

DEC - 6 1990

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

OFFICE OF RECORDS & REGISTRATION

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REGULAR MAIL

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Friends for Jim Dingeman

2. FEC IDENTIFICATION NUMBER
132543

ADDRESS (number and street) Check if different than previously reported.
4288 Gratiot STATE/DISTRICT MI/12

CITY, STATE and ZIP CODE
Port Huron, MI 48060

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

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)

Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

Thirtieth day report following the General Election on 11/06/90 in the State of MI

Termination Report

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

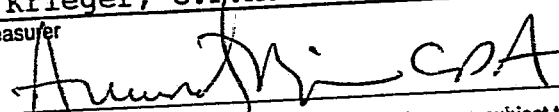
SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/18/90</u> through <u>11/26/90</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	32,000.74	165,382.41
(b) Total Contribution Refunds (from Line 20(d))		30.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	32,000.74	165,352.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	38,015.08	233,815.12
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	38,015.08	233,815.12
8. Cash on Hand at Close of Reporting Period (from Line 27)	417.76	
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)	82,732.74	

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
Arnold Krieger, C.P.A.

Signature of Treasurer


Date
12/6/90

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)

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

Name of Committee (in full) **Friends for Jim Dingeman** Report Covering the Period:
From: **10/18/90** To: **11/26/90**

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)		16,525.00		11(a)(i)
(ii) Unitemized		7,995.00		11(a)(ii)
(iii) Total of contributions from individuals		24,520.00	128,068.56	11(a)(iii)
(b) Political Party Committees		2,680.74	5,544.69	11(b)
(c) Other Political Committees (such as PACs)		4,800.00	31,156.00	11(c)
(d) The Candidate		0.00	613.16	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		32,000.74	165,382.41	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.				12
13. LOANS:				
(a) Made or Guaranteed by the Candidate			1,954.56	13(a)
(b) All Other Loans				13(b)
(c) TOTAL LOANS (add 13(a) and (b))			1,954.56	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)				14
15. OTHER RECEIPTS (Dividends, Interest, etc.)			3,436.88	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		32,000.74	170,773.85	16
II. DISBURSEMENTS				
17. OPERATING EXPENDITURES		38,015.08	233,815.12	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.				18
19. LOAN REPAYMENTS:				
(a) Of Loans Made or Guaranteed by the Candidate		2,000.00	52,848.13	19(a)
(b) Of All Other Loans				19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		2,000.00	52,848.13	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:				
(a) Individuals/Persons Other Than Political Committees			30.00	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))			30.00	20(d)
21. OTHER DISBURSEMENTS				21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		40,015.08	286,693.25	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 8,432.10	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 32,000.74	24
25. SUBTOTAL (add Line 23 and Line 24)	\$ 40,432.84	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 40,015.08	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 417.76	27

90014217000

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard & Margaret Kuhn 1414 Oakland St. Clair, MI 48079	Chrysler Occupation: car dealer	10/19/90 10/22/90	50.00 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tony Abiraji 10965 Masonic Fraser, MI 48026	Michigan Wholesale Automotive Supply Occupation: President	10/19/90 10/30/90	200.00 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Moore, Jr. 633 E. Meldrum Cir St. Clair, MI 48079	Commercial & Savings Bank Occupation: President	10/22/90	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 550.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Ann Acciavatti 6425 Gratiot St. Clair, MI 48079	St. Clair County Occupation: County Commissioner	10/22/90	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Siss Jr. 1575 S. River Rd St. Clair, MI 48079	N/A Occupation: Retired	10/22/90	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 175.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Deaver 737 N 9th St. St. Clair, MI 48079	Kirch Technologies Occupation: President	10/22/90	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1150.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dan Lockwood 1005 Oakland St. Clair, MI 48079	Despite Best Efforts by the Committee call Occupation: locate Employer info	10/22/90	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

90014217001

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 6
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Borman P.O. Box 33446 Detroit, MI 48226	Farmer Jack	10/23/90	975.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. V.P.	Aggregate Year-to-Date > \$	975.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Seligman 1700 S Telegraph Rd. Ste. 100 Bloomfield Hills, MI 48013	Can't locate employer info despite our Best Efforts	10/23/90	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
Alan May 3000 Town Center, Ste 2000 Southfield, MI 48075	Can't locate employer info despite our Best Efforts	10/23/90	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Best Efforts	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
J.J. Stone 24205 Bingham Court Birmingham, MI 48010	Can't locate employer info despite our Best Efforts	10/23/90	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miriam Stein 5749 Crossgate Road West Bloomfield, MI 48322	Can't locate Employer Info Despite our Best Efforts	10/23/90	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
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Stein 32270 Telegraph Road, Ste. 150 Birmingham, MI 48010	Can't locate Employer Info. Despite our Best Efforts	10/23/90	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leslie Rose 229 Love Fine Road Bloomfield Hills, MI 48013	Fidelity Bank of MI	10/23/90	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banker	Aggregate Year-to-Date > \$	250.00

