

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.

12FE4M5

TROTT FOR CONGRESS, INC.

ADDRESS (number and street) 2085 E. WEST MAPLE ROAD

A-101

Check if different than previously reported. (ACC)

COMMERCE

MI

48390

2. **FEC IDENTIFICATION NUMBER**

C C00548941

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

MI

11

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 THOMAS J. MCCARTHY

Signature of Treasurer THOMAS J. MCCARTHY

[Electronically Filed]

Date

/ /

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

| | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TROTT FOR CONGRESS, INC.

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 1189529.33 | 4365156.12 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 2400.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 1189529.33 | 4362756.12 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 936329.09 | 3340691.24 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 1750.00 | 1798.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 934579.09 | 3338893.24 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 1273862.88 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 292649.87 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

TROTT FOR CONGRESS, INC.

Report Covering the Period: From: / / To: / /

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 70924.33 | 1027599.48 |
| (ii) Unitemized..... | 1105.00 | 1105.00 |
| (iii) TOTAL of contributions from individuals ▶ | 72029.33 | 1028704.48 |
| (b) Political Party Committees..... | 1000.00 | 1000.00 |
| (c) Other Political Committees (such as PACs)..... | 116500.00 | 162050.00 |
| (d) The Candidate..... | 1000000.00 | 3173401.64 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 1189529.33 | 4365156.12 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 250000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 250000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 1750.00 | 1798.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 1191279.33 | 4616954.12 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 936329.09 | 3340691.24 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 2400.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 2400.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 936329.09 | 3343091.24 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1018912.64 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 1191279.33 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 2210191.97 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 936329.09 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1273862.88 |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MR. BRADLEY S ADAMS

Mailing Address 523 HUPP CROSS ROAD

City State Zip Code
BLOOMFIELD HILLS MI 48301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALMER BANK & TRUST INVESTOR RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
150.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7422

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
RANDALL L ALBERT

Mailing Address 3216 BELLFLOWER CT.

City State Zip Code
ANN ARBOR MI 48103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIVERSITY OF MICHIGAN CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7461

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CRAIG ALBRIGHT

Mailing Address 3540 WILLIAMSBURG LANE

City State Zip Code
WASHINGTON DC 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BSA THE SOFTWARE ALLIANCE VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 17 / 2014

Transaction ID : SA11A1.7316

Amount of Each Receipt this Period
500.00

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

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

1150.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | | |
|---|---------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. JENNIFER ANDERSON | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 | |
| Mailing Address 144 MANCHESTER LANE UNIT 3210 | | Transaction ID : SA11A1.7456 | |
| City WATERFORD | State MI | Zip Code 48327 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 | |
| Name of Employer TROTT & TROTT, P.C. | Occupation ACCOUNTING | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 90.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. THOMAS BALAMES | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 | |
| Mailing Address 225 E. BROWN STREET UNIT 300 | | Transaction ID : SA11A1.7310 | |
| City BIRMINGHAM | State MI | Zip Code 48009 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1900.00 | |
| Name of Employer ACCELERATED ASSETS | Occupation FINANCE | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 5200.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. MR. TIMOTHY A BASSETT | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 | |
| Mailing Address 5741 CLEARVIEW DR | | Transaction ID : SA11A1.7440 | |
| City TROY | State MI | Zip Code 48098 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 | |
| Name of Employer TALMER BANK + TRUST | Occupation WEALTH MANAGEMENT ADVISOR | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 100.00 | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2025.00 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MICHELLE BECKER

Mailing Address 315 WASHINGTON

City State Zip Code
GROSSE POINTE MI 48238

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 04 / 2014

Transaction ID : SA11A1.7360

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MR. REED M BENET

Mailing Address 271 EUCLID AVENUE

City State Zip Code
BIRMINGHAM MI 48009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VVUSA BUSINESS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7463

Amount of Each Receipt this Period
5.00

C. Full Name (Last, First, Middle Initial)
MR. GREGORY R BIXBY

Mailing Address 34134 FAIRFAX COURT

City State Zip Code
LIVONIA MI 48152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALMER BANK & TRUST CID

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7412

Amount of Each Receipt this Period
250.00

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

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

2855.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MR. PIERRE BOUTROS

Mailing Address **285 HAWTHORNE STREET**

City **BIRMINGHAM** State **MI** Zip Code **48009**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MILLS PHARMACY** Occupation **PHARMACIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11A1.7358

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN C BROWNELL

Mailing Address **306 PROVENCAL ROAD**

City **GROSSE POINTE FARMS** State **MI** Zip Code **48236**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE KIRLIN COMPANY** Occupation **V.P.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11A1.7448

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
RONALD M. CAMERON

Mailing Address **P.O. BOX 21440**

City **LITTLE ROCK** State **AR** Zip Code **72221**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MOUNTAIRE CORP** Occupation **CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11A1.7566

Amount of Each Receipt this Period
2600.00

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

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

6200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MR. DAVID CARROLL

Mailing Address 1050 WOODWARD AVE

City State Zip Code
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
QUICKEN LOANS VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2014

Transaction ID : SA11A1.7378

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
WILLIAM J CLARK

Mailing Address 2575 HATHON

City State Zip Code
WATERFORD MI 48329

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COLDWELL BANKER WEIR MANUEL REAL ESTATE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7322

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GEORGE S. CORONA

Mailing Address 2653 TOWER HILL LANE

City State Zip Code
ROCHESTER HILLS MI 48306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KELLY SERVICES EXECUTIVE VP & COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11A1.7594

Amount of Each Receipt this Period
500.00

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

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

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER C. COX

Mailing Address 2205 WINDSOR ROAD

City State Zip Code
ALEXANDRIA VA 22307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NAVIGATORS GLOBAL LLC PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7614

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THOMAS W CRANMER

Mailing Address 4739 SANDPIPER LANE

City State Zip Code
WEST BLOOMFIELD MI 48323

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MILLER CANFIELD ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2014

Transaction ID : SA11A1.7357

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
THOMAS W CUNNINGTON

Mailing Address PO BOX 347

City State Zip Code
BLOOMFIELD HILLS MI 48303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WARD WILLISTON OIL CO. CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2014

Transaction ID : SA11A1.7572

Amount of Each Receipt this Period
1000.00

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

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

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MS. LINDA L DEWEY

Mailing Address 1437 COVENTRY LANE

City State Zip Code
PORT HURON MI 48060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALMER BANK & TRUST BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7402

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MS. HELENE S DIMITROFF

Mailing Address 42721 FAULKNER DRIVE

City State Zip Code
NOVI AL 48377

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALMER BANK & TRUST MORTGAGE BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
150.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7426

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
MRS. BERNIDETT R DIXON

Mailing Address 47026 MARBURG WAY DR.

City State Zip Code
MACOMB MI 48044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
36TH DISTRICT COURT COURT OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7309

Amount of Each Receipt this Period
100.00

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

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

350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
LINDA DRESNER

Mailing Address 970 SHIRLEY RD

City State Zip Code
BIRMINGHAM MI 48009

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LINDA DRESNER INC. OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.7568

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MS. MARIA F DUBIEL

Mailing Address 11357 EMBASSY COURT

City State Zip Code
SHELBY TOWNSHIP MI 48315

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TALMER BANK & TRUST SAG MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.7436

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. TIM DUNN

Mailing Address 16830 RYAN RD

City State Zip Code
LIVONIA MI 48154-6232

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TALMER BANK & TRUST BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.7452

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MRS. ROSE MARIE ENGMAN

Mailing Address 205 WOODBERRY DR.

