

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION

OCT 19 11 32 AM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>RESTORING THE AMERICAN DREAM</b>		2. FEC IDENTIFICATION NUMBER <b>C00333880</b>
ADDRESS (number and street) <b>126 OTTAWA NW</b>	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE and ZIP CODE <b>GRAND RAPIDS, MI 49503</b>		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) is this Report an Amendment?     YES     NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>7-1-98</u> through <u>9-30-98</u>		
6. (a)	Cash on Hand January 1, 1998		\$ -0-
6. (b)	Cash on Hand at Beginning of Reporting Period	\$ 42,117.64	
6. (c)	Total Receipts (from Line 19)	\$ 256,895.48	\$ 308,895.48
6. (d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 301,013.12	\$ 308,895.48
7.	Total Disbursements (from Line 30)	\$ 85,978.82	\$ 93,861.18
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 215,034.30	\$ 215,034.30
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20465 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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 <b>William R. Payne</b>	Date <b>10/2/98</b>
Signature of Treasurer <i>William R. Payne</i>	

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

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE

RESTORING THE AMERICAN DREAM

REPORT COVERING PERIOD

FROM 7-1-98

TO:

9-30-98

### I. Receipts

	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$256,570.00	\$306,570.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) >	\$256,570.00	\$306,570.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	\$256,570.00	\$306,570.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	\$2,325.48	\$2,325.48	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$258,895.48	\$308,895.48	19
20. Total Federal Receipts (subtract line 18 from line 19) >			20

### II. Disbursements

21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	\$66,478.82	\$73,361.18	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	\$66,478.82	\$73,361.18	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$19,500.00	\$20,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$85,978.82	\$93,861.18	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >			31

### III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	\$258,895.48	\$308,895.48	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$258,895.48	\$308,895.48	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	\$66,478.82	\$73,361.18	35
36. Offsets to Operating Expenditures (from line 15)	\$2,325.48	\$2,325.48	36
37. Net Operating Expenditures (subtract line 35 from 35) >	\$64,153.34	\$71,035.70	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 12  
FOR LINE NUMBER 11a1

**CONTRIBUTIONS FROM INDIVIDUALS**

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)

RESTORING THE AMERICAN DREAM

<p>A. Full Name, Mailing Address and ZIP Code MARIA DEVOS 2020 DEVONWOOD LANE SE GRAND RAPIDS, MI 49546</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Name of Employer HOMEMAKER</p> <p>Occupation HOMEMAKER</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year) 7-2-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code DOUG DEVOS SAME AS ABOVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Name of Employer AMWAY CORPORATION</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year) 7-2-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code ROBERT COVINGTON, JR. 1633 BROOKRUN DR. RALEIGH, NC 27614</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Name of Employer COVINGTON MARKETING MANAGEMENT, INC</p> <p>Occupation PRESIDENT</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year) 7-9-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code DENNIS DELISLE 567 JOSHUA DR. WALKER LAKE, NV 89415</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Name of Employer D.N.A. International</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$ 3,000</p>	<p>Date (month, day, year) 7-13-98</p>	<p>Amount of Each Receipt this Period 1,500.00 1,500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code WILLIAM NICHOLSON 1101 POST OAK BLVD SUITE 9700 HOUSTON, TEXAS 77056</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Name of Employer Amway Corporation</p> <p>Occupation consultant</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year) 7-13-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code SUZANNE VANDERWEIDE 9800 WALZER COURT WINDEMERE FL 34786</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Name of Employer HOMEMAKER</p> <p>Occupation HOMEMAKER</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year) 7-21-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code ROBERT VANDERWEIDE SAME AS ABOVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Name of Employer ORLANDO MAGIC</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year) 7-21-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>

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

\$33,000.00

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 12  
FOR LINE NUMBER 11a1

Any information copied from such Reports and Statements may not be said 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)  
RESTORING THE AMERICAN DREAM

<p>A. Full Name, Mailing Address and ZIP Code DEXTER YAGER PO BOX 412080 CHARLOTTE, NC 28241_2080</p>	<p>Name of Employer INTERNET SERVICES</p>	<p>Date (month, day, year) 8-3-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Occupation OWNER</p>	<p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code BIRDIE YAGER SAME AS ABOVE</p>	<p>Name of Employer INTERNET SERVICES</p>	<p>Date (month, day, year) 8-3-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Occupation requested</p>	<p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code JEFF YAGER 2689 VINEYARD ROAD FORT MILL, SC 29715</p>	<p>Name of Employer INTERNET SERVICES</p>	<p>Date (month, day, year) 8-3-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Occupation President</p>	<p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code RHONDA YAGER SAME AS ABOVE</p>	<p>Name of Employer INTERNET SERVICES</p>	<p>Date (month, day, year) 8-3-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Occupation requested</p>	<p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code STEVEN YAGER 150 LAKE POINTE DR. FT. MILL, SC 29715</p>	<p>Name of Employer INTERNET SERVICES</p>	<p>Date (month, day, year) 8-3-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Occupation requested</p>	<p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code LORRYN YAGER SAME AS ABOVE</p>	<p>Name of Employer INTERNET SERVICES</p>	<p>Date (month, day, year) 8-3-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Occupation requested</p>	<p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code DOYLE YAGER 7098 ANCHORAGE LN TEGA CAY, SC 29715</p>	<p>Name of Employer INTERNET SERVICES</p>	<p>Date (month, day, year) 8-3-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Occupation requested</p>	<p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	

SUBTOTAL of Receipts This Page (optional) ..... \$35,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 3 OF 13  
FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**  
RESTORING THE AMERICAN DREAM

