUMBER H8MI02063
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 6152 Longbridge		
CITY, STATE and ZIP CODE Pontwater, MI	STATE/DISTRICT MI 2	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input checked="" type="checkbox"/> 30-Day Post-Election Report following the General Election
<input type="checkbox"/> January 31 Year End Report	on Nov 3 in the State of Michigan
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

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

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/15/98 through 11/23/98		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	25088.01	75656.26
(b) Total Contribution Refunds (from Line 20(d))		1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	25088.01	74656.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	33451.89	88704.14
(b) Total Offsets to Operating Expenditures (from Line 14)	1580.43	1580.43
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	31871.46	87123.71
8. Cash on Hand at Close of Reporting Period (from Line 27)	7683.94	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-8530 Local 202-219-3420
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)	20000.00	

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	Date 11/30/98
Signature of Treasurer James Mac Gregor	

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

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)		Report Covering the Period:	
Bob Strouger for Congress		From: 10/15/98	To: 11/23/98
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)	4923.96		
(ii) Unitemized	6864.05		
(iii) Total of contributions from individuals	11788.01	37257.62	
(b) Political Party Committees	3200.00	11500.00	
(c) Other Political Committees (such as PACs)	10100.00	24800.00	
(d) The Candidate		2098.64	
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	25088.01	75656.26	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES			
13. LOANS:			
(a) Made or Guaranteed by the Candidate		21120.00	
(b) All Other Loans			
(c) TOTAL LOANS (add 13(a) and (b))		21120.00	
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)			
	1580.43	1580.43	
15. OTHER RECEIPTS (Dividends, Interest, etc.)			
	86.79	151.39	
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)			
	26755.23	98508.08	
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES			
	33451.89	88704.14	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES			
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate		1120.00	
(b) Of All Other Loans			
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		1120.00	
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees		1000.00	
(c) Other Political Committees (such as PACs)			
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		1000.00	
21. OTHER DISBURSEMENTS			
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)			
	33451.89	90824.14	
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$	14380.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$	26755.23
25. SUBTOTAL (add Line 23 and Line 24)		\$	41135.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$	33451.89
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$	7683.94

Itemized

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER

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 Shrauger for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Kutsehe 220 Paris Ave SE Grand Rapids, MI 49503		10/12/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Melanie K Deglopper 4638 Truman Kalamazoo, MI 49007	Bob Shrauger Campaign	10/15/98	185.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Campaign Mgr.	Aggregate Year-to-Date > \$ 225.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald A. Calkins 4216 3rd Ave NE Bradenton, FL 34208		10/15/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christine A. Hall 4322 N. Lakeshore Dr Ludington, MI 49431		10/15/98	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	
E. 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 49499			500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 1161.69	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence C. Sweet 999 Putney Birmingham, MI 48009	Birmingham Allergy Clinic	10/15/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Beverly L. Barringer 18864 - 8th Ave, apt #2 Coopersville, MI		10/15/98	30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 402.75	

SUBTOTAL of Receipts This Page (optional)

2015.00

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

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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
Donald A. Colkine 4216 3rd Ave NE Bradenton, Fla 34208	Retired	10/19/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
B. Full Name, Mailing Address and ZIP Code Ralph R Kuyler 435 Gary Ray Dr Dowson, MI 48423	Retired		150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 298.00		
C. Full Name, Mailing Address and ZIP Code Elizabeth J O'Brien 621 Dryden St Hart, MI 49420	Retired	10/15/98	20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 221.60		
D. Full Name, Mailing Address and ZIP Code Warren L Jones Box 425 North Bennington-Vt 05257	Retired	10/19/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
E. Full Name, Mailing Address and ZIP Code Dean W Barn 2143 Sandcrest Jenison, MI 49428	Floral View Memorial Gardens Office Administrator	10/17/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00 400.00		In Kind/Contrib
F. Full Name, Mailing Address and ZIP Code Nick Salij 5581 Northcrest Village Clarkston, MI 48346		10/21/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code Elizabeth J. O'Brien 621 Dryden St Hart, MI 49420	Retired	10/24/98	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 271.60		

SUBTOTAL of Receipts This Page (optional)