City State Zip Code
BLOOMFIELD HILLS MI 48304

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FABRIZIO & BROOK, PC PRESIDENT / CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.7333

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. PATRICK ERVIN

Mailing Address 6230 OAK HILL ROAD

City State Zip Code
ORTONVILLE MI 48462

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TALMER BANK & TRUST MORTGAGE DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.7428

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. DENNIS FESKORN

Mailing Address 38824 GLENMAR LN

City State Zip Code
HARRISON TOWNSHIP MI 48045

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TALMER BANK & TRUST FINANCIAL MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.7420

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MRS. MELANIE FOSTER

Mailing Address 2561 MEADOW WOODS DRIVE

City EAST LANSING State MI Zip Code 48823

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7393

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
STANLEY D FRANKEL

Mailing Address 2301 W BIG BEAVER RD
SUITE 900

City TROY State MI Zip Code 48084

FEC ID number of contributing federal political committee. **C**

Name of Employer FRANKEL ASSOCIATES, INC. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7586

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
DON GILLIS

Mailing Address 6 NORWICH

City PLEASANT RIDGE State MI Zip Code 48069

FEC ID number of contributing federal political committee. **C**

Name of Employer KEMP KLEIN Occupation LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11A1.7340

Amount of Each Receipt this Period
 100.00

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

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

2100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 15 OF 150

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
GEHAN GIRGIS

Mailing Address 1233 COPPERWOOD DRIVE

City State Zip Code
 BLOOMFIELD HILLS MI 48302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 RIVER SQUARE FAMILY DENTISTRY DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2014

Transaction ID : SA11A1.7582

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MR. PAUL A GLANTZ

Mailing Address 303 GRAY WOODS LN.

City State Zip Code
 LAKE ANGELUS MI 48326-1240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 PROCTOR FINANCIAL, INC. BUSINESSMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7376

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
DAVID STEWART GREEN

Mailing Address 921 BRISTOW DRIVE

City State Zip Code
 ROCHESTER HILLS MI 48307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 BUTZEL LONG LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11A1.7318

Amount of Each Receipt this Period
 100.00

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

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

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | | |
|---|---------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. MS. JULIE M GUST | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 | |
| Mailing Address 1255 RUGBY CIRCLE | | Transaction ID : SA11A1.7404 | |
| City BLOOMFIELD HILLS | State MI | Zip Code 48302 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 | |
| Name of Employer TALMER BANK & TRUST | Occupation BANKER | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 50.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. SAMIR W. HANNA | | Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2014 | |
| Mailing Address 962 DOWLING ROAD | | Transaction ID : SA11A1.7563 | |
| City BLOOMFIELD HILLS | State MI | Zip Code 48304 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer MARINA REHABILITATION | Occupation PHYSICAL THERAPIST | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. SAMIR W. HANNA | | Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2014 | |
| Mailing Address 962 DOWLING ROAD | | Transaction ID : SA11A1.7564 | |
| City BLOOMFIELD HILLS | State MI | Zip Code 48304 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer MARINA REHABILITATION | Occupation PHYSICAL THERAPIST | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1500.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1550.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
JAY HANSEN

Mailing Address 5920 SNOWSHOE CIRCLE

City State Zip Code
BLOOMFIELD HILLS MI 48301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
O2 INVESTMENT PARTNERS PRIVATE EQUITY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2014

Transaction ID : SA11A1.7371

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
MRS. BARBARA A. HARRELL

Mailing Address 1936 KIRKTON DR.

City State Zip Code
TROY MI 48083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GENESIS DRUG TEST SERVICES CLERICAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
20.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7337

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
DOREEN HOFFMAN ULLOA

Mailing Address 2435 MOORS CT

City State Zip Code
ANN ARBOR MI 48108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TROTT RECOVERY SERVICES, PLLC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7457

Amount of Each Receipt this Period
250.00

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

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

1770.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
ROBERT HOTCHKISS

Mailing Address **2757 HEATHFIELD ROAD**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TROTT & TROTT, P.C.** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3100.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11A1.7454

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN R HOWARD

Mailing Address **32720 BRANDINGHAM**

City **FRANKLIN** State **MI** Zip Code **48025**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11A1.7364

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
SCOTT R. JACOBSON

Mailing Address **455 ASPEN**

City **BIRMINGHAM** State **MI** Zip Code **48009**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE INVESTMENT & DEVELOPME**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 21 / 2014

Transaction ID : SA11A1.7017

Amount of Each Receipt this Period
2500.00

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

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

3100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
DONALD KEGLEY JR.

Mailing Address 1257 WATER CLIFF

City State Zip Code
BLOOMFIELD HILLS MI 48302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CUNNINGHAM-LIMP COMPANY REAL ESTATE DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4700.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2014

Transaction ID : SA11A1.7328

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
DONALD KEGLEY JR.

Mailing Address 1257 WATER CLIFF

City State Zip Code
BLOOMFIELD HILLS MI 48302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CUNNINGHAM-LIMP COMPANY REAL ESTATE DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4900.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11A1.7327

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MS. SHEREE KESLER

Mailing Address 2868 DORCHESTER RD

City State Zip Code
BIRMINGHAM MI 48009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALMER BANK & TRUST MORTGAGE QC MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11A1.7430

Amount of Each Receipt this Period
50.00

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

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

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | | |
|---|---------------------------------------|--|---|
| Full Name (Last, First, Middle Initial) A. DONALD KING | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 | |
| Mailing Address 33889 PONDVIEW CIRCLE | | Transaction ID : SA11A1.7455 | |
| City LIVONIA | State MI | Zip Code 48152 | Amount of Each Receipt this Period _____ 25.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer TROTT & TROTT, P.C. | Occupation ATTORNEY | | Amount of Each Receipt this Period _____ 75.00 |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 75.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. EDAN KING | | Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2014 | |
| Mailing Address 855 RIDGEWOOD RD | | Transaction ID : SA11A1.7600 | |
| City BLOOMFIELD HILLS | State MI | Zip Code 48304 | Amount of Each Receipt this Period _____ 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MICHIGAN FIDELITY ACCEPTANCE CORPOR | Occupation COO | | Amount of Each Receipt this Period _____ 500.00 |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 500.00 | | |

| | | | |
|---|---|--|---|
| Full Name (Last, First, Middle Initial) C. DARIA KNIGHT | | Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014 | |
| Mailing Address 1290 LAKE ANGELUS SHORES | | Transaction ID : SA11A1.7312 | |
| City LAKE ANGELUS | State MI | Zip Code 48326 | Amount of Each Receipt this Period _____ 2600.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer ADVOMAS | Occupation SECRETARY | | Amount of Each Receipt this Period _____ 2600.00 |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 2600.00 | | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 3125.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. MR. WALTER B. KNIGHT | | Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014 | |
| Mailing Address 1290 LAKE ANGELUS SHORES | | Transaction ID : SA11A1.7342 | |
| City LAKE ANGELUS | State MI | Zip Code 48326 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2600.00 | |
| Name of Employer KNIGHT & FIRTH | Occupation ATTORNEY | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. LAURA R. KOPACK | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2014 | |
| Mailing Address 9905 AUBURNDALE STREET | | Transaction ID : SA11A1.7348 | |
| City LIVONIA | State MI | Zip Code 48150 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 650.00 | |
| Name of Employer MCA DETROIT | Occupation DIRECTOR OF GOVERNMENT AFFAIRS | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. LAURA R. KOPACK | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 | |
| Mailing Address 9905 AUBURNDALE STREET | | Transaction ID : SA11A1.7347 | |
| City LIVONIA | State MI | Zip Code 48150 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 | |
| Name of Employer MCA DETROIT | Occupation DIRECTOR OF GOVERNMENT AFFAIRS | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1150.00 | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3400.00 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MS. SANDRA D KUOHN

Mailing Address 2301 W BIG BEAVER RD
SUITE 525

City TROY State MI Zip Code 48084

FEC ID number of contributing federal political committee. **C**

Name of Employer TALMER BANK & TRUST Occupation CHIEF HR OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7410

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. ERIC A LADWIG

Mailing Address 17080 CARRIAGE WAY

City NORTHVILLE State MI Zip Code 48168

FEC ID number of contributing federal political committee. **C**

Name of Employer THE UPS STORE # 3011 Occupation SMALL BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7450

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID B. LANDRY

Mailing Address 45471 KIMBERLY COURT

City NOVI State MI Zip Code 48374

FEC ID number of contributing federal political committee. **C**

Name of Employer LANDRY, MAZZEO & DEMBINSKI PC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11A1.7344

