

CERTIFIED MAIL
OCT 22 1990

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

1990 OCT 29 AM 10:27

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) WOLPE FOR CONGRESS (076490)		2. FEC IDENTIFICATION NUMBER (076490)
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 8140 Catalina		
CITY, STATE and ZIP CODE Richland, MI 49083	STATE/DISTRICT MI/3rd	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

April 15 Quarterly Report

Twelfth day report preceding General
(Type of Election)
election on Nov 6 in the State of Michigan

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

Termination Report

Thirtieth day report following the General Election on _____ in the State of _____

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

SUMMARY

5. Covering Period	10-1-90 through 10-17-90	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)			
(a) Total Contributions (other than loans) (from Line 11(e)) \$		45,272.87	\$ 402,484.08
(b) Total Contribution Refunds (from Line 20(d))		--	--
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))		45,272.87	402,484.08
7. Net Operating Expenditures			
(a) Total Operating Expenditures (from Line 17)		92,060.93	441,112.26
(b) Total Offsets to Operating Expenditures (from Line 14)		856.00	2,144.50
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))		91,204.93	438,967.76
8. Cash on Hand at Close of Reporting Period (from Line 27)		86,318.01	
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)		6,000.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
Marilyn S. Graber, Treasurer

Signature of Treasurer
Marilyn S. Graber

Date
10-22-90

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)

90014162317

DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) **WOLPE FOR CONGRESS (076490)** Report Covering the Period:
From: **10-1-90** To: **10-17-90**

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)		\$ 10,750.00		11(a)(i)
(ii) Unitemized		\$ 9,472.87		11(a)(ii)
(iii) Total of contributions from individuals		\$ 20,222.87	\$ 172,640.58	11(a)(iii)
(b) Political Party Committees			\$ 23,100.00	11(b)
(c) Other Political Committees (such as PACs)		\$ 25,050.00	\$ 206,743.55	11(c)
(d) The Candidate				11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		\$ 45,272.87	\$ 402,484.08	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.				
		---	---	12
13. LOANS:				
(a) Made or Guaranteed by the Candidate				13(a)
(b) All Other Loans				13(b)
(c) TOTAL LOANS (add 13(a) and (b))				13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)				
		\$ 856.00	\$ 2,144.50	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)				
		---	\$ 6,264.75	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)				
		\$ 46,128.87	\$ 410,893.33	16
II. DISBURSEMENTS				
17. OPERATING EXPENDITURES				
		\$ 92,060.93	\$ 441,112.28	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.				
		---	---	18
19. LOAN REPAYMENTS:				
(a) Of Loans Made or Guaranteed by the Candidate				19(a)
(b) Of All Other Loans				19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))				19(c)
20. REFUNDS OF CONTRIBUTIONS TO:				
(a) Individuals/Persons Other Than Political Committees				20(a)
(b) Political Party Committees				20(b)
(c) Other Political Committees (such as PACs)				20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			\$ 952.00	20(d)
21. OTHER DISBURSEMENTS				
				21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)				
		\$ 92,060.93	\$ 442,064.28	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 132,248.07	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 46,128.87	24
25. SUBTOTAL (add Line 23 and Line 24)	\$ 178,376.94	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 92,060.93	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 86,318.01	27

90014162318

SCHEDULE A

ITEMIZED RECEIPTS
(INDIVIDUALS)

Use separate schedules for each category of the Detailed Summary Page

PAGE OF
1 13
FOR LINE NUMBER
11(a)

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)

WOLPE FOR CONGRESS (076490)

90074162319

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carolyn Anagnos 8124 W 3rd St Los Angeles, CA 90048	Homemaker	10/06/90	\$ **1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth Bennett 50 East Bellevue #1205 Chicago, IL 60611	Homemaker	10/12/90	\$ ****250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
William M Brodhead 31350 Coachlite Ln Bingham Farms, MI 48010	Self Employed	10/05/90 10/03/90	\$ ****500.00 \$ ****500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Theodore Cooper 3656 Woodcliff Dr Kalamazoo, MI 49008	The Upjohn Co	10/05/90	\$ ****500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ **600.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Fuchs 161 E Chicago Ave #31A Chicago, IL 60611	Goldman Sachs & Co	10/12/90	\$ ****250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ **250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert P Gwinn 144 Fairbank Road Riverside, IL 60546	Encyclopedia Britannica, Inc	10/12/90	\$ ****250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ **250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christine Hefner 680 N Lake Shore Dr Chicago, IL 60611	Self Employed	10/12/90	\$ ****250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ **250.00	