1520.00
250.00 In

Itemized
SCHEDULE A

ITEMIZED RECEIPTS

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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
R. J. Stiphan P.O. Box 823 Pawtucket, MI 49449	Harbor Design & Construction	10/26/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Designer/Architect	Aggregate Year-to-Date: \$ 400.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary A. Benjamin 5024 Acoery St. Detroit, MI 48208	Gary A Benjamin P.C.	10/27/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Attorney	Aggregate Year-to-Date: \$ 250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael R. Dunn 5617 Caitlin Ct. Troy, MI 48098	Michael Dunn's Associates	10/26/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Lawyer	Aggregate Year-to-Date: \$ 4,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret L. Kazanoff P.O. Box 437 Pawtucket, MI 49449			100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Retired	Aggregate Year-to-Date: \$ 593.30
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret L. Kazanoff P.O. Box 427 Pawtucket, MI 49449		1/2/98	88.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Retired	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
			In Kind Contribution
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: \$

TOTAL of Receipts This Page (optional) 1138.96

All This Period (last page this line number only) 4923.96

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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
Allegan County Democratic Committee		10/15/98	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
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ottawa County Democratic Party P. O. Box 118 Spring Lake, MI 49456		10/15/98	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	3000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ottawa County Democratic Party P. O. Box 118 Spring Lake, MI 49456		10/16/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	4000.00
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)

3200.00

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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
Choice Action Network P.O. Box 103 Montague, MI 49437	Joseph L. Aposita Occupation	10/15/98	750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	750.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U.A. Local No. 85 P.A.C.	Joseph L. Aposita Occupation	10/19/98	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAC-GR Muskegon LBA P.O. Box 4325 Muskegon, MI 49444	Occupation	10/6/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U.A. Political Education Committee 901 Massachusetts Ave N.W. Washington DC 20001	Occupation	10/1/98	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Education Assn Political Action Committee 1201 16th St. N.W. Washington, DC 20036	Occupation	10/2/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michigan Boilerworkers Federal Political Action Fund 5936 Chase Rd Dearborn MI 48126	Occupation	10/16/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
McCroskey Law Firm P.A.C. 1440 Peck St Muskegon, MI 49441	Occupation	10/20/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	

SUBTOTAL of Receipts This Page (optional)

7100.00

TOTAL This Period (last page this line number only)

PAC's

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2 FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code
I. B. E. W. - I. C. O. P. E.
1125 - 15th Street, N.W.
Washington, D.C. 20005
Receipt For: Other (specify): Primary General

Name of Employer
P.A.C.
Multi Candidate
Occupation
Aggregate Year-to-Date > \$ 2,000.00

Date (month, day, year)
10/19/98

Amount of Each Receipt this Period
1,000.00

B. Full Name, Mailing Address and ZIP Code
Pipe Fitters Local 636
16856 Meyers
Detroit, MI 48235
Receipt For: Other (specify): Primary General

Name of Employer
P.P.A.C. - Federal Fund
Occupation
Aggregate Year-to-Date > \$ 1,000.00

Date (month, day, year)
11/2/98

Amount of Each Receipt this Period
1,000.00

C. Full Name, Mailing Address and ZIP Code
UAW UCAP
8000 East Jefferson Ave
Detroit MI 48214-3963
Receipt For: Other (specify): Primary General

Name of Employer
Occupation
Aggregate Year-to-Date > \$ 8,500.00

Date (month, day, year)
11/2/98

Amount of Each Receipt this Period
1,000.00

D. Full Name, Mailing Address and ZIP Code
Receipt For: Other (specify): Primary General

Name of Employer
Occupation
Aggregate Year-to-Date > \$

Date (month, day, year)

Amount of Each Receipt this Period

E. Full Name, Mailing Address and ZIP Code
Receipt For: Other (specify): Primary General

Name of Employer
Occupation
Aggregate Year-to-Date > \$

Date (month, day, year)

Amount of Each Receipt this Period

F. Full Name, Mailing Address and ZIP Code
Receipt For: Other (specify): Primary General

Name of Employer
Occupation
Aggregate Year-to-Date > \$

Date (month, day, year)

Amount of Each Receipt this Period

G. Full Name, Mailing Address and ZIP Code
Receipt For: Other (specify): Primary General

Name of Employer
Occupation
Aggregate Year-to-Date > \$

Date (month, day, year)