Amount of Each Receipt this Period
100.00

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

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

450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MR. BERRY F LAWS III

Mailing Address 1044 MAIN STREET, SUITE 900

City KANSAS CITY State MO Zip Code 64105

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
150.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.7362

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
MR. EDWARD C. LEVY JR

Mailing Address 970 SHIRLEY RD

City BIRMINGHAM State MI Zip Code 48009

FEC ID number of contributing federal political committee. **C**

Name of Employer EDWARD LEVY CO. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2014

Transaction ID : SA11AI.7332

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
STEVEN H. LEWIS

Mailing Address 1015 WADDINGTON

City BLOOMFIELD HILLS State MI Zip Code 48301

FEC ID number of contributing federal political committee. **C**

Name of Employer S.H. LEWIS INVESTMENTS, LLC Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.7560

Amount of Each Receipt this Period
250.00

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

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

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
LANDON K. MACKIE

Mailing Address 2269 SANDY CREEK DR

City FRISCO State TX Zip Code 75254

FEC ID number of contributing federal political committee. **C**

Name of Employer MACKIE WOLF ZIENTZ & MANN, P.C. Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 08 / 2014

Transaction ID : SA11A1.7346

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL R MAHER

Mailing Address 502 W. 4TH STREET

City ROYAL OAK State MI Zip Code 48067

FEC ID number of contributing federal political committee. **C**

Name of Employer TALMER BANK & TRUST Occupation EMD & CFO MORTGAGE BANKING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7416

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MS. BARBARA J MAHONE

Mailing Address PO BOX 460

City BIRMINGHAM State MI Zip Code 48012

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7384

Amount of Each Receipt this Period
500.00

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

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

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
DAVID MARDIGIAN

Mailing Address 35980 WOODWARD AVENUE
SUITE 210

City State Zip Code
BLOOMFIELD HILLS MI 48304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MCM MANAGEMENT CORP. CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 03 / 2014

Transaction ID : SA11AI.7352

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
ROBERT G MARDIGIAN

Mailing Address 180 RAVINE

City State Zip Code
BIRMINGHAM MI 48009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MCM DEMO PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 03 / 2014

Transaction ID : SA11AI.7351

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
TIMOTHY J MCBRIDE

Mailing Address 5016 UPTON STREET, NW

City State Zip Code
WASHINGTON DC 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COVIDIEN BUSINESSMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 22 / 2014

Transaction ID : SA11AI.7325

Amount of Each Receipt this Period
500.00

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

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

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
KEVIN R MCCARTHY

Mailing Address 1915 TOWNSEND PLACE

City EL CAJON State CA Zip Code 92019

FEC ID number of contributing federal political committee. **C**

Name of Employer MCCARTHY HOLTHUS Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7350

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MRS. SUZANNE M. MCDONALD

Mailing Address 580 HARMON ST

City BIRMINGHAM State MI Zip Code 48009

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11A1.7391

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MS. CAROLYN MEIER

Mailing Address 22062 ABINGTON DR

City FARMINGTON HILLS State MI Zip Code 48335

FEC ID number of contributing federal political committee. **C**

Name of Employer TALMER BANK & TRUST Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7400

Amount of Each Receipt this Period
25.00

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

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

1525.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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)
TROTT FOR CONGRESS, INC.

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) PAUL MITCHELL III | | Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2014 | |
| Mailing Address 1760 GLENCAIRN DR | | Transaction ID : SA11A1.7574 | |
| City SAGINAW | State MI | Zip Code 48609 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2600.00 | |
| Name of Employer RETIRED | Occupation RETIRED | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) JOHN C. MORRIS III | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 | |
| Mailing Address 2705 OAK DRIVE | | Transaction ID : SA11A1.7605 | |
| City MONROE | State LA | Zip Code 71201 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2600.00 | |
| Name of Employer MORRIS & ASSOCIATES | Occupation ATTORNEY | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) THOMAS R. MORRIS | | Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2014 | |
| Mailing Address 28011 WEYMOUTH | | Transaction ID : SA11A1.7396 | |
| City FARMINGTON HILLS | State MI | Zip Code 48334 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 | |
| Name of Employer SILVERMAN & MORRIS, P.L.L.C. | Occupation ATTORNEY | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 100.00 | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 5300.00 |
| TOTAL This Period (last page this line number only)..... | (Empty box) |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MR. THOMAS E NESTOR

Mailing Address 4001 MEADOWLANE

City State Zip Code
BLOOMFIELD HILLS MI 48304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALMER BANK & TRUST EMD- RETAIL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11A1.7418

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MS. KRISTINE M NEYMANOWSKI

Mailing Address 85 PINEVIEW DR.

City State Zip Code
LAPEER MI 48446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COMERICA BANK FORECLOSURE/REO MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11A1.7323

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT ROYAL NIX II

Mailing Address 18276 ARSELOT DR

City State Zip Code
NORTHVILLE MI 48168

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2014

Transaction ID : SA11A1.7382

Amount of Each Receipt this Period
300.00

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

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

650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MR. J DOUGLAS NORTH

Mailing Address 6900 OAKHILLS DRIVE

City State Zip Code
BLOOMFIELD HILLS MI 48301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORTH BROTHERS FORD, INC. AUTO DEALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11A1.7370

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOE O'CONNOR

Mailing Address 803 W BIG BEAVER

City State Zip Code
TROY MI 48084

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KALPA EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11A1.7339

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM G OLDFORD

Mailing Address 850 BIRKDALE DRIVE

City State Zip Code
ST. CLAIR MI 48079

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALMER BANK & TRUST TRUST MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11A1.7438

Amount of Each Receipt this Period
150.00

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

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

900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
DONALD R PADALIS

Mailing Address 26431 PLEASANT VALLEY RD

City State Zip Code
FARMINGTON HILLS MI 48331

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE INTEGRUN GROUP SMALL BUSINESS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
40.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7446

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
MR. ERIN PALMER

Mailing Address 43032 EMERSON WAY

City State Zip Code
NOVI MI 48377

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALMER BANK & TRUST DIRECTOR OF MORTGAGE OPERATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7414

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. SANFORD H PASER

Mailing Address 27301 WILLOWGREEN CT.

City State Zip Code
FRANKLIN MI 48025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF ATTORNEY/INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7389

Amount of Each Receipt this Period
50.00

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

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

340.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 31 OF 150
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
BRUCE PATTERSON

Mailing Address 42479 REDFERN STREET

City State Zip Code
CANTON MI 48187

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 30 2014

Transaction ID : SA11A1.7386

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JAMES L. PITTS

Mailing Address 901 7TH STREET NW
SUITE 200

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NAVIGATORS GLOBAL FOUNDING PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 30 2014

Transaction ID : SA11A1.7613

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CHRISTINE PROVOST

Mailing Address 952 BROOKWOOD ST

City State Zip Code
BIRMINGHAM MI 48009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 30 2014

Transaction ID : SA11A1.7588

Amount of Each Receipt this Period
500.00

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

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

1100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
DAVID PROVOST

Mailing Address 2301 W. BIG BEAVER ROAD

City State Zip Code
TROY MI 48084

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALMER BANK AND TRUST PRESIDENT/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7441

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ANDREW RICHNER

Mailing Address 718 BERKSHIRE ROAD

City State Zip Code
GROSSE POINTE PARK MI 48230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CLARK HILL ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
686.33

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11A1.7319

Amount of Each Receipt this Period
186.33

IN-KIND: CATERING SERVICES

C. Full Name (Last, First, Middle Initial)
ANDREW RICHNER

Mailing Address 718 BERKSHIRE ROAD

City State Zip Code
GROSSE POINTE PARK MI 48230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CLARK HILL ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1686.33

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11A1.7320

Amount of Each Receipt this Period
1000.00

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

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

1686.33

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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)
TROTT FOR CONGRESS, INC.

