

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <div style="font-size: 1.2em; font-family: cursive;">Bob Shrauger for Congress</div> | 2. DATE <div style="font-size: 1.2em; font-family: cursive;">12/22/99</div> |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <div style="font-size: 1.2em; font-family: cursive;">6152 Longbridge Rd.</div> | 3. FEC Identification Number <div style="font-size: 1.2em; font-family: cursive;">C00338095</div> |
| (c) City, State and ZIP Code <div style="font-size: 1.2em; font-family: cursive;">Pentwater, MI 49449</div> | 4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

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5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
 - (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
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| Name of Candidate <div style="font-size: 1.2em; font-family: cursive;">Bob Shrauger</div> | Candidate Party Affiliation <div style="font-size: 1.2em; font-family: cursive;">Democrat</div> | Office Sought <div style="font-size: 1.2em; font-family: cursive;">Representative US Congress</div> | State/District <div style="font-size: 1.2em; font-family: cursive;">MI-2nd</div> |
|--|--|--|---|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
 - (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
 - (e) This committee is a separate segregated fund.
 - (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
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Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

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|---|--|---|
| Full Name <div style="font-size: 1.2em; font-family: cursive;">Roger Law</div> | Mailing Address <div style="font-size: 1.2em; font-family: cursive;">4311 Ottawa Tr, Shelby, MI 49455</div> | Title or Position <div style="font-size: 1.2em; font-family: cursive;">Treasurer</div> |
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8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

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| Full Name <div style="font-size: 1.2em; font-family: cursive;">Thomas Mc Gaghie</div> | Mailing Address <div style="font-size: 1.2em; font-family: cursive;">125 W. State, Scottville, MI 49454</div> | Title or Position <div style="font-size: 1.2em; font-family: cursive;">Assistant Treasurer</div> |
| Full Name <div style="font-size: 1.2em; font-family: cursive;">Roger Law</div> | Mailing Address <div style="font-size: 1.2em; font-family: cursive;">4311 Ottawa Tr, Shelby, MI 49455</div> | Title or Position <div style="font-size: 1.2em; font-family: cursive;">Treasurer</div> |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

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| Name of Bank, Depository, etc. <div style="font-size: 1.2em; font-family: cursive;">Huntington National Bank</div> | Mailing Address and ZIP Code <div style="font-size: 1.2em; font-family: cursive;">65 S. Hancock Pentwater, MI 49449</div> | |
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| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. | | |
| TYPE OR PRINT NAME OF TREASURER <div style="font-size: 1.2em; font-family: cursive;">Roger Law</div> | SIGNATURE OF TREASURER <div style="font-size: 1.2em; font-family: cursive;">Roger Law</div> | DATE <div style="font-size: 1.2em; font-family: cursive;">12/22/99</div> |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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.

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| <input type="checkbox"/> | Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> | First Class Mail | POSTMARKED 12-29-99 |
| <input type="checkbox"/> | Registered/Certified Mail | POSTMARKED |
| <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>Jm W</i> | | 12-27-99 |
| PREPARER | | DATE PREPARED |