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 3,000.00
TOTAL This Period (last page this line number only) 10,100.00

Offsets to Operating

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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NAME OF COMMITTEE (in Full)

Bob Strouger for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Farm Bureau Mutual Insurance 7373 West Sequoia Lansing, MI 48909	Return of Insurance Premiums	10/15/98	223.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 223.64	
B. Full Name, Mailing Address and ZIP Code Cambridge Agency Inc	Return of Insurance Premiums	4/5/98	375.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 375.23	
C. Full Name, Mailing Address and ZIP Code Check # 536 was Voided			981.56
Receipt For: <input type="checkbox"/> Primary <input checked="" 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)

598.87
1580.43

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 45
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
MELANIE DE GLOPPER 4638 TRUMAN RAVENNA, MI 49451	NET WAGES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98	840.58
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SWIFT PRINTING 404 BRIDGE ST GRAND RAPIDS, MI 49504	PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98	1219.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ATT BOX 27-266 KANAS CITY, MO 64184	PHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/98	12.39
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
IDEAL PRINTING BOYS LAKE MICHIGAN DR GRAND RAPIDS, MI 49504	PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/98	41.72
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PAT FITCH 5958 SUNSET LANE PENTWATER, MI 49445	REIMS FOR FUND RAISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/98	160.76
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SUSANNA PORTA - A-PORTY PO BOX 325 HART, MI 49420	TICKETS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/98	47.70
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MELANIE DE GLOPPER 4638 TRUMAN RAVENNA, MI 49451	MILEAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/98	1133.66
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MCLL CON BOX 900 DETROIT, MI 48268	WEAT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/98	30.46
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONSUMERS ENERGY 4000 CLAY BOX 201 GRAND RAPIDS, MI 49504	ELECTRICITY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/98	15.24
SUBTOTAL of Disbursements This Page (optional)			3501.57
TOTAL This Period (last page this line number only)			3501.57

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 15
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
SYLVIA STRAUER 6122 LONG BRIDGE PENTWATER, MI 49445	REIMB POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/98	3254.05
B. Full Name, Mailing Address and ZIP Code CAMBRIDGE AGENCY 1097 JACKSON GRAND HAVEN, MI 49417	ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/98	15000.00
C. Full Name, Mailing Address and ZIP Code GTE NORTH PO BOX 31122 TAMPA, FL 33631	PHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/98	243.02
D. Full Name, Mailing Address and ZIP Code CAMBRIDGE AGENCY 1097 JACKSON GRAND HAVEN, MI 49417	ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/98	4300.00
E. Full Name, Mailing Address and ZIP Code BOB STRAUER 6122 LONG BRIDGE PENTWATER, MI 49445	REIMBOURSE ADVERTISING - Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/98	2500.00
F. Full Name, Mailing Address and ZIP Code MELANIE DE GLOPPER 4638 TRUMAN RAVENNA, MI 49445	NET WAGES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/98	840.58
G. Full Name, Mailing Address and ZIP Code BETTY LYON 7120 LAKESHORE PENTWATER, MI 49445	POSTAGE REIMB Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/98	195.00
H. Full Name, Mailing Address and ZIP Code MELANIE DE GLOPPER 4638 TRUMAN RAVENNA, MI 49445	PHONE REIMB Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/98	36.84
I. Full Name, Mailing Address and ZIP Code BETTY LYON 7120 LAKESHORE PENTWATER, MI 49445	POSTAGE REIMB Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/9/98	128.00

SUBTOTAL of Disbursements This Page (optional)