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. MR. MICHAEL D RIESER | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 | |
| Mailing Address 1625 GRANDVIEW DR | | Transaction ID : SA11A1.7432 | |
| City ROCHESTER HILLS | State MI | Zip Code 48306 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 | |
| Name of Employer TALMER BANK & TRUST | Occupation MTG BANKER | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 100.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. PAUL ROBERTSON | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 | |
| Mailing Address 779 S. BATES STREET | | Transaction ID : SA11A1.7385 | |
| City BIRMINGHAM | State MI | Zip Code 48009 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer ROBERTSON BROTHERS | Occupation BUILDER/DEVELOPER | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1300.00 | | |

| | | | |
|---|-----------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. STUART SANDLER | | Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2014 | |
| Mailing Address 2420 MULBERRY COURT | | Transaction ID : SA11A1.7329 | |
| City ANN ARBOR | State MI | Zip Code 48104 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 TO BE REFUNDED | |
| Name of Employer DECIDER STRATEGIES | Occupation CEO | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 6200.00 | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1600.00 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MR. THOMAS L SCHELLENBERG

Mailing Address 5454 CHIPPEWA DR

City State Zip Code
CROSS VILLAGE MI 49723

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
METZLER LOCRICCHIO SERRA & CO P.C. TAX ATTORNEY/CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.7354

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MR. CONRAD P SCHWARTZ

Mailing Address 30144 BUCKINGHAM

City State Zip Code
LIVONIA MI 48154

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.7366

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
ROY C. SGROI

Mailing Address 12414 WHITE TAIL COURT

City State Zip Code
PLYMOUTH MI 48170-2875

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.7387

Amount of Each Receipt this Period
250.00

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

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

2300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MR. THOMAS C SHAFER

Mailing Address 47 BRIARWOOD PLACE

City State Zip Code
GROSSE POINTE FARMS MI 48236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALMER BANK & TRUST PRESIDENT & COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11A1.7434

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MS. MICHELLE SHEPLEY

Mailing Address 5775 MCINTYRE RD

City State Zip Code
CLYDE MI 48049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALMER BANK & TRUST BUSINESS DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11A1.7406

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR. RANDY SHEPLEY

Mailing Address 5775 MCINTYRE RD

City State Zip Code
CLYDE MI 48049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
R SHEPLEY FLOOR SERVICES OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11A1.7380

Amount of Each Receipt this Period
50.00

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

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

1100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|---------------------------------|--|
| Full Name (Last, First, Middle Initial) A. MICHAEL SITKAUSKAS | | Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 21 / 2014 |
| Mailing Address 20216 ELLEN DRIVE | | Transaction ID : SA11A1.7459 |
| City LIVONIA | State MI | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer UNEMPLOYED | Occupation UNEMPLOYED | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 10.00 | |

| | | |
|---|---------------------------------|--|
| Full Name (Last, First, Middle Initial) B. MICHAEL SITKAUSKAS | | Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014 |
| Mailing Address 20216 ELLEN DRIVE | | Transaction ID : SA11A1.7460 |
| City LIVONIA | State MI | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer UNEMPLOYED | Occupation UNEMPLOYED | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 20.00 | |

| | | |
|---|---------------------------------|--|
| Full Name (Last, First, Middle Initial) C. MR. BRIAN SZMYTKE | | Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014 |
| Mailing Address 9980 JOY RD | | Transaction ID : SA11A1.7356 |
| City PLYMOUTH | State MI | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer MICHIGAN REPUBLICAN PARTY | Occupation FIELD DIRECTOR | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 10.00 | |

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 30.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
JOANNE TEMPLE

Mailing Address 47753 RIVER WOODS DRIVE

City CANTON State MI Zip Code 48188

FEC ID number of contributing federal political committee. **C**

Name of Employer FORD MOTOR COMPANY Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11A1.7335

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
STEPHEN TEMPLETON

Mailing Address 777 WILLIAMSBURY

City BLOOMFIELD HILLS State MI Zip Code 48301

FEC ID number of contributing federal political committee. **C**

Name of Employer TEMPLETON BUILDING, INC. Occupation BUILDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2550.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11A1.7444

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. JAMES A THIENEL

Mailing Address 5161 SHORELINE BLVD

City WATERFORD State MI Zip Code 48329

FEC ID number of contributing federal political committee. **C**

Name of Employer BERKLEY APPLIANCE Occupation APPLIANCE SERVICE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7314

Amount of Each Receipt this Period
50.00

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

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

1150.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. MR. BRADLEY L THOMPSON II | | Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2014 | |
| Mailing Address 2001 W LAFAYETTE BLVD | | Transaction ID : SA11AI.7330 | |
| City DETROIT | State MI | Zip Code 48216-1852 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer DETROIT LEGAL NEWS | Occupation CEO | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1250.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. MS. MICHELE A THOMPSON | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 | |
| Mailing Address 30182 DORCHESTER AVENUE | | Transaction ID : SA11AI.7424 | |
| City MADISON HEIGHTS | State MI | Zip Code 48071 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 | |
| Name of Employer TALMER BANK & TRUST | Occupation MANAGING DIRECTOR | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 200.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. MR. GARY TORGOW | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 | |
| Mailing Address 14661 LUDLOW ST | | Transaction ID : SA11AI.7408 | |
| City OAK PARK | State MI | Zip Code 48237 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer TALMER BANK & TRUST | Occupation CHAIRMAN | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1700.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MALKA TORGOW

Mailing Address 14661 LUDLOW ST

City OAK PARK State MI Zip Code 48237

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7570

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS. CHRISTINE R TOSKI

Mailing Address 7243 ARDSLEY LN

City CLARKSTON State MI Zip Code 48348

FEC ID number of contributing federal political committee. **C**

Name of Employer **TALMER BANK & TRUST** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7398

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MARK VALENTE III

Mailing Address 7055 LEESTONE STREET

City SPRINGFIELD State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C**

Name of Employer **VALENTE & ASSOCIATES** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3388.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11A1.7601

Amount of Each Receipt this Period
2388.00
 IN-KIND: FACILITY RENTAL/CATERING SERVICES

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

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

3088.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
JOHN A. VOSO JR.

Mailing Address 8749 EATON DRIVE

City State Zip Code
SAGAMORE HILLS OH 44067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OLD REPUBLIC NATIONAL TILE INSURANCE AGENCY RELATIONSHIP MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11A1.7373

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL WARD

Mailing Address 4625 4TH STREET SOUTH

City State Zip Code
ARLINGTON VA 22204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TECHNET VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11A1.7443

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JIM WERPETINSKI

Mailing Address 4332 RENEE DR

City State Zip Code
TROY MI 48085

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
30.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.7368

Amount of Each Receipt this Period
30.00

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

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

730.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 150 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
JILL P WILKINSON

Mailing Address 690 KIMBERLY

City State Zip Code
BIRMINGHAM MI 48009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WILKINSON EYE CENTER CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11A1.7464

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RANDE K. YEAGER

Mailing Address 427 FIELDSTONE DRIVE

City State Zip Code
VENICE FL 34292

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OLD REPUBLICTITLE.COM CEO/CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11A1.7374

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

600.00

70924.33

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 150 |
| | <input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11B.7550

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 150 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11C.7512

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7472

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 800 TENTH STREET, NW
TWO CITYCENTER, SUITE 400

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 05 / 2014

Transaction ID : SA11C.7502

Amount of Each Receipt this Period
 2000.00

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

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

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 150 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION PAC (ASHA PAC)

Mailing Address **2200 RESEARCH BOULEVARD**

City **ROCKVILLE** State **MD** Zip Code **20850**

FEC ID number of contributing federal political committee. **C C00210666**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.7489

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE (ABC PAC)

Mailing Address **440 FIRST STREET NW
SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00010421**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.7518

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address **2300 WILSON BLVD.
SUITE 300**

City **ARLINGTON** State **VA** Zip Code **22201**

FEC ID number of contributing federal political committee. **C C00082917**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.7522

Amount of Each Receipt this Period
1000.00

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

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

8000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 150 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
AUTOMOTIVE FREE INTERNATIONAL TRADE PAC