<b>A. Full Name, Mailing Address and ZIP Code</b> HOLLY YAGER SAME AS PREVIOUS  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Name of Employer INTERNET SERVICES  Date (month, day, year) 8-3-98	Amount of Each Receipt this Period \$5,000.00
	Occupation requested Aggregate Year-to-Date > \$ 5,000.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> LATA GALA 150 HIGHLAND RIDGE RD MANALAPAN, NJ 07726  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Name of Employer GALA MARKETING  Date (month, day, year) 8-4-98	Amount of Each Receipt this Period \$1,000.00
	Occupation SECRETARY Aggregate Year-to-Date > \$ 1,000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> ELSA PRINCE 1057 SOUTH SHORE DR HOLLAND, MI 49423  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Name of Employer HOMEMAKER  Date (month, day, year) 8-14-98	Amount of Each Receipt this Period \$5,000.00
	Occupation HOMEMAKER Aggregate Year-to-Date > \$ 5,000.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> RICHARD DEVOS 1025 SOUTH SHORE DR HOLLAND, MI 49423  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Name of Employer AMWAY CORPORATION  Date (month, day, year) 8-17-98	Amount of Each Receipt this Period \$5,000.00
	Occupation RETIRED CO-FOUNDER Aggregate Year-to-Date > \$ 5,000.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> HELEN DEVOS SAME AS ABOVE  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Name of Employer HOMEMAKER  Date (month, day, year) 8-17-98	Amount of Each Receipt this Period \$5,000.00
	Occupation HOMEMAKER Aggregate Year-to-Date > \$ 5,000.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> KAREN BURNS 13620 GLENDOVER RD MIDLOTHIAN, VA 23113  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Name of Employer requested  Date (month, day, year) 8-17-98	Amount of Each Receipt this Period \$1,000.00
	Occupation requested Aggregate Year-to-Date > \$ 1,000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> DAVID DUNCAN 12912 167TH AVE NE REDMOND, WA 98052  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Name of Employer requested  Date (month, day, year) 8-20-98	Amount of Each Receipt this Period \$1,000.00
	Occupation requested Aggregate Year-to-Date > \$ 1,000.00	

**SUBTOTAL** of Receipts This Page (optional) ..... \$23,000.00

**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 4 OF 12

FOR LINE NUMBER 1191

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NAME OF COMMITTEE (In Full)  
RESTORING THE AMERICAN DREAM

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RON PURYEAR 23510 E BROADWAY LIBERTY LAKE WA 99019	PURYEAR MOTIVATION INC.	8-24-98	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Occupation: PRESIDENT Aggregate Year-to-Date > \$ 5,000.00		
GEORGIA PURYEAR SAME AS ABOVE	PURYEAR MOTIVATION INC.	8-24-98	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Occupation: V-PRESIDENT Aggregate Year-to-Date > \$ 5,000.00		
DOMINICK CONIGULIARO 15640 LANCASTER HWY CHARLOTTE, NC 28277	requested	8-24-98	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Occupation: requested Aggregate Year-to-Date > \$ 5,000.00		
HENRY GILEWICZ 1 PARADISE POINT RD LAKE WYLIE SC 29710	requested	8-24-98	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Occupation: requested Aggregate Year-to-Date > \$ 1,000.00		
RICK SETZER 3089 S HWY 14 GREER SC 29650	SETZER INTERNATIONAL	8-15-98	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Occupation: PRESIDENT Aggregate Year-to-Date > \$ 5,000.00		
DORSEY DEATON 5720 STONE HAVEN DT, STONE MOUNTAIN GA 30087	GEORGIA PARAMETER COLLEGE	8-15-98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Occupation: PROFESSOR Aggregate Year-to-Date > \$ 500.00		
WILLIAM NEWTON 6714 GARDEN RIDGE CIRCLE WICHITA, KS 67205	IMS, INTL	8-15-98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Occupation: CO OWNER Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) ..... \$22,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 5 OF 12  
FOR LINE NUMBER 1191

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NAME OF COMMITTEE (In Full)  
RESTORING THE AMERICAN DREAM

<b>A. Full Name, Mailing Address and ZIP Code</b> JERRY TUBERGEN 5101 SPRING RIDGE ADA, MI 49301	Name of Employer RDV CORPORATION	Date (month, day, year) 9-1-98	Amount of Each Receipt this Period \$5,000.00
	Occupation PRESIDENT Aggregate Year-to-Date > \$ 5,000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL			
<b>B. Full Name, Mailing Address and ZIP Code</b> MARCY TUBERGEN SAME AS ABOVE	Name of Employer HOMEMAKER	Date (month, day, year) 9-12-98	Amount of Each Receipt this Period \$5,000.00
	Occupation HOMEMAKER Aggregate Year-to-Date > \$ 5,000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL			
<b>C. Full Name, Mailing Address and ZIP Code</b> DOROTHY LOWARY 3907 NE RIVERSIDE AVE PEDLETON, OR 97801	Name of Employer LOWARY AND ASSOCIATES	Date (month, day, year) 8-31-98	Amount of Each Receipt this Period \$1,000.00
	Occupation OWNER Aggregate Year-to-Date > \$ 1,000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL			
<b>D. Full Name, Mailing Address and ZIP Code</b> ROBERT ZEENDER 913 CLIFTONBROOK LANE SILVER SPRING MD 20905	Name of Employer CREATIVE MOTIVATION INC.	Date (month, day, year) 8-27-98	Amount of Each Receipt this Period \$5,000.00
	Occupation PRESIDENT Aggregate Year-to-Date > \$ 5,000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL			
<b>E. Full Name, Mailing Address and ZIP Code</b> JACKIE ZEENDER SAME AS ABOVE	Name of Employer CREATIVE MOTIVATION INC.	Date (month, day, year) 8-27-98	Amount of Each Receipt this Period \$5,000.00
	Occupation VICE-PRESIDENT Aggregate Year-to-Date > \$ 5,000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL			
<b>F. Full Name, Mailing Address and ZIP Code</b> STEVE JOHNSON PO BOX 574 MILFORD, OH 45150	Name of Employer requested	Date (month, day, year) 8-26-98	Amount of Each Receipt this Period 1,000.00
	Occupation requested Aggregate Year-to-Date > \$ 1,000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL			
<b>G. Full Name, Mailing Address and ZIP Code</b> JAY VANANDEL 7186 WINDY HILL ROAD SE GRAND RAPIDS, MI 49546	Name of Employer AMWAY CORPORATION	Date (month, day, year) 8-28-98	Amount of Each Receipt this Period \$5,000.00
	Occupation SR. CHAIRMAN Aggregate Year-to-Date > \$ 5,000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL			