SUBTOTAL of Receipts This Page (optional) \$ **3,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS
(INDIVIDUALS)

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

PAGE 2 OF 3
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

WOLPE FOR CONGRESS (076490)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter B Kovler 919 N Michigan Ave #2800 Chicago, IL 60611	Self Employed	10/11/90	\$ **1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$ 2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C Joseph LaBonte 257 Commonwealth Boston, MA 02116		10/10/90	\$ ****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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul A Levy 401 North Wabash Chicago, IL 60611	M Myers Properties	10/12/90	\$ ****250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ **250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary E MacDonald P O Box 86 Copper Harbor, MI 49918		10/09/90	\$ ****500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janet Malone Morrow 732 Timberline Glenview, IL 60025		10/12/90	\$ ****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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lewis Manilow 754 N Milwaukee Ave Chicago, IL 60622	Self Employed	10/12/90	\$ ****250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor	Aggregate Year-to-Date > \$ **250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard H Missner 2 First National Plaza Chicago, IL	RH Missner & Co. Inc.	10/10/90	\$ **1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres.	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) \$ **4,000.00

TOTAL This Period (last page this line number only)

00014162320

SCHEDULE A

ITEMIZED RECEIPTS
(INDIVIDUALS)

Use separate schedules for each category of the Detailed Summary Page

PAGE OF
3 3
FOR LINE NUMBER
11(a)

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NAME OF COMMITTEE (in Full)

WOLPE FOR CONGRESS (076490)

90014169321

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stewart R Mott 1133 Fifth Ave New York, NY 10128	Self Employed	10/05/90	\$ ****250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Maverick	Aggregate Year-to-Date > \$ **500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bettylu K Saltzman 161 Chicago Ave Chicago, IL 60611		10/12/90	\$ ****250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	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
Marvin Weinreb 65 Hiller Dr Oakland, CA 94618	Self Employed	10/05/90	\$ ****500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ **500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard Weissbourd 111 E Wacker Dr Chicago, IL 60601	Metropolitan Structures	10/08/90	\$ **1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernice Weissbourd 2737 Sheridan Rd Evanston, IL 60201	Family Focus	10/08/90	\$ **1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
Judy Wise 416 W Webster Chicago, IL 60614	Self Employed	10/12/90	\$ ****250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ **250.00	
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$ **3,250.00

TOTAL This Period (last page this line number only) \$ *10,750.00

SCHEDULE A

ITEMIZED RECEIPTS
(PACS)

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

PAGE OF
1 3
FOR LINE NUMBER
11(c)

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NAME OF COMMITTEE (in Full)

WOLPE FOR CONGRESS (076490)

A. Full Name, Mailing Address and ZIP Code AGSHF Civic Action Comm 1333 New Hampshire Ave NW #400 Washington, DC 20036	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/03/90	\$ 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		

B. Full Name, Mailing Address and ZIP Code AFSCME - PEOPLE 1625 L St NW Washington, DC 20036	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/11/90	\$ 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$8,000.00		

C. Full Name, Mailing Address and ZIP Code Effective Government Committee 80 F Street NW 8th Fl Washington, DC 20001	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/09/90	\$ 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$5,000.00		

D. Full Name, Mailing Address and ZIP Code Friends of Cong George Miller PO Box 5864 Concord, PA 94524	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/05/90	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		

E. Full Name, Mailing Address and ZIP Code Great Lakes Sugar Beet Growers PAC 320 Plaza North Saginaw, MI 48604	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/05/90	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$550.00		

F. Full Name, Mailing Address and ZIP Code Handgun Control PAC 1225 I St NW Ste 1100 Washington, DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/03/90	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		

G. Full Name, Mailing Address and ZIP Code House Leadership Fund P O Box 39236 Washington, DC 20016	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/03/90	\$ 2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$5,000.00		

SUBTOTAL of Receipts This Page (optional) \$ *11,800.00

TOTAL This Period (last page this line number only)