SUBTOTAL of Receipts This Page (optional) \$ 4225.00

TOTAL This Period (last page this line number only)

90714217002

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Steven Korotkin 482 Westwood Birmingham, MI 48009</i>	<i>Can't locate Employer info despite our Best Efforts</i>	<i>10/23/90</i>	<i>400.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
		<i>400.00</i>	
<i>Harold Blumenstein</i>	<i>Can't locate Address & Employer info despite Best Efforts</i>	<i>10/23/90</i>	<i>250.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
		<i>250.00</i>	
<i>Walter B. Ford II 243 Provencal Rd. Grosse Pointe Farms, MI 48230</i>	<i>Ford & Earl Assoc.</i>	<i>10/23/90</i>	<i>1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>Industrial Designer</i>	Aggregate Year-to-Date > \$	
		<i>1,000.00</i>	
<i>Ralph Booth II 274 Provencal Rd. Grosse Pointe, MI 48230</i>	<i>Self</i>	<i>10/29/90</i>	<i>250.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>Media Executive</i>	Aggregate Year-to-Date > \$	
		<i>500.00</i>	
<i>Richard Crawford 520 Renaud Grosse Pointe, MI 48230</i>	<i>self</i>	<i>10/29/90</i>	<i>250.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>Attorney</i>	Aggregate Year-to-Date > \$	
		<i>250.00</i>	
<i>Donald More P.O. Box 291 Pearl Beach, MI 48052</i>	<i>U.S.A.F.</i>	<i>10/30/90</i>	<i>100.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>Retired</i>	Aggregate Year-to-Date > \$	
		<i>200.00</i>	
<i>Bill Fuller 1100 Westwood Birmingham, MI 48009</i>	<i>Troy Honda</i>	<i>10/30/90</i>	<i>500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>car dealer</i>	Aggregate Year-to-Date > \$	
		<i>530.00</i>	

SUBTOTAL of Receipts This Page (optional)	<i>2,750.00</i>
TOTAL This Period (last page this line number only)	

90714217003

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 6
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anderson, Johnson & Giannunzio 104 S. Cascade, Ste. 204 Colorado Springs, CO 80901 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Attorneys Occupation Aggregate Year-to-Date > \$ 250.00	10/30/90	250.00
B. Full Name, Mailing Address and ZIP Code Joe DeCaminada 400 Ren Cen, Ste. 3900 Detroit, MI 48243 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation attorney Aggregate Year-to-Date > \$ 500.00	10/30/90	500.00
C. Full Name, Mailing Address and ZIP Code John Wisney 305 Huron Ave. Port Huron, MI 48060 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	WHLS Radio Occupation owner Aggregate Year-to-Date > \$ 700.00	10/30/90	200.00
D. Full Name, Mailing Address and ZIP Code Stanley McDonald 910 N. Riverside St. Clair, MI 48079 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Dr. H. McDonald Occupation Secretary Aggregate Year-to-Date > \$ 375.00	10/31/90	100.00
E. Full Name, Mailing Address and ZIP Code Rodney Picissov 5475 Mark Dabbling Colorado Springs, CO 80913 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Pikes Peak Water Co. Occupation president Aggregate Year-to-Date > \$ 1,100.00	11/2/90	100.00
F. Full Name, Mailing Address and ZIP Code John Bacon 44 First Street Mt. Clemens, MI 48043 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation Attorney Aggregate Year-to-Date > \$ 330.00	11/2/90	100.00
G. Full Name, Mailing Address and ZIP Code William Mosher 334 Huron Ave Port Huron, MI 48060 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Mosher Jewlers Occupation owner Aggregate Year-to-Date > \$ 200.00	11/2/90	50.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

90014217001

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 516 OF
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Venzler 564 Thompson Grosse Pointe Woods, MI 48236	Stamprings, Inc. Occupation: Vice-President	11/2/90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keith Cornick Box 550 Gaylord, MI 49735	Cornick Enterprise Occupation: Executive	11/9/90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee Hanson 4563 Lakeshore Port Huron, MI 48060	WPHM Radio Occupation: owner	10/23/90 11/2/90	50.00 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Jerry Blake 79 Willow Tree Place Grosse Pointe Shores, MI 48236	Action Tool Occupation: President	11/9/90	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Broad 194 Charlevoix Grosse Pointe Farms, MI 48236	Broad, Vogt, & Conant Occupation: President/CEO	11/9/90	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Lawrence 6249 Wildrose Lane Port Huron MI 48060	N/A Occupation: Housewife	11/9/90	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cary Van Elslander 551 Roslyn Rd. Grosse Pointe Woods, MI 48237	Art-Van Furniture Occupation: President	11/9/90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	