SUBTOTAL of Receipts This Page (optional) ..... \$27,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**CONTRIBUTIONS FROM INDIVIDUALS**

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

PAGE 6 OF 12  
FOR LINE NUMBER 1191

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NAME OF COMMITTEE (in Full)  
RESTORING THE AMERICAN DREAM

<b>A. Full Name, Mailing Address and ZIP Code</b> ERIK PRINCE 114 BITTERSWEET NE ADA, MI 49301		Name of Employer THE PRINCE GROUP	Date (month, day, year) 8-31-98	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Occupation _____	Aggregate Year-to-Date > \$ 5,000.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> JOAN PRINCE SAME AS ABOVE		Name of Employer HOMEMAKER	Date (month, day, year) 8-31-98	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Occupation _____	Aggregate Year-to-Date > \$ 5,000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> WILLIAM GALVIN 6922 CURRIN DR DALLAS, TX 75230_3526		Name of Employer GALVIN ASSOCIATES	Date (month, day, year) 9-8-98	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation PRESIDENT	Aggregate Year-to-Date > \$ 1,000.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> JOSEPH MARKIEWICZ 3809 DUXFORD DRIVE RALEIGH, nc 27614		Name of Employer MARKIEWICZ INTERNATIONAL	Date (month, day, year) 9-9-98	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Occupation PRESIDENT	Aggregate Year-to-Date > \$ 1,000.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> BEN JAMES PO BOX 1658 RUSTON LA 71270		Name of Employer JAMES INTL.	Date (month, day, year) 9-8-98	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Occupation PRESIDENT	Aggregate Year-to-Date > \$ 1,000.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> CRAIG WEIRDA 3800 60TH STREET HOLLAND MI 49423		Name of Employer CROWN MOTORS, LTD.	Date (month, day, year) 9-8-98	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Occupation OWNER	Aggregate Year-to-Date > \$ 5,000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> EMILIE WIERDA SAME AS ABOVE		Name of Employer HOMEMAKER	Date (month, day, year) 9-8-98	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 5,000.00	

SUBTOTAL of Receipts This Page (optional) ..... 23,000.00

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 7 OF 12  
FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**

RESTORING THE AMERICAN DREAM

<b>A. Full Name, Mailing Address and ZIP Code</b> JOHN BATTS 915 CASCADE HILLS EAST SE GRAND RAPIDS, MI 49546		Name of Employer JOHN T. BATTS, INC.	Date (month, day, year) 9-8-98	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Occupation PRESIDENT	Aggregate Year-to-Date > \$ 5,000.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> MICHAEL MAXFIELD 639 N OLD WOODWARD BIRMINGHAM, MI 48009		Name of Employer requested	Date (month, day, year) 9-8-98	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Occupation requested	Aggregate Year-to-Date > \$ 100.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> DAVID MOORE 220 LYON NW GRAND RAPIDS, MI 49503		Name of Employer SELF-EMPLOYED	Date (month, day, year) 9-8-98	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Occupation PLASTIC SURGEON	Aggregate Year-to-Date > \$ 250.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> VALERIE VOLKEMA 283 WHISPERING WAY HOLLAND, MI 49424		Name of Employer HOMEMAKER	Date (month, day, year) 9-8-98	Amount of Each Receipt this Period \$2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Occupation requested	Aggregate Year-to-Date > \$ 2,000.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> DENNY ELLENS 1364 HEATHER DR HOLLAND MI 49423		Name of Employer requested	Date (month, day, year) 9-9-98	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Occupation requested	Aggregate Year-to-Date > \$ 5,000.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> EILEEN ELLENS SAME AS ABOVE		Name of Employer requested	Date (month, day, year) 9-9-98	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Occupation requested	Aggregate Year-to-Date > \$ 5,000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> BILL CHILDERS 2352 NW 49TH LN BOCA RATON, FL 33431		Name of Employer CHILDER ENTERPRISES INC	Date (month, day, year) 9-14-98	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Occupation PRESIDENT	Aggregate Year-to-Date > \$ 5,000.00	

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

\$22,350.00

**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 8 OF 12  
FOR LINE NUMBER 1181

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NAME OF COMMITTEE (in Full)