26497.53

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 15
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)			
BOB SHRAUTER FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code BETTY JENSEN 49 E LAKE PENTWATER MI 48445	Purpose of Disbursement SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/9/98	Amount of Each Disbursement This Period 526.17
B. Full Name, Mailing Address and ZIP Code BETTY JENSEN 49 E LAKE PENTWATER, MI 48445	Purpose of Disbursement CONTRACT LABOR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/9/98	Amount of Each Disbursement This Period 300.00
C. Full Name, Mailing Address and ZIP Code JOAN DAVIS 1180 LAKESHORE 3044 E DEER ROAD HART, MI 48420	Purpose of Disbursement PHONE REIMS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/9/98	Amount of Each Disbursement This Period 100.00
D. Full Name, Mailing Address and ZIP Code LUALT LUDON 7180 LAKESHORE PENTWATER, MI 48445	Purpose of Disbursement POSTAGE REIMS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/9/98	Amount of Each Disbursement This Period 103.00
E. Full Name, Mailing Address and ZIP Code MELANIE DEGLOPPER 4638 ROMAN RAVENNA, MI 48471	Purpose of Disbursement SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/9/98	Amount of Each Disbursement This Period 53.51
F. Full Name, Mailing Address and ZIP Code MELANIE DEGLOPPER 4638 ROMAN (ROMAN) RAVENNA, MI 48471	Purpose of Disbursement NPT WAIFS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/9/98	Amount of Each Disbursement This Period 412.06
G. Full Name, Mailing Address and ZIP Code BETTY JENSEN 49 E LAKE PENTWATER, MI 48445	Purpose of Disbursement CONTRACT LABOR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/9/98	Amount of Each Disbursement This Period 80.00
H. Full Name, Mailing Address and ZIP Code PRACTICAL POLITICAL ADVAN PO BOX 6245 E LANSING, MI 48226	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/9/98	Amount of Each Disbursement This Period 102.11
I. Full Name, Mailing Address and ZIP Code DON HANSEN 180 N HILTOP HART, MI 48420	Purpose of Disbursement UTILITIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/9/98	Amount of Each Disbursement This Period 236.35
SUBTOTAL of Disbursements This Page (optional)			1919.70
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 25
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

BOB SHRAUFER FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STATE OF MICHIGAN LANSING MI 48922	EMPLOYEE WITHHOLDING	11/9/98	219.31
HUNTINGTON BANK 65 SHANCOCK PEARLWATER, MI 49445	941 PAYMENT	11/9/98	723.14
BRAD WARD 3255 ROAD RD WATERFALL, MI 49461	ADVERTISING	11/9/98	160.00
BANK SERVICE CHARGE: HUNTINGTON BANK	BANK CHG'S	11/16/98	6.70

SUBTOTAL of Disbursements This Page (optional)

1109.15

TOTAL This Period (last page this line number only)

33027.89

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 15
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)			
<p>Bob Strouger for Congress</p>			
<p>A. Full Name, Mailing Address and ZIP Code Betty Ligon P.O. Box 106 Pentwater, MI 49449</p>	<p>Purpose of Disbursement Candy Sweets</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/23/98</p>	<p>Amount of Each Disbursement This Period 5.99 <i>In Kind Contribution</i></p>
<p>B. Full Name, Mailing Address and ZIP Code Dennis & Dean Garn 2143 Sandcrest Jenison, MI 49428</p>	<p>Purpose of Disbursement Food & Supplies for Fund Raiser</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/17/98</p>	<p>Amount of Each Disbursement This Period 250.00 <i>In Kind Contribution</i></p>
<p>C. Full Name, Mailing Address and ZIP Code Betty Ligon P.O. Box 106 Pentwater, MI 49449</p>	<p>Purpose of Disbursement Refreshments</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 11/2/98</p>	<p>Amount of Each Disbursement This Period 43.00 37.05 <i>In Kind Contribution</i></p>
<p>D. Full Name, Mailing Address and ZIP Code Betty Ligon P.O. Box 106 Pentwater, MI 49449</p>	<p>Purpose of Disbursement T恤 Information on Vote Smart</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 11/3/98</p>	<p>Amount of Each Disbursement This Period 42.00 <i>In Kind Contribution</i></p>
<p>E. Full Name, Mailing Address and ZIP Code Margaret L. Kazanoff P.O. Box 427 Pentwater, MI 49449</p>	<p>Purpose of Disbursement Postage for Newsletter</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 11/2/98</p>	<p>Amount of Each Disbursement This Period 88.96 <i>In Kind Contribution</i></p>
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>H. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>I. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>			<p>424.00</p>
<p>TOTAL This Period (last page this line number only)</p>			<p>33451.89</p>

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Bob Shrauger for Congress A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bob Shrauger 6152 Loughbridge Pawtucket RI, 02861	20,000.00	- 0 -	- 0 -	20,000
Nature of Debt (Purpose): Personal Funds Used for Election				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				20,000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				20,000.00

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 <i>12/2/98</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>gpc</i> PREPARER	<i>12/6/98</i> DATE PREPARED