Mailing Address 1625 PRINCE STREET
SUITE 225

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.7520

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
BLESSINGS OF LIBERTY PAC - BOL PAC

Mailing Address 38 EXECUTIVE PARK, SUITE 390

City State Zip Code
IRVINE CA 92614

FEC ID number of contributing federal political committee. **C** C00564658

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.7491

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
BLUE CROSS BLUE SHIELD OF MICHIGAN PAC

Mailing Address 232 S. CAPITOL
MC L10A

City State Zip Code
LANSING MI 48933

FEC ID number of contributing federal political committee. **C** C00084061

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.7492

Amount of Each Receipt this Period
2000.00

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

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

9000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|-------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 150 |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a |
| | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
BROOKE HOLDINGS LLC AND JACKSON NATIONAL LIFE INSURANCE COMPANY SEPARATE SEGREGATED FUND (

A. Mailing Address 1 CORPORATE WAY

City State Zip Code
LANSING MI 48951

FEC ID number of contributing federal political committee. **C** C00254953

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7539

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILDPAAC)

B. Mailing Address 1201 15TH STREET, NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7524

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

C. Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2014

Transaction ID : SA11C.7494

Amount of Each Receipt this Period
2500.00

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

7000.00

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 47 OF 150
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
CMS ENERGY CORPORATION EMPLOYEES FOR BETTER GOVERNMENT- FEDERAL

Mailing Address ONE ENERGY PLAZA
EP8-253

City JACKSON State MI Zip Code 49201

FEC ID number of contributing federal political committee. **C** C00075473

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11C.7508

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
COLLINS FOR CONGRESS

Mailing Address PO BOX 1295

City GAINESVILLE State GA Zip Code 30503

FEC ID number of contributing federal political committee. **C** C00502039

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11C.7303

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2014

Transaction ID : SA11C.7496

Amount of Each Receipt this Period
5000.00

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

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

10500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 48 OF 150
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
DELTA AIR LINES POLITICAL ACTION COMMITTEE

Mailing Address 1212 NEW YORK AVENUE NW
SUITE 200

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00104802**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.7526

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DTE ENERGY CO. PAC - FEDERAL

Mailing Address ONE ENERGY PLAZA
ROOM 1583 WCB

City State Zip Code
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C C00081547**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.7528

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
DYKEMA GOSSETT FEDERAL PAC

Mailing Address 201 TOWNSEND STREET
SUITE 900

City State Zip Code
LANSING MI 48933

FEC ID number of contributing federal political committee. **C C00342113**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.7530

Amount of Each Receipt this Period
1000.00

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

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

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 150 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
DYKEMA GOSSETT FEDERAL PAC

Mailing Address 201 TOWNSEND STREET
SUITE 900

City LANSING State MI Zip Code 48933

FEC ID number of contributing federal political committee. **C** C00342113

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7531

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FLAGSTAR BANK FEDERAL PAC

Mailing Address 5151 CORPORATE DR. E-183-3

City TROY State MI Zip Code 48098

FEC ID number of contributing federal political committee. **C** C00455733

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7474

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
FORD MOTOR COMPANY CIVIC ACTION FUND

Mailing Address PO BOX 75000

City DETROIT State MI Zip Code 48275

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2014

Transaction ID : SA11C.7498

Amount of Each Receipt this Period
2000.00

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

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

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 150 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
FORGING INDUSTRY ASSOCIATION POLITICAL ACTION COMMITTEE (FORGINGPAC)

Mailing Address 1111 SUPERIOR AVE
SUITE 615

City CLEVELAND State OH Zip Code 44114

FEC ID number of contributing federal political committee. **C** C00470252

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7541

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 320 1ST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11C.7486

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 320 1ST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11C.7487

Amount of Each Receipt this Period
 5000.00

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

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

11000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 150 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)

Mailing Address 2941 FAIRVIEW PARK DR.
SUITE 100

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7543

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 400

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00076810**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7545

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City State Zip Code
BOWLING GREEN KY 42102

FEC ID number of contributing federal political committee. **C C00445023**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7299

Amount of Each Receipt this Period
1000.00

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

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

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | | |
|---|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 52 OF 150 |
| <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| | | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

Mailing Address 1900 K STREET NW
SUITE 700

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.7603

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C** C00420935

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2014

Transaction ID : SA11C.7301

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 600 14TH STREET, NW
SUITE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11C.7476

Amount of Each Receipt this Period
2500.00

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

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

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 150 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
LEAD YOUR NATION NOW PAC (LYNN PAC)

Mailing Address P.O. BOX 1872

City TOPEKA State KS Zip Code 66601

FEC ID number of contributing federal political committee. **C** C00491043

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7607

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2014

Transaction ID : SA11C.7500

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
MICHIGAN FARM BUREAU POLITICAL ACTION COMMITTEE

Mailing Address 7373 W. SAGINAW HIGHWAY
P.O. BOX 30960

City LANSING State MI Zip Code 48917

FEC ID number of contributing federal political committee. **C** C00096362

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7478

Amount of Each Receipt this Period
 1000.00

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

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

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 150 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MORE CONSERVATIVES PAC (MCPAC)

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00540187

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11C.7548

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 DAINGERFIELD ROAD

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7480

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF INDEPENDENT BUSINESS

Mailing Address 1201 F STREET NW

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C30001317

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7504

Amount of Each Receipt this Period
2500.00

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

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

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 150 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C C00053553**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7482

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NEW PAC

Mailing Address P.O. BOX 7480

City State Zip Code
VISALIA CA 93290

FEC ID number of contributing federal political committee. **C C00398750**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11C.7514

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PATRIOTS IN ACTION

Mailing Address 1005 CONGRESS AVE STE 910

City State Zip Code
AUSTIN TX 78701

FEC ID number of contributing federal political committee. **C C00531590**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7484

Amount of Each Receipt this Period
2500.00

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

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

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 56 OF 150
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 MASSACHUSETTS AVENUE, NE
1ST FLOOR

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7516

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
PRECISION METALFORMING ASSOCIATION VOICE OF THE INDUSTRY COMMITTEE (PMAVIC)

Mailing Address 6363 OAK TREE BLVD.

City INDEPENDENCE State OH Zip Code 44131

FEC ID number of contributing federal political committee. **C** C00082271

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7533

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PROSPERITY ACTION INC.

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00377689

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7535

Amount of Each Receipt this Period
5000.00

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

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

8500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 57 OF 150
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
QUICKEN LOANS INC PAC

Mailing Address 101 S. WASHINGTON SQ.
SUITE 620

City LANSING State MI Zip Code 48933

FEC ID number of contributing federal political committee. **C** C00388827

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7537

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ROGERS FOR CONGRESS

Mailing Address PO BOX 581

City BRIGHTON State MI Zip Code 48116

FEC ID number of contributing federal political committee. **C** C00343863

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7307

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City JEFFERSON State LA Zip Code 70183

FEC ID number of contributing federal political committee. **C** C00394957

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11C.7305

Amount of Each Receipt this Period
2000.00

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

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

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 150 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
THE DOW CHEMICAL COMPANY EMPLOYEES PAC (DOWPAC)

Mailing Address 2030 DOW CENTER

City MIDLAND State MI Zip Code 48674

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 9000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7506

Amount of Each Receipt this Period
 4000.00

B. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11C.7546

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA EMPLOYEE PAC

Mailing Address 9800 FREDERICKSBURG ROAD

City SAN ANTONIO State TX Zip Code 78288

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7611

Amount of Each Receipt this Period
 1000.00

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

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

7500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 59 OF 150
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)

Mailing Address 1300 I ST NW, STE 400 WEST
ATTN: TAYLOR CRAIG

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.7609

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
VOICE FOR FREEDOM

Mailing Address 2700 CUMBERLAND PARKWAY, SUITE 150

City ATLANTA State GA Zip Code 30339

FEC ID number of contributing federal political committee. **C C00409805**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11C.7511

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Mailing Address 1325 G STREET, N.W. SUITE 1000