RESTORING THE AMERICAN DREAM

<b>A. Full Name, Mailing Address and ZIP Code</b> DAVID CUSTER 45 OTTAWA NW GRAND RAPIDS, MI 49503		Name of Employer CUSTER OFFICE ENVIRONMENT, INC.  Occupation PRESIDENT	Date (month, day, year) 9-14-98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Aggregate Year-to-Date > \$ 1,000.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> NANCY WILSON 1190 EAST 5425 SOUTH OGDEN, UT 84403		Name of Employer requested  Occupation requested	Date (month, day, year) 9-14-98	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Aggregate Year-to-Date > \$ 5,000.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> DAVID HECHT 333 BRIDGE ST STE 330 GRAND RAPIDS, MI 49504		Name of Employer HECHT & LENTZ  Occupation LAWYER	Date (month, day, year) 9-14-98	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Aggregate Year-to-Date > \$ 1,000.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> CLARE DEGRAAF 2721 CAPILANO DR SE GRAND RAPIDS, MI 49546		Name of Employer WORD INVESTMENTS, INC  Occupation PRESIDENT	Date (month, day, year) 9-14-98	Amount of Each Receipt this Period \$2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Aggregate Year-to-Date > \$ 2,000.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> STEVE VANANDEL PO BOX 74 ADA, MI 49301		Name of Employer AMWAY CORP  Occupation CHAIRMAN	Date (month, day, year) 9-16-98	Amount of Each Receipt this Period \$2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Aggregate Year-to-Date > \$ 2,500.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> DAVID ALLEN 4768 NC 903 SOUTH WINTERVILLE, NC 28590		Name of Employer requested  Occupation requested	Date (month, day, year) 9-17-98	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Aggregate Year-to-Date > \$ 1,000.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> SHARON KNIBBE 957 CHELSEA COURT HOLLAND, MI 49423		Name of Employer HOMEMAKER  Occupation HOMEMAKER	Date (month, day, year) 9-17-98	Amount of Each Receipt this Period \$2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL		Aggregate Year-to-Date > \$ 2,000.00		

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

\$14,500.00

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 9 OF 12  
FOR LINE NUMBER 1191

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NAME OF COMMITTEE (In Full)

RESTORING THE AMERICAN DREAM

<p>A. Full Name, Mailing Address and ZIP Code JOHN CANEPA 3022 HALL ST SE GRAND RAPIDS, MI 49506</p>	<p>Name of Employer CROWE &amp; CHIZEK</p>	<p>Date (month, day, year) 9-17-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Occupation CONSULTANT</p>	<p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code WILLIAM ZBOLI PO BOX 455 MUSKEGON, MI 49442</p>	<p>Name of Employer GOSPEL COMMUNICATIONS, INC.</p>	<p>Date (month, day, year) 9-18-98</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Occupation PRESIDENT</p>	<p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code HAROLD GOOCH PO BOX 9 THOMASVILLE, NC 27361-0009</p>	<p>Name of Employer GOOCH ENTERPRISES INC.</p>	<p>Date (month, day, year) 9-16-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Occupation PRESIDENT</p>	<p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code DR. GAYLEN BYKER 3201 BURTON ST SE GRAND RAPIDS, MI 49546</p>	<p>Name of Employer CALVIN COLLEGE</p>	<p>Date (month, day, year) 9-17-98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Occupation PRESIDENT</p>	<p>Aggregate Year-to-Date &gt; \$ 500.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code MAX FISHER FISHER BUILDING TWENTY SEVENTH FLOOR DETROIT, MI 48202</p>	<p>Name of Employer PHILANTHROPISTS</p>	<p>Date (month, day, year) 9-17-98</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code MYRA ZWIEP 158 LAKESHORE DR HOLLAND, MI 49424</p>	<p>Name of Employer HOMEMAKER</p>	<p>Date (month, day, year) 9-16-98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date &gt; \$ 500.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code DON MAINE 550 OVERBROOK LANE SE GRAND RAPIDS, MI 49507</p>	<p>Name of Employer DAVENPORT COLLEGE OF BUSINESS</p>	<p>Date (month, day, year) 9-18-98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Occupation PRESIDENT</p>	<p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	

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

\$22,000.00

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 10 OF 12  
FOR LINE NUMBER 1191

**CONTRIBUTIONS FROM INDIVIDUALS**

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**NAME OF COMMITTEE (In Full)**

**RESTORING THE AMERICAN DREAM**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL HOFFMAN 777 DOGWOOD AVE NE ADA, MI 49301	HOFFMAN JEWELERS	9-28-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Occupation: PRESIDENT 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
PAUL COLLINS 615 KENT HILLS RD NE GRAND RAPIDS, MI 49505	PAUL COLLINSFINE ART	9-28-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Occupation: PRESIDENT 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
FRED HARTEIS 7955 JONESTOWN RD HARRISBURG PA 17112	HARTEIS INTERNATIONAL INC	9-28-98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Occupation: PRESIDENT Aggregate Year-to-Date: \$ 5,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID LACLAIRE 7138 CASCADE RD SE GRAND RAPIDS, MI 49546	LACLAIRE STUDIOS	9-28-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Occupation: OWNER 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
J.C. HUIZENGA 3161 MANHATTAN LANE SE GRAND RAPIDS, MI 49506	WEST MICHIGAN EQUITIES	9-28-98	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Occupation: PRESIDENT Aggregate Year-to-Date: \$ 5,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ED COURTNEY 211 WINCHESTER HOT SPRINGS, AR 71913	ETC BUSINESS	9-17-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Occupation: PRESIDENT 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
BERNICE HEYS 7082 CRYSTAL VIEW DR CALEDONIA, MI 49316	HOMEMAKER	9-28-98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Occupation: HOMEMAKER Aggregate Year-to-Date: \$ 500.00		

**SUBTOTAL** of Receipts This Page (optional) ..... \$14,500.00

**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

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FOR LINE NUMBER 1101

**CONTRIBUTIONS FROM INDIVIDUALS**

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**NAME OF COMMITTEE (in Full)**  
RESTORING THE AMERICAN DREAM

<p><b>A. Full Name, Mailing Address and ZIP Code</b> DICK HOPPER 6002 S. 66TH STE A TULSA, OK 74145</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Name of Employer HOPPER ENTERPRISES</p> <p>Occupation PRESIDENT</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 9-28-98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> MICHAEL WOODS 92-1202 UMENA ST KAPOLEI, HI 96707</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Name of Employer requested</p> <p>Occupation requested</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 9-28-98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> BARBARA WATERS 981 TOWNLINE RD PO BOX 197 BAY SHORE, MI 49711</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Name of Employer requested</p> <p>Occupation requested</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 9-19-98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> JAMES PAULLIN 11455 HACKETT RD ROSWELL, GA 30075</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Name of Employer requested</p> <p>Occupation requested</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year) 9-21-98</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> L. RICHARD MORGAN 18 WILLIAMSBURG CHICO, CA 95926</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Name of Employer requested</p> <p>Occupation requested</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year) 9-21-98</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> ANDREA DOCIMO PO BOX 32728 PALM BEACH GARDENS, FL 33420</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ANNUAL</p>	<p>Name of Employer requested</p> <p>Occupation requested</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 9-28-98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> CRAIG DENGOYER 7950 MOORSBRIDGE RD PORTAGE, MI 49024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL</p>	<p>Name of Employer requested</p> <p>Occupation requested</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 9-28-98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