99714169322

SCHEDULE A

ITEMIZED RECEIPTS
(PACS)

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 3
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

WOLPE FOR CONGRESS (076490)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Human Rights Campaign Fund 1012 14th St NW 6th Floor Washington, DC 20005		10/05/90	\$ 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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ironworkers Pol Act League 1750 New York Ave NW Washington, DC 20006		10/05/90	\$ 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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Levin for Congress Southfield, MI 48075		10/09/90	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ *1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Machinists Non-Partisan Pol League 1300 Connecticut Ave NW Ste 404 Washington, DC 20036		10/05/90	\$ 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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
McCroskey Law Firm PAC 1440 Peck St Muskegon, MI 49441		10/03/90	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ ***500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MichCon Gas PAC 500 Griswald St Detroit, MI 48226		10/03/90	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ *1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natl Cable Television PAC 1724 Massachusetts NW Washington, DC 20036		10/09/90	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ *1,000.00	

SUBTOTAL of Receipts This Page (optional) \$ **4,750.00

TOTAL This Period (last page this line number only) \$ **4,750.00

00014160023

SCHEDULE A

ITEMIZED RECEIPTS
(PACS)

Use receipts tabulated for each category of the Detailed Summary Page

PAGE 3 OF 3
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

WOLPE FOR CONGRESS (076490)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAX Americas 122 Maryland Ave NE 3rd Flr Washington, DC 20002		10/05/90	\$ 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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R Duffy Wall & Assoc PAC 1317 F St NW Suite 400 Washington, DC 20004		10/09/90	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ *1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Senior Citizens Natl Council PAC 925 15th St NW Washington, DC 20005		10/03/90	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ *1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sierra Club Comm on Pol Ed 408 C Sreet NE Washington, DC 20002		10/09/90	\$ 2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ *4,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Upjohn Employees PAC 7000 Portage Road Kalamazoo, MI 49001		10/05/90	\$ 1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ *1,500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Voters for Choice/Friends of Family Plan 2000 P St NW #515 Washington, DC 20036		10/09/90	\$ 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ *2,000.00	
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$ **8,500.00

TOTAL This Period (last page this line number only) \$ *25,050.00

0001416921

SCHEDULE A

ITEMIZED RECEIPTS
(OFFSETS)

Use separate schedules 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)

WOLPE FOR CONGRESS (076490)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adventure Travel 148 E Michigan Kalamazoo MI 49008	Refund of ticket deposits	10/12/90	\$ ****856.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		Occupation	
<input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation	
<input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation	
<input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation	
<input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation	
<input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation	
<input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Occupation	
<input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	

90714162325

SUBTOTAL of Receipts This Page (optional) \$ ****856.00
 TOTAL This Period (last page this line number only) \$ ****856.00

SCHEDULE B

ITEMIZED DISBURSEMENTS
(OPERATING EXPENDITURES)

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NAME OF COMMITTEE (in Full)

NOI DE FOR CONGRESS (076490)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT & T P O Box 77017 Detroit, MI 48277	Telephone services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/90	\$ *****45.91
B. Full Name, Mailing Address and ZIP Code Adam Reames 2347 Crane Kalamazoo, MI 49001	Purpose of Disbursement Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90	\$ *****31.80
C. Full Name, Mailing Address and ZIP Code Adam Reames 2347 Crane Kalamazoo, MI 49001	Purpose of Disbursement Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/90 10/17/90	\$ *****328.35 \$ *****15.04
D. Full Name, Mailing Address and ZIP Code Amerikal 3111 Lake St Kalamazoo, MI 49001	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90 10/11/90	\$ **2,846.20 \$ **6,568.77
E. Full Name, Mailing Address and ZIP Code Barbara Harris 115 Bittersweet Battle Creek, MI 49015	Purpose of Disbursement Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/90	\$ ****110.25
F. Full Name, Mailing Address and ZIP Code Barbara Harris 115 Bittersweet Battle Creek, MI 49015	Purpose of Disbursement Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/90	\$ ****182.11
G. Full Name, Mailing Address and ZIP Code Battle Creek Enquirer 155 W VanBuren Battle Creek, MI 49017	Purpose of Disbursement Publications & ads Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90	\$ ***684.75
H. Full Name, Mailing Address and ZIP Code Battle Creek Enquirer 155 W VanBuren Battle Creek, MI 49017	Purpose of Disbursement Publications & ads Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/90	\$ *****39.91
I. Full Name, Mailing Address and ZIP Code Battle Creek Wire Productions 75 Leonard Wood Dr Battle Creek, MI 49015	Purpose of Disbursement Shipping fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/90	\$ *****54.24