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00109306**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11C.7509

Amount of Each Receipt this Period
1000.00

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

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

4500.00

116500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 150 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
DAVID A. TROTT

Mailing Address 158 PARK LAKE DRIVE

City State Zip Code
BIRMINGHAM MI 48009

FEC ID number of contributing federal political committee. **C H4MI11097**

Name of Employer Occupation
TROTT & TROTT, P.C. ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3423401.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11D.7617

Amount of Each Receipt this Period
 1000000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000000.00

1000000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 150 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
ELENA N. BRENNAN

Mailing Address P.O. BOX 1128

City: **WALLED LAKE** State: **MI** Zip Code: **48390**

FEC ID number of contributing federal political committee: **C**

Name of Employer: _____ Occupation: _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA14.7470

Amount of Each Receipt this Period
 _____ **750.00**

VENDOR REFUND: PAYROLL

B. Full Name (Last, First, Middle Initial)
ZACHARY M. COMOS

Mailing Address P.O. BOX 1128

City: **WALLED LAKE** State: **MI** Zip Code: **48390**

FEC ID number of contributing federal political committee: **C**

Name of Employer: _____ Occupation: _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA14.7468

Amount of Each Receipt this Period
 _____ **500.00**

VENDOR REFUND: PAYROLL

C. Full Name (Last, First, Middle Initial)
KATHLEEN A. EVANS

Mailing Address P.O. BOX 1128

City: **WALLED LAKE** State: **MI** Zip Code: **48390**

FEC ID number of contributing federal political committee: **C**

Name of Employer: _____ Occupation: _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA14.7466

Amount of Each Receipt this Period
 _____ **500.00**

VENDOR REFUND: PAYROLL

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

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

_____ **1750.00**

_____ **1750.00**

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 62 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. ACCENT FLORIST | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014 |
| Mailing Address 4048 ROCHESTER RD | | Amount of Each Disbursement this Period 2772.78 |
| City TROY State MI Zip Code 48085 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - FLORAL EXPENSE | |
| Candidate Name | Category/Type | Transaction ID : SB17.7675 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. AIR CHARTER TEAM, INC. | | Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014 |
| Mailing Address 4151 N. MULLBERRY DR. SUITE 250 | | Amount of Each Disbursement this Period 2694.18 |
| City KANSAS CITY State MO Zip Code 64116 | Purpose of Disbursement TRAVEL: AIR | |
| Candidate Name | Category/Type | Transaction ID : SB17.7225 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014 |
| Mailing Address 5555 HILTON AVENUE SUITE 106 | | Amount of Each Disbursement this Period 78.60 |
| City BATON ROUGE State LA Zip Code 70808 | Purpose of Disbursement MERCHANT FEES | |
| Candidate Name | Category/Type | Transaction ID : SB17.7226 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2772.78 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014 |
| Mailing Address 5555 HILTON AVENUE SUITE 106 | | Amount of Each Disbursement this Period 118.29 Transaction ID : SB17.7227 |
| City BATON ROUGE | State LA | |
| Zip Code 70808 | Purpose of Disbursement MERCHANT FEES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 |
| Mailing Address 5555 HILTON AVENUE SUITE 106 | | Amount of Each Disbursement this Period 8.10 Transaction ID : SB17.7228 |
| City BATON ROUGE | State LA | |
| Zip Code 70808 | Purpose of Disbursement MERCHANT FEES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014 |
| Mailing Address 5555 HILTON AVENUE SUITE 106 | | Amount of Each Disbursement this Period 14.25 Transaction ID : SB17.7229 |
| City BATON ROUGE | State LA | |
| Zip Code 70808 | Purpose of Disbursement MERCHANT FEES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 140.64 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014 |
| Mailing Address 5555 HILTON AVENUE SUITE 106 | | Amount of Each Disbursement this Period 39.30 |
| City BATON ROUGE | State LA | |
| Zip Code 70808 | Purpose of Disbursement MERCHANT FEES | Transaction ID : SB17.7230 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014 |
| Mailing Address 5555 HILTON AVENUE SUITE 106 | | Amount of Each Disbursement this Period 258.90 |
| City BATON ROUGE | State LA | |
| Zip Code 70808 | Purpose of Disbursement MERCHANT FEES | Transaction ID : SB17.7231 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014 |
| Mailing Address 5555 HILTON AVENUE SUITE 106 | | Amount of Each Disbursement this Period 305.40 |
| City BATON ROUGE | State LA | |
| Zip Code 70808 | Purpose of Disbursement MERCHANT FEES | Transaction ID : SB17.7232 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 603.60 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014 |
| Mailing Address 5555 HILTON AVENUE SUITE 106 | | Amount of Each Disbursement this Period 381.48 Transaction ID : SB17.7233 |
| City BATON ROUGE State LA Zip Code 70808 | Purpose of Disbursement MERCHANT FEES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014 |
| Mailing Address 5555 HILTON AVENUE SUITE 106 | | Amount of Each Disbursement this Period 27.90 Transaction ID : SB17.7234 |
| City BATON ROUGE State LA Zip Code 70808 | Purpose of Disbursement MERCHANT FEES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014 |
| Mailing Address 208 S. AKARD STREET | | Amount of Each Disbursement this Period 323.73 Transaction ID : SB17.7235 |
| City DALLAS State TX Zip Code 75202 | Purpose of Disbursement UTILITIES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 381.48 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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)
TROTT FOR CONGRESS, INC.

| | | | |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial) A. AT&T | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014 |
| Mailing Address 208 S. AKARD STREET | | | Amount of Each Disbursement this Period,.....,.....,.....,.....,.....,.....,.....,.....,..... 102.14 |
| City DALLAS | State TX | Zip Code 75202 | |
| Purpose of Disbursement UTILITIES | | Candidate Name | Transaction ID : SB17.7236 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 | | Category/ Type | |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | |

| | | | |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial) B. AT&T | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014 |
| Mailing Address 208 S. AKARD STREET | | | Amount of Each Disbursement this Period,.....,.....,.....,.....,.....,.....,.....,.....,..... 323.50 |
| City DALLAS | State TX | Zip Code 75202 | |
| Purpose of Disbursement UTILITIES | | Candidate Name | Transaction ID : SB17.7237 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 | | Category/ Type | |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | |

| | | | |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial) C. AT&T | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014 |
| Mailing Address 208 S. AKARD STREET | | | Amount of Each Disbursement this Period,.....,.....,.....,.....,.....,.....,.....,.....,..... 102.14 |
| City DALLAS | State TX | Zip Code 75202 | |
| Purpose of Disbursement UTILITIES | | Candidate Name | Transaction ID : SB17.7238 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 | | Category/ Type | |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | |

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|---|---|
| SUBTOTAL of Disbursements This Page (optional)..... |,.....,.....,.....,.....,.....,.....,.....,.....,..... 527.78 |
| TOTAL This Period (last page this line number only)..... |,.....,.....,.....,.....,.....,.....,.....,.....,..... |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 67 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014 |
| Mailing Address 208 S. AKARD STREET | | Amount of Each Disbursement this Period 323.25 Transaction ID : SB17.7239 |
| City DALLAS State TX Zip Code 75202 | Purpose of Disbursement UTILITIES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. BILL BERTAKIS | | Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014 |
| Mailing Address 2120 PARK CIRCLE | | Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.7130 |
| City KEEGO HARBOR State MI Zip Code 48320 | Purpose of Disbursement PHOTOGRAPHY SERVICES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. BLOOMFIELD GOP WOMEN | | Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014 |
| Mailing Address C/O JOYCE MACLEISH 650 E. BIG BEAV #F | | Amount of Each Disbursement this Period 27.00 Transaction ID : SB17.7640 [MEMO ITEM] |
| City TROY State MI Zip Code 48083 | Purpose of Disbursement HUDSON REIMBURSEMENT - EVENT REGISTRATION FEE | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 573.25 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. BLUE CROSS BLUE SHIELD | | Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014 |
| Mailing Address 25 NORTH MICHIGAN AVENUE | | Amount of Each Disbursement this Period 319.59 |
| City CHICAGO State IL Zip Code 60601 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - INSURANCE | |
| Candidate Name | | Transaction ID : SB17.7676 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. BLUE CROSS BLUE SHIELD | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address 25 NORTH MICHIGAN AVENUE | | Amount of Each Disbursement this Period 319.59 |
| City CHICAGO State IL Zip Code 60601 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - INSURANCE | |
| Candidate Name | | Transaction ID : SB17.7677 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. BLUE CROSS BLUE SHIELD | | Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014 |
| Mailing Address 25 NORTH MICHIGAN AVENUE | | Amount of Each Disbursement this Period 300.00 |
| City CHICAGO State IL Zip Code 60601 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - INSURANCE | |
| Candidate Name | | Transaction ID : SB17.7678 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 69 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. CHARLES L. BOGREN | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 2015.76 Transaction ID : SB17.7167 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. CHARLES L. BOGREN | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 2015.76 Transaction ID : SB17.7178 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. CHARLES L. BOGREN | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 149.68 Transaction ID : SB17.7131 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement TRAVEL: MILEAGE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4181.20 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 70 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. CHARLES L. BOGREN | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 667.80 Transaction ID : SB17.7132 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. CHARLES L. BOGREN | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 881.00 Transaction ID : SB17.7133 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. CHARLES L. BOGREN | | Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 2015.77 Transaction ID : SB17.7189 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3564.77 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 71 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. CHARLES L. BOGREN | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014 | |
| Mailing Address P.O. BOX 1128 | | | Amount of Each Disbursement this Period 2015.76 | |
| City WALLED LAKE | State MI | Zip Code 48390 | Transaction ID : SB17.7200 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. CHARLES L. BOGREN | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014 | |
| Mailing Address P.O. BOX 1128 | | | Amount of Each Disbursement this Period 2015.76 | |
| City WALLED LAKE | State MI | Zip Code 48390 | Transaction ID : SB17.7211 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) C. BOYS & GIRLS CLUB OF TROY | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 | |
| Mailing Address 3670 JOHN R. ROAD | | | Amount of Each Disbursement this Period 500.00 | |
| City TROY | State MI | Zip Code 48083 | Transaction ID : SB17.7241 | |
| Purpose of Disbursement EVENT REGISTRATION FEE | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4531.52 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ELENA N. BRENNAN | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.7168 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. ELENA N. BRENNAN | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.7179 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. ELENA N. BRENNAN | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 100.96 Transaction ID : SB17.7134 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement TRAVEL: MILEAGE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1600.96 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ELENA N. BRENNAN | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7135 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. ELENA N. BRENNAN | | Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.7190 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. ELENA N. BRENNAN | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.7201 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 74 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | | | | |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. ELENA N. BRENNAN | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014 | | |
| Mailing Address P.O. BOX 1128 | | | Amount of Each Disbursement this Period 750.00 | | |
| City WALLED LAKE | State MI | Zip Code 48390 | Transaction ID : SB17.7212 | | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

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|--|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. KATHERINE A. CAMPBELL | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 | | |
| Mailing Address P.O. BOX 1128 | | | Amount of Each Disbursement this Period 587.12 | | |
| City WALLED LAKE | State MI | Zip Code 48390 | Transaction ID : SB17.7169 | | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

| | | | | | |
|--|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. KATHERINE A. CAMPBELL | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014 | | |
| Mailing Address P.O. BOX 1128 | | | Amount of Each Disbursement this Period 587.10 | | |
| City WALLED LAKE | State MI | Zip Code 48390 | Transaction ID : SB17.7180 | | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1924.22 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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)
TROTT FOR CONGRESS, INC.

| | | | | |
|--|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. KATHERINE A. CAMPBELL | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014 | |
| Mailing Address P.O. BOX 1128 | | | Amount of Each Disbursement this Period 587.12 | |
| City WALLED LAKE | State MI | Zip Code 48390 | Transaction ID : SB17.7191 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

| | | | | |
|--|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. KATHERINE A. CAMPBELL | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014 | |
| Mailing Address P.O. BOX 1128 | | | Amount of Each Disbursement this Period 873.90 | |
| City WALLED LAKE | State MI | Zip Code 48390 | Transaction ID : SB17.7202 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

| | | | | |
|--|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. KATHERINE A. CAMPBELL | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014 | |
| Mailing Address P.O. BOX 1128 | | | Amount of Each Disbursement this Period 873.90 | |
| City WALLED LAKE | State MI | Zip Code 48390 | Transaction ID : SB17.7213 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2334.92 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 76 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. KATIE CAMPBELL | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 97.60 Transaction ID : SB17.7136 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement TRAVEL: MILEAGE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. KATIE CAMPBELL | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 456.37 Transaction ID : SB17.7137 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. KATIE CAMPBELL | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 881.00 Transaction ID : SB17.7138 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1434.97 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. KATIE CAMPBELL | | Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 31.68 Transaction ID : SB17.7139 |
| City WALLED LAKE | State MI | |
| Purpose of Disbursement TRAVEL: MILEAGE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. KATIE CAMPBELL | | Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 75.25 Transaction ID : SB17.7140 |
| City WALLED LAKE | State MI | |
| Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. CANTON LIONS CLUB | | Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014 |
| Mailing Address PO BOX 1128 | | Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.7243 |
| City WALLED LAKE | State MI | |
| Purpose of Disbursement ADVERTISING | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 356.93 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014 |
| Mailing Address 1445-A MCLAUGHLIN AVENUE | | Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.7244 |
| City MCLEAN | State VA | |
| Zip Code 22101 | Purpose of Disbursement BANK FEES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014 |
| Mailing Address 1445-A MCLAUGHLIN AVENUE | | Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.7245 |
| City MCLEAN | State VA | |
| Zip Code 22101 | Purpose of Disbursement BANK FEES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK | | Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014 |
| Mailing Address 1445-A MCLAUGHLIN AVENUE | | Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.7246 |
| City MCLEAN | State VA | |
| Zip Code 22101 | Purpose of Disbursement BANK FEES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 45.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | | | | |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014 | | |
| Mailing Address 1445-A MCLAUGHLIN AVENUE | | | Amount of Each Disbursement this Period 15.00 | | |
| City MCLEAN | State VA | Zip Code 22101 | Transaction ID : SB17.7247 | | |
| Purpose of Disbursement BANK FEES | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

| | | | | | |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014 | | |
| Mailing Address 1445-A MCLAUGHLIN AVENUE | | | Amount of Each Disbursement this Period 15.00 | | |
| City MCLEAN | State VA | Zip Code 22101 | Transaction ID : SB17.7248 | | |
| Purpose of Disbursement BANK FEES | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

| | | | | | |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014 | | |
| Mailing Address 1445-A MCLAUGHLIN AVENUE | | | Amount of Each Disbursement this Period 15.00 | | |
| City MCLEAN | State VA | Zip Code 22101 | Transaction ID : SB17.7249 | | |
| Purpose of Disbursement BANK FEES | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 45.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) A. CHRISTIAN COALITION OF MICHIGAN | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014 |
| Mailing Address 211111 HAGGERTY RD | | | Amount of Each Disbursement this Period 150.00 |
| City NOVI | State MI | Zip Code 48375 | |
| Purpose of Disbursement TIETZ REIMBURSEMENT - EVENT REGISTRATION FEE | | Category/ Type | Transaction ID : SB17.7673 [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) B. CLARK HILL P.L.C. | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014 |
| Mailing Address 601 PENNSYLVANIA AVE NW NORTH BUILDING, SUITE 1000 | | | Amount of Each Disbursement this Period 13184.50 |
| City WASHINGTON | State DC | Zip Code 20004 | |
| Purpose of Disbursement LEGAL CONSULTING | | Category/ Type | Transaction ID : SB17.7250 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) C. CLARK HILL P.L.C. | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014 |
| Mailing Address 601 PENNSYLVANIA AVE NW NORTH BUILDING, SUITE 1000 | | | Amount of Each Disbursement this Period 4367.00 |
| City WASHINGTON | State DC | Zip Code 20004 | |
| Purpose of Disbursement LEGAL CONSULTING | | Category/ Type | Transaction ID : SB17.7251 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

