

# 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

2000 FEB 10 P 1:50

1. NAME OF COMMITTEE (in full)  
C00338095 121499  
ROGER LAW  
BOB SHRAUGER FOR CONGRESS  
6152 LONGBRIDGE RD  
PENTWATER MI 49449

2. FEC IDENTIFICATION NUMBER  
H8M1 02063  
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
- October 15 Quarterly Report  30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)  Termination Report

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

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7/1/99 through 12/31/99		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11 (e))	22,075.32	25,689.82
(b) Total Contribution Refunds (from Line 20(d))	-	-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	22,075.32	25,689.82
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	25,056.75	25,068.75
(b) Total Offsets to Operating Expenditures (from Line 14)	648.00	711.21
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	24,408.75	24,357.54
8. Cash on Hand at Close of Reporting Period (from Line 27)	3,972.26	
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)	21,400	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9630  
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  
Roger Law  
Signature of Treasurer  
*Roger Law*  
Date  
1/31/00

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:	
<b>Bob Shrauger for Congress</b>	From: <b>7/1/99</b>	To: <b>12/31/99</b>
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3,260.00	
(ii) Unitemized	9,150.00	
(iii) Total of contributions from individuals	12,410.00	
(b) Political Party Committees	9,000.00	
(c) Other Political Committees (such as PACs)		
(d) The Candidate	665.32	665.32
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	22,075.32	25,689.82
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	-	-
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate	5,000.00	5,000.00
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))	5,000.00	5,000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	648.00	711.21
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	28.50	43.06
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	27,751.82	31,444.09
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b>	25,056.75	25,068.75
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	-	-
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate	3,600.00	3,600.00
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	3,600.00	3,600.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(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))		
<b>21. OTHER DISBURSEMENTS</b>	-	-
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	28,656.75	28,668.75
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$ 4,877.19	
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$ 27,751.82	
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>	\$ 32,629.01	
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>	\$ 28,656.75	
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b>	\$ 3,972.26	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 11(a)(1)

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**

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Waldemar A. Falutke, MD 9425 Whispering Sands Dr. West Olive, MI 49460</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 9/10/99</p>	<p>Amount of Each Receipt this Period \$ 250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Hilton J. Nieuwsma 2421 Central Ave. Holland, MI 49424</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation consultant</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 9/12/99</p>	<p>Amount of Each Receipt this Period \$ 250.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Paul Kutseke 220 Paris Ave. SE Grand Rapids, MI 49503</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer none</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 9/28/99</p>	<p>Amount of Each Receipt this Period \$ 250.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Jean T. Beal 221 Suffolk Rd. Pewaukee, MI 49449</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer none</p> <p>Occupation home maker</p> <p>Aggregate Year-to-Date &gt; \$ 1000.00</p>	<p>Date (month, day, year) 10/10/99</p>	<p>Amount of Each Receipt this Period \$ 1000.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Eugene C. Peterson 1831 West Tall Oaks Dr. Ludington, MI 49431</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer none</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 11/9/99</p>	<p>Amount of Each Receipt this Period \$ 250.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Lawrence C. Sweet, MD 999 Artney Birmingham, MI 48009</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Birmingham Allergy Clinic</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 11/26/99</p>	<p>Amount of Each Receipt this Period \$ 250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Randall G. Baidas 6681 Sunset Concourse Holland, MI 49423-6958</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer none</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 12/6/99</p>	<p>Amount of Each Receipt this Period \$ 500.00</p>

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

\$ 2,750.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 11(2)(1)

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NAME OF COMMITTEE (in Full)

Bob Shranger for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Jean Trump</u> <u>3084 County Club Dr.</u> <u>Muskegon, MI 49441-1144</u> Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	— Occupation <u>retired</u> Aggregate Year-to-Date > \$ <u>910.00</u>	<u>9/20/99</u> <u>12/20/99</u>	<u>\$10.00</u> <u>500.00</u>
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional) .....	\$ <u>510.00</u>
TOTAL This Period (last page this line number only) .....	\$ <u>3,260.00</u>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

11(b)

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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
Second Congressional District Democratic Party 8008 Old Channel Tr. Montague, MI 49437	—	8/18/99	2,500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): debt reduction '98 Campaign	Occupation: —	12/4/99	2,500. <sup>00</sup>
Aggregate Year-to-Date > \$ 5,000. <sup>00</sup>			
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	—	10/18/99	1,000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General \$300 <input checked="" type="checkbox"/> Other (specify): debt reduction '98 Campaign	Occupation: —	11/15/99	3,000. <sup>00</sup>
Aggregate Year-to-Date > \$ 5,000. <sup>00</sup>			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			

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

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

\$ 9,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 Shrager for Congress**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Allmerica Financial Citizens Insurance 645 West Grand River Howell, MI 48843	Workers Compensation Insurance Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9/27/99	\$252.00
B. Full Name, Mailing Address and ZIP Code Mary Bertin 2440 Fox Run Wyoming, MI 49509	Fundraising Consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9/16/99 10/4/99 10/12/99 10/26/99 11/15/99	1,197.20 426.62 1,197.20 566.23 837.61
C. Full Name, Mailing Address and ZIP Code Political Action Consulting Services 2440 Fox Run Wyoming, MI 49509	Consulting - political and fundraising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/6/99 11/20/99 11/20/99 12/4/99	\$2,072.00 2,072.00 693.36 2,072.00
D. Full Name, Mailing Address and ZIP Code Lands Inn	Restaurant Food and location - lunch Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8/6/99	\$1,137.50
E. Full Name, Mailing Address and ZIP Code Political Action Consulting Services 2440 Fox Run Wyoming, MI 49509	consulting - political and fundraising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	12/17/99 12/17/99 12/31/99	\$2,122.00 1,272.57 1,542.00
F. Full Name, Mailing Address and ZIP Code Ameritech Bill Payment Center Saginaw, MI 48663-0003	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10/12/99 11/7/99 12/15/99	\$174.55 57.64 100.75
G. Full Name, Mailing Address and ZIP Code AFL-CIO COPE West US 10 Ludington, MI 49431	Political Education Information Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10/12/99	\$450.00
H. Full Name, Mailing Address and ZIP Code Aristotle 2085 Peachtree Rd. Nw - Suite 20 Atlanta, GA 30309	Veter Data Information Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	12/27/99	\$4,000.00
I. Full Name, Mailing Address and ZIP Code IRS Detroit, MI	Withholding + FICA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10/21/99	\$909.60

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	\$ 23,951.66

**LOANS**

Name of Committee (in Full) <b>Bob Shrauger for Congress</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>Bob Shrauger 6152 Longbridge Rd. Pentwater, MI 49449</b>	Original Amount of Loan <b># 20,000</b>	Cumulative Payment To Date <b># 3,600</b>	Balance Outstanding at Close of This Period <b># 16,400</b>
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <b>8/3/78</b> \$ <b>1,900</b> ; <b>10/5/78</b> \$ <b>3,000</b> ; <b>10/15/78</b> \$ <b>20,000</b> ; Date Due <b>on demand</b> Interest Rate <b>0</b> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	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 <b>Bob Shrauger 6152 Longbridge Rd. Pentwater, MI 49449</b>	Original Amount of Loan <b># 5,000</b>	Cumulative Payment To Date <b>-</b>	Balance Outstanding at Close of This Period <b># 5,000</b>
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <b>12/5/79</b> ; Date Due <b>on demand</b> ; Interest Rate <b>0</b> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	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) .....			<b>21,400</b>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 2/7/08
<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>J.A.W.</i> PREPARER	 <i>2/10/08</i> DATE PREPARED