SUBTOTAL of Receipts This Page (optional) 2950.00

TOTAL This Period (last page this line number only)

90014217003

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 6
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (in Full)
Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Richard Debs, Jr. 2003 Hillsboro Ave, SE Grand Rapids, ME 49506</i>	<i>The Windquest Group</i>	<i>11/15/90</i>	<i>500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>President</i>	Aggregate Year-to-Date > \$ <i>1000.00</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>John & Carol Kolojeski Carter's Mill R2, Box 405 Leesburg, VA 22075</i>	<i>American Environmental Appraisers</i>	<i>10/23/90</i>	<i>4,000.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Chairman</i>	Aggregate Year-to-Date > \$ <i>4,000.00</i>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) *4,500.00*

TOTAL This Period (last page this line number only) *16,525.00*

90714217005

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (b)

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NAME OF COMMITTEE (In Full)
Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Macomb County Young Republican</u> <u>P.O. Box 77036</u> <u>Sterling Heights, MI 48077</u> Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	<u>10/23/90</u>	<u>180.74</u>
Aggregate Year-to-Date > \$		<u>\$180.74</u>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Michigan Republican State Committee</u> <u>2121 E. Grand River</u> <u>Lansing, MI 48912</u> Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	<u>10/26/90</u>	<u>2,500.00</u>
Aggregate Year-to-Date > \$		<u>\$2,500.00</u>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation		
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer 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):	Name of Employer 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):	Name of Employer 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):	Name of Employer Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	<u>2680.74</u>
TOTAL This Period (last page this line number only)	<u>\$2680.74</u>

90014217007

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(e)

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NAME OF COMMITTEE (In Full)

Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U.S. Security PAC 50 E Street, Suite 301 Washington, D.C. 20003		10/19/90	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
Dow Corning Employee PAC Mail N. 2202, Dow Corning Corp. Midland, MI 48640		10/22/90	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
Guardian Industries Corp. PAC 43043 W. 9 Mile Road Northville, MI 48167		10/23/90	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E-Systems Corporate PAC P.O. Box 660248 Dallas, TX 75266		10/23/90	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
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruff PAC 501 Capitol Court, NE, Ste 1010 Washington, D.C. 20002		10/23/90	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
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walbridge Aldinger PAC 38099 Schoolcraft Livonia, MI 48150		10/23/90	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
Midwest Area PAC The Dow Chemical Co. Midland, MI 48640		10/26/90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	4,000.00

SUBTOTAL of Receipts This Page (optional) 2,300.00

TOTAL This Period (last page this line number only)

9001421008

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Tenneco Employees Coal Government Fund P.O. Box 2511 Houston, TX 77252</i> Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ <i>500.00</i>	<i>10/27/90</i>	<i>500.00</i>
B. Full Name, Mailing Address and ZIP Code <i>Wackenhut PAC 1500 San Pedro Ave. Loral Cables, FL 33144</i> Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>500.00</i>	<i>10/31/90</i>	<i>500.00</i>
C. Full Name, Mailing Address and ZIP Code <i>Lockheed Employees PAC 4500 Park Granada Blvd. Calabasas, CA 91379</i> Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>1000.00</i>	<i>11/2/90</i>	<i>1000.00</i>
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

9001421009

SUBTOTAL of Receipts This Page (optional)	<i>2,000.00</i>
TOTAL This Period (last page this line number only)	<i>4,800.00</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
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FOR LINE NUMBER
17

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NAME OF COMMITTEE (In Full)

Friends for Jim Drayman

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster St. Clair Shores, MI 48080	postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/90 10/19/90 10/22/90 10/24/90	75.00 7.75 5.20 24.00
Postmaster St. Clair Shores, MI 48080	postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/90 11/1/90 11/9/90 11/9/90	150.00 82.50 105.00 17.87
Postmaster St. Clair Shores, MI 48080	postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/90	50.00
Ameritech Mobile Communications 32255 NW Hwy #143 Farmington Hills, MI 48018	Mobile Phones & Access Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/90 10/19/90	62.01 79.20
Michigan Bell P.O. Box 5030 Saginaw, MI 48663	Phone service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/90 10/19/90	698.56 186.59
Grimbe, Inc. 3777 Plaza Dr. Suite 2 Ann Arbor, MI 48108	printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/90	26.50
Sawicki & Sons 1521 W Lafayette Detroit, MI 48216	printing label stickers Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/90	184.00
Diane Wynn Mt. Clemens, MI 48043	office cleaning Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/90	50.00
Multi Media Services 801 N. Fairfax St., Ste 312 Alexandria, VA 22314	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/90	1003.73