SUBTOTAL of Disbursements This Page (optional) \$ *10,907.33

TOTAL This Period (last page this line number only)

99714150326

SCHEDULE B

ITEMIZED DISBURSEMENTS
(OPERATING EXPENDITURES)

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

PAGE 2 OF 8

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

WOLPE FOR CONGRESS (076490)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Calhoun Co Dem Bldg Fund 150 Riverside Battle Creek, MI 49017	Reimbursement for long distance phone calls Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/90	\$ ****216.51
B. Full Name, Mailing Address and ZIP Code Colleen Heflin 1222 Homecrest Kalamazoo, MI 49001	Purpose of Disbursement Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/90	\$ ****398.59
C. Full Name, Mailing Address and ZIP Code Colleen Kelley 323 Village Dr E Lansing, MI 48823	Purpose of Disbursement Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90 10/11/90 10/12/90	\$ *****84.58 \$ ****112.25 \$ ****328.35
D. Full Name, Mailing Address and ZIP Code Consumers Power Co 530 W Willow Box 30162 Lansing, MI 48909	Purpose of Disbursement Utilities gas Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90	\$ ****268.61
E. Full Name, Mailing Address and ZIP Code Cooper & Secrest 228 S Washington St Alexandria, VA 22314	Purpose of Disbursement Polling Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/90	\$ **7,250.00
F. Full Name, Mailing Address and ZIP Code Debra Callahan 122 E Candlewyck Kalamazoo, MI 49008	Purpose of Disbursement Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/90 10/12/90	\$ ****311.56 \$ **1,601.41
G. Full Name, Mailing Address and ZIP Code Dykema's 119 E Michigan Kalamazoo, MI 49007	Purpose of Disbursement Office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90 10/11/90	\$ *****59.41 \$ ****24.60
H. Full Name, Mailing Address and ZIP Code Federal Express P O Box 1140 Memphis, TN 38101	Purpose of Disbursement Courier services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90 10/11/90	\$ ****281.00 \$ *****40.50
I. Full Name, Mailing Address and ZIP Code Flipse Flower Shop 1416 S Burdick Kalamazoo, MI 49001	Purpose of Disbursement Flower arrangements Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90	\$ *****89.36

SUBTOTAL of Disbursements This Page (optional) \$ *11,066.73

TOTAL This Period (last page this line number only)

00014162327

SCHEDULE B

**ITEMIZED DISBURSEMENTS
(OPERATING EXPENDITURES)**

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NAME OF COMMITTEE (in Full)

WOLPE FOR CONGRESS (076490)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gloria Vaquera 650 A Oakland Kalamazoo, MI 49008	Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90	\$ *****27.52
Gloria Vaquera 650 A Oakland Kalamazoo, MI 49008	Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/90 10/12/90	\$ *****19.35 \$ *****354.63
Greer/Margolis/Mitchell 2626 Pennsylvania NW Washington, DC 20037	Media buy Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/90	\$ **3,322.87
Howard Wolpe 818 Seymour Lansing, MI 48906	Travel expense reimbursements Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/90	\$ ****108.49
Janelle Durrett 559 E Minges Rd Battle Creek, MI 49015	Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90 10/11/90 10/12/90	\$ *****56.10 \$ *****40.65 \$ ****308.91
Jean Hines 3411 Willow Lk Dr Kalamazoo, MI 49008	Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90	\$ ****214.20
Jean Hines 3411 Willow Lk Dr Kalamazoo, MI 49008	Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/90 10/11/90	\$ ****704.41 \$ *****17.23
Jennifer Frank 1113 Greenwood Kalamazoo, MI 49007	Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90 10/12/90	\$ *****40.65 \$ ****312.63
Jim Orr 2730 Fairfield Kalamazoo, MI 49001	Fundraising expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90	\$ ****500.00