**SUBTOTAL** of Receipts This Page (optional) ..... \$15,000.00

**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

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FOR LINE NUMBER 11a1

**CONTRIBUTIONS FROM INDIVIDUALS**

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NAME OF COMMITTEE (in Full)

RESTORING THE AMERICAN DREAM

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIKE MILLER 7900 MOORSBRIDGE RD. PORTAGE, MI 49024	Woodbridge Development Company Chairman	9-28-98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Aggregate Year-to-Date > \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code BILL VARNER 628 COPPER KETTLE DRIVE VIRGINIA BEACH, VA 23464		8-14-98	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Aggregate Year-to-Date > \$ 20.00		
C. Full Name, Mailing Address and ZIP Code MARTHA PEARSON 350 W 56TH ST NEW YORK, NY 10019-4247		8-17-98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Aggregate Year-to-Date > \$ 100.00		
D. Full Name, Mailing Address and ZIP Code DOUG TOUPS 107 CEDAR TREE DRIVE THIBODAUX, LA 70301		8-14-98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): ANNUAL	Aggregate Year-to-Date > \$ 100.00		
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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):	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....	\$ 5,220.00
TOTAL This Period (last page this line number only) .....	\$ 256,570.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE      OF       
FOR LINE NUMBER 15

**OFFSETS TO OPERATING EXPENDITURES**

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NAME OF COMMITTEE (In Full)

RESTORING THE AMERICAN DREAM

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AMERITECH SMALL BUSINESS BILL PAYMENT CENTER SAGINAW, MI 48663-0003			\$402.40 (REFUND OF SECURITY DEPOSIT)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 402.40 see sched. B of July	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Susan Leithem PO BOX 6243 SNOWMASS VILLAGE, CO 81616		8-24-98	\$958.00 (refund of overcharge)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 958.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Susanna Dundore 2907 KNAPP NE GRAND RAPIDS, MI 49525		8-6-98	\$965.08 (refund of credit to her card when office equipment was returned)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 965.08	
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) ..... \$2,325.48

TOTAL This Period (last page this line number only) ..... \$2,325.48

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**CONTRIBUTIONS TO FEDERAL CANDIDATES**

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)**  
**RESTORING THE AMERICAN DREAM**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Leslie Touma for Congress PO Box 100 Royal Oak, MI 48068	Leslie Touma, House candidate, 12th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-98	1,000.00
Delbert Hoseman for Congress PO Box 13632 Jackson, MS 39236-3632	Delbert Hoseman, House cand. 10th MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-98	1,000.00
Dan Page for Congress PO Box 942 Dunn, NC 28335	Dan Page, House cand, 2nd NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-98	1,000.00
Robin Hayes for Congress 103 Church St. Concord, NC 28025	Robin Hayes, House candidate, 8th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-98	1,000.00
Fay Boozman for Senate 414 South Pulaski St. Little Rock, AR 72703	Fay Boozman, Senate candidate, Arkansas Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-98	1,000.00
Mark Neumann for Senate PO Box 2830 Jamestown, WI 53547	Mark Neumann, Senate candidate, WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-98	2,500.00
Bill Redmond for Congress PO Box 5747 Sante Fe, NM 87502	Bill Redmond, House candidate, 3rd NM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-98	2,500.00
Brian Palmer for Congress PO Box 687 Mt. Clemens, MI 48046	Brian Palmer, House candidate, 10th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-98	2,500.00
John Ensign for Senate PO Box 98407 Las Vegas, NV 89193	John Ensign, Senate candidate, NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-98	5,000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>\$17,500.00</b>
<b>TOTAL</b> 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 2 OF 2  
FOR LINE NUMBER 23

**CONTRIBUTIONS TO FEDERAL CANDIDATES**

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NAME OF COMMITTEE (In Full)

RESTORING THE AMERICAN DREAM

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement AI D'Amato, Senate candidate, NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9-22-98	Amount of Each Disbursement This Period 2,000.00
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) .....

\$2,000.00

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

\$19,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21 (b)

**Administrative Expenditures**

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NAME OF COMMITTEE (in Full)

RESTORING THE AMERICAN DREAM

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Devries Travel Agency, Inc. 360 East Beltline, NE Grand Rapids, MI 49506	Travel for S. Szalkie Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin. Exp.	7-2-98	\$166.00
B. Full Name, Mailing Address and ZIP Code Priority Health 1231 East Beltline NE M5851 Grand Rapids, MI 49505	employee insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin. Exp.	7-10-98	\$140.78
C. Full Name, Mailing Address and ZIP Code Computer Network 865 28th Street SE Grand Rapids, MI 49508	computer software Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin. Exp.	7-16-98	\$181.84
D. Full Name, Mailing Address and ZIP Code Computer Network ( see previous )	computer software Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin. Exp.	7-23-98	\$142.04
E. Full Name, Mailing Address and ZIP Code SilverLake Resources 4024 Park East Court, SE Grand Rapids, MI 49546	computer set up Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin. Exp.	7-23-98	\$96.22
F. Full Name, Mailing Address and ZIP Code Grand Bank Building 126 Ottawa Avenue, NW Grand Rapids, MI 49503	July rent/ Parking Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp.	7-23-98	\$749.07
G. Full Name, Mailing Address and ZIP Code Bopp, Coleson, and Bostrom 1 South 6th Street Terre Haute, IN 47807-3510	legal fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp.	7-23-98	\$4,791.21
H. Full Name, Mailing Address and ZIP Code CD&H Support Services 15 Ionia SW Suite 460 Grand Rapids, MI 49503	Computer Support Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp.	7-27-98	\$1,500.00
I. Full Name, Mailing Address and ZIP Code Aristotle Publishing, Inc 205 Pennsylvania Ave SE Washington, DC 20003	computer software Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin. Exp.	7-27-98	\$4,250.00