SUBTOTAL of Disbursements This Page (optional)

2789.53

TOTAL This Period (last page this line number only)

90714217010

SCHEDULE B ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D.A.R.E. - Mt. Clemens Mt. Clemens, MI 48043	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/90	402.00
MCI Communications 205 N. Michigan Ave Chicago, IL 60601	long-Distance Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/90	318.25
P.A.C.E. 31940 Gratiot Roseville, MI 48066	supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/90 11/5/90	68.22 118.00
WPHM 2739 Military Port Huron, MI 48060	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/90	345.00
Wisner Broadcasting 808 Huron Port Huron, MI 48060	Radio Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/90	402.50
Brookover & Co. 9712 Harr Ct. Burke, VA 22015	TRAVEL salary & Reimb. Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/90 10/31/90 11/15/90	10,000.00 5,000.00 1,196.50
Judi Remejes 58 S. Highland Mt. Clemens, MI 48043	TRAVEL Salary & Reimb. Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/90 10/31/90 11/15/90 11/15/90	250.00 250.00 250.00 25.20
Glorianne Pejkick 5215 Mitchell Detroit, MI 48211	TRAVEL Salary & Reimb. Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/90 10/31/90 11/15/90 11/15/90	150.00 150.00 150.00 64.40
Peter Lund 24616 Culver St. Clair Shores, MI 48080	TRAVEL Salary & Reimb. Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/90 10/15/90 10/31/90 11/15/90 11/15/90	4000.00 334.00 1000.00 3100.00 142.87

SUBTOTAL of Disbursements This Page (optional)	27,718.94
TOTAL This Period (last page this line number only)	

90014217011

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Mauseth 29205 Lund Dr. #4 Warren, MI 48093	TRAVEL Salary & Reimb. Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/90 10/18/90 10/31/90	750.00 54.50 750.00
Bob Mauseth 29205 Lund Dr. #4 Warren, MI 48093	TRAVEL Salary & Reimb. Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/90 11/15/90	750.00 81.60
Dwayne Kratt 29205 Lund Dr. #4 Warren, MI 48093	TRAVEL Salary & Reimb. Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/90 10/18/90 10/31/90	600.00 208.50 600.00
Dwayne Kratt 29205 Lund Dr. #4 Warren, MI 48093	TRAVEL Salary & Reimb. Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/90 11/15/90	600.00 208.50
Parker, Wittus and Co. 2000 Town Center, Ste. 1100 Southfield, MI 48075	Accounting Services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/90	507.00
James Dingeman 4288 Cratich Port Huron, MI 48060	TRAVEL Reimburse Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/90	2,000.00
Michigan Bell P.O. Box 5030 Saginaw, MI 48663	Phone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/90	90.50
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) 7,200.60

TOTAL This Period (last page this line number only) 37,709.07

* plus 306.01 of expenses less than \$200 in aggregate each.

90014217012

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
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FOR LINE NUMBER
17 (2)

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NAME OF COMMITTEE (In Full)

Friends for Jim Dingeman

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<i>James Dingeman 4288 Oratht Port Huron, MI 48060</i>	<i>primary debt retirement</i>	<i>12/23/90</i>	<i>2,000.00</i>
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)	<i>2,000.00</i>
TOTAL This Period (last page this line number only)	<i>2,000.00</i>

90014217013

SCHEDULE C
(Revised 3/80)

LOANS

Name of Committee (in Full) <i>Friends for Jim Dingeman</i>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <i>Jim Dingeman (candidate)</i> <i>4299 Gratiot</i> <i>Port Huron, MI 48000</i>	Original Amount of Loan <i>133,626.31</i> <i>2567.72</i> <i>1954.50</i>	Cumulative Payment To Date <i>52,848.13</i>	Balance Outstanding at Close of This Period <i>83,345.90</i> <i>82,732.74</i>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due <u><i>N/A</i></u> Interest Rate <u><i>N/A</i></u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code <i>All loans were made from the personal funds of the candidate</i>	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			<i>82,732.74</i>
TOTALS This Period (last page in this line only)			<i>83,345.90</i>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

90014217011

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<i>Friends for Jim Dingeman</i>				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor	<i>85,345.90</i> <i>84,732.74</i>	<i>- 0 =</i>	<i>2,000.00</i>	<i>83,745.90</i> <i>82,732.74</i>
Nature of Debt (Purpose):				
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)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			<i>82,732.74</i>	<i>83,745.90</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			<i>82,732.74</i>	<i>83,745.90</i>

9991421015