SUBTOTAL of Disbursements This Page (optional) \$ **6,027.64

TOTAL This Period (last page this line number only)

9001416323

SCHEDULE B

ITEMIZED DISBURSEMENTS
(OPERATING EXPENDITURES)

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NAME OF COMMITTEE (in Full)
WOLPE FOR CONGRESS (076490)

90014163329

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOB SHOP PRINTERS 2321 W Main Lansing, MI 48917	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90	\$ *****37.44
B. Full Name, Mailing Address and ZIP Code Julie Marshall 782 S Drake Kalamazoo, MI 49009	Purpose of Disbursement Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/11/90 0/12/90	Amount of Each Disbursement This Period \$ ****128.70 \$ ****384.56
C. Full Name, Mailing Address and ZIP Code KD Sales Company 2039 S Burdick Kalamazoo, MI 49001	Purpose of Disbursement Helium tank rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 0/11/90	Amount of Each Disbursement This Period \$ *****29.64
D. Full Name, Mailing Address and ZIP Code Kalamazoo Gazette 410 S Burdick St Kalamazoo, MI 49007	Purpose of Disbursement Ads & publications Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/04/90	Amount of Each Disbursement This Period \$ ****593.67
E. Full Name, Mailing Address and ZIP Code Kalamazoo Gazette 410 S Burdick St Kalamazoo, MI 49007	Purpose of Disbursement Ads & publications Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/11/90	Amount of Each Disbursement This Period \$ *****8.60
F. Full Name, Mailing Address and ZIP Code Kalamazoo Paperpoint 2207 Lake St Kalamazoo, MI 49001	Purpose of Disbursement Office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/04/90	Amount of Each Disbursement This Period \$ ****72.18
G. Full Name, Mailing Address and ZIP Code Kay Barnhart 10263 Huckleberry Ln Richland, MI 49083	Purpose of Disbursement Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/12/90	Amount of Each Disbursement This Period \$ ****869.41
H. Full Name, Mailing Address and ZIP Code Linda Davids 1108 Pine St Grand Ledge, MI 48837	Purpose of Disbursement Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/12/90	Amount of Each Disbursement This Period \$ ****296.91
I. Full Name, Mailing Address and ZIP Code Linda Davids 1108 Pine St Grand Ledge, MI 48837	Purpose of Disbursement Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/11/90	Amount of Each Disbursement This Period \$ ****273.81

SUBTOTAL of Disbursements This Page (optional) \$ **2,694.92

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS
(OPERATING EXPENDITURES)

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NAME OF COMMITTEE (in Full)

WOLPE FOR CONGRESS (076490)

00014162330

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lori Brown 434 Coolidge Kalamazoo, MI 49007	Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90	\$ *****81.60
Lori Brown 434 Coolidge Kalamazoo, MI 49007	Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/90 10/11/90	\$ *****397.19 \$ *****68.01
Marilyn Graber 8140 Catalina Richland, MI 49083	Accounting services & office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/90	\$ *****5.00
Martin Associates 111 Michigan Lansing, MI 48933	Office space rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/90	\$ ****150.00
Michigan Bell PO Box 5030 Saginaw, MI 48663	Telephone services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90	\$ ****539.18
Old Kent Bank Kalamazoo, MI	Employee federal tax & sec sec withholdings Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/90 10/15/90	\$ **3,048.80 \$ **3,079.40
PR Promotions 1708 Sunrise Dr Potomac, MD 20854	Shipping charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/90	\$ ****316.23
Philip Dietrich 17067 Marcellus Hwy Marcellus, MI 49067	Salary & travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/90 10/11/90	\$ ****179.13 \$ *****32.40
Pitney Bowes P O Box 85390 Louisville, KY 40285	Postage meter rental & supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/90	\$ *****33.54

SUBTOTAL of Disbursements This Page (optional) \$ **7,930.48

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS
(OPERATING EXPENDITURES)

Use separate schedules 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)