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

\$12,017.16

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 11  
FOR LINE NUMBER  
21 (b)

Administrative Expenditures

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**NAME OF COMMITTEE (In Full)**

RESTORING THE AMERICAN DREAM

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charlotte Convention Center 501 South College Street Charlotte, NC 28202	Event site/ catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	8-11-98	\$300.00
B. Full Name, Mailing Address and ZIP Code Computer Network ( see previous )	Purpose of Disbursement computer software Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	8-11-98	\$113.42
C. Full Name, Mailing Address and ZIP Code Computer Network ( see previous )	Purpose of Disbursement computer back-up Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	8-11-98	\$18.02
D. Full Name, Mailing Address and ZIP Code Computer Network (see previous)	Purpose of Disbursement Computer back-up Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	8-11-98	\$988.98
E. Full Name, Mailing Address and ZIP Code Grand Bank Building ( see previous )	Purpose of Disbursement Rent/ parking August Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	8-11-98	\$652.38
F. Full Name, Mailing Address and ZIP Code Airtouch Cellular PO Box 790292 St. louis, MO 63179-0292	Purpose of Disbursement mobile phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	8-11-98	\$39.78
G. Full Name, Mailing Address and ZIP Code DeVries Travel Agency ( see previous )	Purpose of Disbursement Travel for Szalkie Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin. Exp	8-11-98	\$496.00
H. Full Name, Mailing Address and ZIP Code Ameritech Bill Payment Center Saginaw, MI 48663-0003	Purpose of Disbursement phone lines installed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	8-11-98	\$451.87
I. Full Name, Mailing Address and ZIP Code Airtouch Cellular ( see previous )	Purpose of Disbursement Mobile phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	8-25-98	\$356.87

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

\$3,417.32

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 11  
FOR LINE NUMBER 21 (b)

**Administrative Expenditures**

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NAME OF COMMITTEE (in Full)  
**RESTORING THE AMERICAN DREAM**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ameritech (see previous)	Aug phone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	8-25-98	\$229.54
B. Full Name, Mailing Address and ZIP Code The Charlotte Convention Center ( see previous)	Purpose of Disbursement catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	Date (month, day, year) 8-25-98	Amount of Each Disbursement This Period \$258.13
C. Full Name, Mailing Address and ZIP Code The Anderson Group 2707 Arden Forest Lane Bowie, MD 20716	Purpose of Disbursement consulting fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	Date (month, day, year) 8-25-98	Amount of Each Disbursement This Period \$2,678.74
D. Full Name, Mailing Address and ZIP Code The Greenbrier White Sulphur Springs, WV 24986	Purpose of Disbursement Event expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	Date (month, day, year) 9-7-98	Amount of Each Disbursement This Period \$2,305.81
E. Full Name, Mailing Address and ZIP Code Catholic Alliance 214 Massachusetts Ave NE Washington, DC 20002	Purpose of Disbursement rent for DC office Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	Date (month, day, year) 9-7-98	Amount of Each Disbursement This Period \$1,500.00
F. Full Name, Mailing Address and ZIP Code Arch Paging (see previous)	Purpose of Disbursement August bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	Date (month, day, year) 9-7-98	Amount of Each Disbursement This Period \$37.08
G. Full Name, Mailing Address and ZIP Code First Bankcard Center PO Box 3331 Omaha, NE 68103	Purpose of Disbursement Statement of 8-20-98 S. Szalkie Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	Date (month, day, year) 9-7-98	Amount of Each Disbursement This Period \$237.22 (see below)
H. Full Name, Mailing Address and ZIP Code United States Postal Service Grand Rapids, MI 49503	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	Date (month, day, year) 8-5-98	Amount of Each Disbursement This Period \$99.20 (MEMO)
I. Full Name, Mailing Address and ZIP Code miscellaneous- unitemized	Purpose of Disbursement travel, food, lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	Date (month, day, year)	Amount of Each Disbursement This Period \$138.02 (MEMO)

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

\$7246.52

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 11  
FOR LINE NUMBER 21 (b)

Administrative Expenses

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**NAME OF COMMITTEE (In Full)**

RESTORING THE AMERICAN DREAM

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Bankcard Center (see previous)	Statement of 8-20-98 B. Payne	9-9-98	\$94.00
Fedex- Kentwood 49512	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Pckg. shipping Admin Exp	8-19-98	\$94.00 (MEMO)
B. Full Name, Mailing Address and ZIP Code Computer Network (see previous)	Purpose of Disbursement Tapes for back up	Date (month, day, year) 9-8-98	Amount of Each Disbursement This Period \$795.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp		
C. Full Name, Mailing Address and ZIP Code Kate Neville 1520 Tamarack NW Grand Rapids, MI 49504	Purpose of Disbursement Remimbursement for lunch meeting	Date (month, day, year) 9-9-98	Amount of Each Disbursement This Period \$28.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp		
D. Full Name, Mailing Address and ZIP Code Applied Imaging PO Box 8515 Kentwood, MI 48518	Purpose of Disbursement copier	Date (month, day, year) 9-7-98	Amount of Each Disbursement This Period \$2,014.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp		
E. Full Name, Mailing Address and ZIP Code DeVries Travel Agency ( see previous )	Purpose of Disbursement Travel for Szalkie and Crowley	Date (month, day, year) 8-25-98	Amount of Each Disbursement This Period \$1,658.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp		
F. Full Name, Mailing Address and ZIP Code CD&H Support Services (see previous)	Purpose of Disbursement computer support	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period \$1,500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp		
G. Full Name, Mailing Address and ZIP Code CD&H Support Services (see previous)	Purpose of Disbursement computer support	Date (month, day, year) 9-29-98	Amount of Each Disbursement This Period \$429.90
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp		
H. Full Name, Mailing Address and ZIP Code Grand Bank Building (see previous)	Purpose of Disbursement Rent, parking.	Date (month, day, year) 9-29-98	Amount of Each Disbursement This Period \$733.94
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp		
I. Full Name, Mailing Address and ZIP Code Instant Interiors Dept. 77 2954 Chicago, IL 60678-2954	Purpose of Disbursement Rental office furn.	Date (month, day, year) 9-29-98	Amount of Each Disbursement This Period \$619.68
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp		

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

\$7,872.92

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 11  
FOR LINE NUMBER 21 (b)

**Administrative Expenditures**

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**NAME OF COMMITTEE (in Full)**  
RESTORING THE AMERICAN DREAM

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Varnum, Riddering, Schmidt & Howlett PO Box 352 Grand Rapids, MI 49501	legal fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	9-29-98	\$110.75
B. Full Name, Mailing Address and ZIP Code Bopp, Coleson, Bostrom (see previous)	legal fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	9-29-98	\$1,904.26
C. Full Name, Mailing Address and ZIP Code Computer Network (see previous)	Computer hardware Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	9-29-98	\$34.98
D. Full Name, Mailing Address and ZIP Code PreSort Services 3594 Roger B. Chaffee Dr. SE Grand Rapids, MI 49548	Mail job Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin Exp	9-29-98	\$124.17
E. Full Name, Mailing Address and ZIP Code Priority Health (see previous)	employee insur. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	9-29-98	\$140.78
F. Full Name, Mailing Address and ZIP Code Computer Network (see previous)	computer hardware Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	9-29-98	\$71.84
G. Full Name, Mailing Address and ZIP Code Grand Bank Building (see previous)	Rent/Parking October Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	9-29-98	\$308.00
H. Full Name, Mailing Address and ZIP Code DeVries Travel Agency (see previous)	Travel for Szalkie Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-29-98	\$1,940.00
I. Full Name, Mailing Address and ZIP Code Computer network (see previous)	computer hardware Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	9-29-98	\$26.50

**SUBTOTAL** of Disbursements This Page (optional) ..... \$4661.28

**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 10 OF 11  
FOR LINE NUMBER 21(b)

**Administrative Expenses**

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NAME OF COMMITTEE (in Full)  
**RESTORING THE AMERICAN DREAM**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Christopher Crowley 214 Massachusetts Ave NE Suite 201 Washington, DC 20002	August consulting fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	8-25-98	\$3,500.00
Susan Leitham PO Box 6243 Snowmass Village, CO 81616	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-20-98	\$4,497.74
The Windquest Group 126 Ottawa NW Grand Rapids, MI 49503	computer notebook Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-25-98	\$500.00
CD&H Support Services (see previous)	computer support Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-25-98	\$179.25
Stephanie Szalkie 2076 Eastcastle Dr. SE cc6 Grand Rapids, MI 49508	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin Exp	8-25-98	\$3,256.28 (see below)
Office Depot 1280 28th St Grand Rapids, MI 49509	fax, printer, phones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-1-98	\$2,066.94 (MEMO)
Office Max 4160 28th St SE Grand Rapids, MI 49512	office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-20-98	\$320.58 (MEMO)
Fedex 5089 Falconview Ave SE Kentwood, MI 49512	package shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-4-98	\$23.25 (MEMO)
Arch Paging 3015 A Oakland Dr Kalamazoo, MI 49008	July pager bill/ start up Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	7-17-98	\$179.55 (MEMO)

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

\$11,933.27

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

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Administrative Expenses

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NAME OF COMMITTEE (in Full)

RESTORING THE AMERICAN DREAM

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Iserv 4694 44th St SE Grand Rapids, MI 49512	Internet Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	7-22-98	\$33.26 (MEMO)
B. Full Name, Mailing Address and ZIP Code Miscellaneous - Unitemized	Purpose of Disbursement Food, lodging, travel office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	Date (month, day, year)	Amount of Each Disbursement This Period \$632.70 (MEMO)
C. Full Name, Mailing Address and ZIP Code Priority Health (see previous)	Purpose of Disbursement Employee Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	Date (month, day, year) 8-25-98	Amount of Each Disbursement This Period \$140.78
D. Full Name, Mailing Address and ZIP Code BDO Seidman 99 Monroe NW Suite 800 Grand Rapids, MI 49503	Purpose of Disbursement Accounting consulting fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	Date (month, day, year) 9-29-98	Amount of Each Disbursement This Period \$150.00
E. Full Name, Mailing Address and ZIP Code AirtouchCellular (see previous)	Purpose of Disbursement mobile phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	Date (month, day, year) 9-29-98	Amount of Each Disbursement This Period \$541.59
F. Full Name, Mailing Address and ZIP Code Chris Crowley (see previous)	Purpose of Disbursement consulting fees September Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	Date (month, day, year) 9-29-98	Amount of Each Disbursement This Period \$3,500.00
G. Full Name, Mailing Address and ZIP Code Bell Atlantic-DC 2055 L Street NW Washington, DC 20036	Purpose of Disbursement DC office phone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	Date (month, day, year) 9-29-98	Amount of Each Disbursement This Period \$248.85
H. Full Name, Mailing Address and ZIP Code The Willard Hotel 1401 Pennsylvania Ave Washington, DC 20004-1010	Purpose of Disbursement meeting expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	Date (month, day, year) 9-29-98	Amount of Each Disbursement This Period \$442.12
I. Full Name, Mailing Address and ZIP Code Stephanie Szalkie (see previous)	Purpose of Disbursement Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	Date (month, day, year) 9-29-98	Amount of Each Disbursement This Period \$515.22 (see below)