WOLPE FOR CONGRESS (076490)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sharyl Gates 2305 Knobb Hill #13 Okemos, MI 48864	Salary & travel expenses	10/04/90	\$ *****28.95
		10/11/90	\$ *****40.95
		10/16/90	\$ ****228.55
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Sharyl Gates 2305 Knobb Hill #13 Okemos, MI 48864	Salary & travel expenses	10/16/90	\$ ****602.63
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State of Michigan Lansing, MI 48833	Payroll taxes & state unemployment fund	10/15/90	\$ **2,515.38
		10/15/90	\$ **1,421.53
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Stephen Rosenblat 122 E Candlewyck Kalamazoo, MI 49008	Salary	10/12/90	\$ **1,051.97
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Suzanne Hammelman 120 N Liberty Arlington, VA 22203	Fundraising consulting	10/12/90	\$ **2,121.45
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Thea VanHouten 7131 Glade Trail Kalamazoo, MI 49009	Fundraising consulting	10/04/90	\$ ****400.00
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Theo and Stacy Skartsiaris 2913 Brandywine Kalamazoo, MI 49008	Office rental	10/04/90	\$ **1,000.00
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
U S Postmaster 410 E Michigan Ave Kalamazoo, MI 49007	Postage	10/04/90	\$ **2,500.00
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
U S Postmaster 410 E Michigan Ave Kalamazoo, MI 49007	Postage	10/11/90	\$ ****700.00
		Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional) \$ *12,611.41

TOTAL This Period (last page this line number only)

907141623

SCHEDULE B

ITEMIZED DISBURSEMENTS
(OPERATING EXPENDITURES)

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NAME OF COMMITTEE (in Full)

WOLPE FOR CONGRESS (076490)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Victor Green 616 Woodward Kalamazoo, MI 49007	Salary & travel expense	10/11/90	\$ ****48.01
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/90	\$ ****312.63
B. Full Name, Mailing Address and ZIP Code WILX-TV 100 N Pennsylvania Lansing, MI 48906	Purpose of Disbursement Media	Date (month, day, year) 10/04/90	Amount of Each Disbursement This Period \$ **8,534.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code WLNS-TV 2820 E Saginaw Lansing, MI 48912	Purpose of Disbursement Media	Date (month, day, year) 10/04/90	Amount of Each Disbursement This Period \$ **9,617.75
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code WOTV-TV 8 120 College SE Grand Rapids, MI 49525	Purpose of Disbursement Media	Date (month, day, year) 10/04/90	Amount of Each Disbursement This Period \$ **7,590.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code WSYM-TV 600 W. St. Joseph Suite 47 Lansing, MI 48933	Purpose of Disbursement Media	Date (month, day, year) 10/04/90	Amount of Each Disbursement This Period \$ **1,075.25
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code WUHQ-TV 41 PO Box 1616 Battle Creek, MI 49016	Purpose of Disbursement Media	Date (month, day, year) 10/04/90	Amount of Each Disbursement This Period \$ **1,712.75
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code WWMT-TV 3 590 W Maple Kalamazoo, MI 49008	Purpose of Disbursement Media	Date (month, day, year) 10/04/90	Amount of Each Disbursement This Period \$ **7,820.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code WXMI-TV 17 3117 Plaza Dr NE Grand Rapids, MI 49527	Purpose of Disbursement Media	Date (month, day, year) 10/04/90	Amount of Each Disbursement This Period \$ **1,266.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Washington Court 525 New Jersey Ave NW Washington, DC 20001	Purpose of Disbursement Catering	Date (month, day, year) 10/11/90	Amount of Each Disbursement This Period \$ **1,908.54
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) \$ **39,885.93

TOTAL This Period (last page this line number only)

0001416232

SCHEDULE B

ITEMIZED DISBURSEMENTS
(OPERATING EXPENDITURES)

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

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NAME OF COMMITTEE (in Full)

WOLPE FOR CONGRESS (076490)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
West Michigan Laser P O Box 2022 Kalamazoo, MI 49007	Computer supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/90	\$ ****205.92
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$ ****205.92

TOTAL This Period (last page this line number only)

\$ *91,330.36

90014162333

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1
LINE NUMBER 10
(Use separate schedules for each numbered line)

07014162834

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
WOLPE FOR CONGRESS (076490)				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Greer/Margolis/Mitchell & Assoc. 2626 Pennsylvania NW #301 Washington, DC 20037	\$ 6,000.00	-0-	-0-	\$6,000.00
Nature of Debt (Purpose): Media Production				
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) TOTAL This Period (last page this line only)				\$6,000.00
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)				\$ 6,000.00