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

\$5,538.56

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

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Administrative

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NAME OF COMMITTEE (In Full)

RESTORING THE AMERICAN DREAM

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Marriott Hotel 100 W. Trade St Charlotte, NC 28202	Lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-14-98	\$210.26 (MEMO)
B. Full Name, Mailing Address and ZIP Code Fedex (see previous)	package shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Admin exp	9-4-98	\$49.25 (MEMO)
C. Full Name, Mailing Address and ZIP Code Arch Paging (see previous)	August page bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-17-98	\$37.08 (MEMO)
D. Full Name, Mailing Address and ZIP Code miscellaneous- unitemized	food, lodging, travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp		\$218.63 (MEMO)
E. Full Name, Mailing Address and ZIP Code Chris Crowley (see previous)	Reimbursement misc-food, travel, office Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-29-98	\$378.07
F. Full Name, Mailing Address and ZIP Code First Bankcard Center (see previous)	statement of 9-18-98 S. Szalkie card Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-29-98	\$729.58 (see below)
G. Full Name, Mailing Address and ZIP Code United States Postal Service Grand Rapids, MI 49503	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-9-98	\$440.00 (MEMO)
H. Full Name, Mailing Address and ZIP Code miscellaneous- unitemized	food, lodging, travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp		\$289.58 (MEMO)
I. Full Name, Mailing Address and ZIP Code First Bankcard Center (see previous)	statement of 9-18-98 B. Payne card Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-29-98	\$2,631.59 (see below)

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

\$3,739.24

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

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**Administrative Expenses**

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NAME OF COMMITTEE (in Full)  
**RESTORING THE AMERICAN DREAM**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aristotle Publishing, Inc 205 Pennsylvania Ave SE Washington, DC 20003	software class Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-3-98	\$600.00 (MEMO)
B. Full Name, Mailing Address and ZIP Code Alpine Party Rentals 525 Buggy Circle Carbondale, CO 81623	Event Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-28-98	\$622.12 (MEMO)
C. Full Name, Mailing Address and ZIP Code Ute City Limousine PO Box 2203 Aspen, CO 81612	transportation for event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-27-98	\$1,125.00 (MEMO)
D. Full Name, Mailing Address and ZIP Code Iserv (see previous)	Internet Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-1-98	\$29.22 (MEMO)
E. Full Name, Mailing Address and ZIP Code Fedex (see previous)	package shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-11-98	\$230.25 (MEMO)
F. Full Name, Mailing Address and ZIP Code miscellaneous, unitemized	bank fee, travel, meals Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	-	\$25.00 (MEMO)
G. Full Name, Mailing Address and ZIP Code Paychex 3351 Claystone Ave Grand Rapids, MI 49506	Payroll Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-10-98	\$85.45
H. Full Name, Mailing Address and ZIP Code Paychex (see previous)	Payroll service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-10-98	\$80.90
I. Full Name, Mailing Address and ZIP Code Susanna Dundore 2907 Knapp NE Grand Rapids, MI 49525	reimburse for fax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7-10-98 (see Schedule A and D of July Quarterly)	\$451.01

SUBTOTAL of Disbursements This Page (optional) ..... \$617.36

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

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**Administrative Expenses**

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NAME OF COMMITTEE (in Full)  
RESTORING THE AMERICAN DREAM

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Susanna Dundore (see previous)	reimburse for printer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	7-10-98 (See Schedule A and D of July Quarterly)	\$450.48
Stephanie Szalkie (see previous)	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	7-31-98	\$971.05
Paychex (see previous)	Payroll service-taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	7-31-98	\$510.58
Stephanie Szalkie (see previous)	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-14-98	\$963.34
Paychex (see previous)	payroll service- taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-14-98	\$504.47
Stephanie Szalkie (see previous)	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-28-98	\$1,436.35
Paychex (see previous)	payroll service-taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-28-98	\$884.93
Stephanie Szalkie ( see previous)	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9-11-98	\$963.34
Paychex (see previous)	payroll service- taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-11-98	\$534.81

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

\$7219.45

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

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**Administrative Expenses**

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NAME OF COMMITTEE (in Full)

RESTORING THE AMERICAN DREAM

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Triezenberg 3812 Kentridge SE Grand Rapids, MI 49508	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-11-98	\$374.18
B. Full Name, Mailing Address and ZIP Code Paychex (see previous)	payroll services-taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-11-98	\$97.82
C. Full Name, Mailing Address and ZIP Code Stephanie Szalkie (see previous)	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-25-98	\$958.05
D. Full Name, Mailing Address and ZIP Code Paychex (see previous)	taxes-payroll service- Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-25-98	\$510.68
E. Full Name, Mailing Address and ZIP Code Grand Bank Building 126 Ottawa Ave NW Grand Rapids, MI 49503	pay for laser checks Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	9-15-98	\$220.97
F. Full Name, Mailing Address and ZIP Code Grand Bank (see previous)	pay for checks Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	8-4-98	\$21.20
G. Full Name, Mailing Address and ZIP Code Grand Bank (see previous)	cost of checks Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	7-8-98	\$17.44
H. Full Name, Mailing Address and ZIP Code Grand Bank (see previous)	cost of checks Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) admin exp	7-1-98	\$15.40
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)

\$2,215.74

TOTAL This Period (last page this line number only)

\$66,478.82

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 10/15/98
<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>RJS</i> PREPARER	10/19/98 DATE PREPARED