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| SUBTOTAL of Disbursements This Page (optional) | 17551.50 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 81 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CLARK HILL P.L.C. | | Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014 |
| Mailing Address 601 PENNSYLVANIA AVE NW NORTH BUILDING, SUITE 1000 | | Amount of Each Disbursement this Period 1241.45 Transaction ID : SB17.7252 |
| City WASHINGTON State DC Zip Code 20004 | Purpose of Disbursement LEGAL CONSULTING | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. COMBAT DATA | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014 |
| Mailing Address 13262 BLAISDELL DRIVE | | Amount of Each Disbursement this Period 2200.00 Transaction ID : SB17.7253 |
| City DEWITT State MI Zip Code 48820 | Purpose of Disbursement DATA MANAGEMENT | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. COMBAT DATA | | Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014 |
| Mailing Address 13262 BLAISDELL DRIVE | | Amount of Each Disbursement this Period 2200.00 Transaction ID : SB17.7254 |
| City DEWITT State MI Zip Code 48820 | Purpose of Disbursement DATA MANAGEMENT | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5641.45 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 82 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. COMMERCE PLACE | | Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014 |
| Mailing Address 2071 E. WEST MAPLE ROAD | | Amount of Each Disbursement this Period 4200.00 Transaction ID : SB17.7255 |
| City COMMERCE TOWNSHIP | State MI | |
| Zip Code 48390 | Purpose of Disbursement RENT | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. COMMERCE PLACE | | Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014 |
| Mailing Address 2071 E. WEST MAPLE ROAD | | Amount of Each Disbursement this Period 2100.00 Transaction ID : SB17.7256 |
| City COMMERCE TOWNSHIP | State MI | |
| Zip Code 48390 | Purpose of Disbursement RENT | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. ZACH COMOS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 115.60 Transaction ID : SB17.7141 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement TRAVEL: MILEAGE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6415.60 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 83 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ZACH COMOS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7142 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. ZACHARY M. COMOS | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7170 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. ZACHARY M. COMOS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7181 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 84 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ZACHARY M. COMOS | | Date of Disbursement MM / DD / YYYY 08 / 22 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7192 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. ZACHARY M. COMOS | | Date of Disbursement MM / DD / YYYY 09 / 05 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7203 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. ZACHARY M. COMOS | | Date of Disbursement MM / DD / YYYY 09 / 19 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7214 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 85 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CONNECTIVIST MEDIA | | Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014 |
| Mailing Address 544 E. OGDEN AVENUE SUITE 700-161 | | Amount of Each Disbursement this Period 2199.00 Transaction ID : SB17.7257 |
| City MILWAUKEE State WI Zip Code 53202 | Purpose of Disbursement WEB DEVELOPMENT | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CONSUMERS ENERGY | | Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014 |
| Mailing Address PO BOX 740786 | | Amount of Each Disbursement this Period 11.65 Transaction ID : SB17.7258 |
| City CINCINNATI State OH Zip Code 45274 | Purpose of Disbursement UTILITIES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. CONSUMERS ENERGY | | Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014 |
| Mailing Address PO BOX 740786 | | Amount of Each Disbursement this Period 13.88 Transaction ID : SB17.7259 |
| City CINCINNATI State OH Zip Code 45274 | Purpose of Disbursement UTILITIES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2224.53 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 86 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. COSTCO | | Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014 |
| Mailing Address 3000 COMMERCE CROSSING | | Amount of Each Disbursement this Period 149.85 |
| City COMMERCE | State MI | |
| Zip Code 48382 | Purpose of Disbursement RONDO REIMBURSEMENT - MEETING EXPENSE: MEALS | Transaction ID : SB17.7653 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. COSTCO | | Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2014 |
| Mailing Address 3000 COMMERCE CROSSING | | Amount of Each Disbursement this Period 176.31 |
| City COMMERCE | State MI | |
| Zip Code 48382 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7679 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. COSTCO | | Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014 |
| Mailing Address 3000 COMMERCE CROSSING | | Amount of Each Disbursement this Period 127.59 |
| City COMMERCE | State MI | |
| Zip Code 48382 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7680 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 87 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CSS PAYROLL, INC. | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102 | | Amount of Each Disbursement this Period 57.05 Transaction ID : SB17.7260 |
| City FARMINGTON HILLS State MI Zip Code 48335 | Purpose of Disbursement PAYROLL FEES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CSS PAYROLL, INC. | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102 | | Amount of Each Disbursement this Period 4637.44 Transaction ID : SB17.7261 |
| City FARMINGTON HILLS State MI Zip Code 48335 | Purpose of Disbursement PAYROLL TAXES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. CSS PAYROLL, INC. | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014 |
| Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102 | | Amount of Each Disbursement this Period 57.05 Transaction ID : SB17.7262 |
| City FARMINGTON HILLS State MI Zip Code 48335 | Purpose of Disbursement PAYROLL FEES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4751.54 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CSS PAYROLL, INC. | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014 |
| Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102 | | Amount of Each Disbursement this Period 4464.94 |
| City FARMINGTON HILLS State MI Zip Code 48335 | Purpose of Disbursement PAYROLL TAXES | |
| Candidate Name | | Transaction ID : SB17.7263 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CSS PAYROLL, INC. | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014 |
| Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102 | | Amount of Each Disbursement this Period 51.55 |
| City FARMINGTON HILLS State MI Zip Code 48335 | Purpose of Disbursement PAYROLL FEES | |
| Candidate Name | | Transaction ID : SB17.7264 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. CSS PAYROLL, INC. | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014 |
| Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102 | | Amount of Each Disbursement this Period 1680.35 |
| City FARMINGTON HILLS State MI Zip Code 48335 | Purpose of Disbursement PAYROLL TAXES | |
| Candidate Name | | Transaction ID : SB17.7265 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 6196.84 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 89 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CSS PAYROLL, INC. | | Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014 |
| Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102 | | Amount of Each Disbursement this Period 57.05 Transaction ID : SB17.7266 |
| City FARMINGTON HILLS State MI Zip Code 48335 | Purpose of Disbursement PAYROLL FEES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CSS PAYROLL, INC. | | Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014 |
| Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102 | | Amount of Each Disbursement this Period 4464.41 Transaction ID : SB17.7267 |
| City FARMINGTON HILLS State MI Zip Code 48335 | Purpose of Disbursement PAYROLL TAXES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. CSS PAYROLL, INC. | | Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014 |
| Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102 | | Amount of Each Disbursement this Period 69.15 Transaction ID : SB17.7268 |
| City FARMINGTON HILLS State MI Zip Code 48335 | Purpose of Disbursement PAYROLL FEES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4590.61 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 90 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CSS PAYROLL, INC. | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014 |
| Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102 | | Amount of Each Disbursement this Period 40.55 |
| City FARMINGTON HILLS | State MI Zip Code 48335 | |
| Purpose of Disbursement PAYROLL FEES | Category/Type | Transaction ID : SB17.7269 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CSS PAYROLL, INC. | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014 |
| Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102 | | Amount of Each Disbursement this Period 4942.48 |
| City FARMINGTON HILLS | State MI Zip Code 48335 | |
| Purpose of Disbursement PAYROLL TAXES | Category/Type | Transaction ID : SB17.7270 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. CSS PAYROLL, INC. | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014 |
| Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102 | | Amount of Each Disbursement this Period 60.15 |
| City FARMINGTON HILLS | State MI Zip Code 48335 | |
| Purpose of Disbursement PAYROLL FEES | Category/Type | Transaction ID : SB17.7271 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5043.18 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 91 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CSS PAYROLL, INC. | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014 |
| Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102 | | Amount of Each Disbursement this Period 5181.52 |
| City FARMINGTON HILLS | State MI Zip Code 48335 | |
| Purpose of Disbursement PAYROLL TAXES | Category/Type | Transaction ID : SB17.7272 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CVS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014 |
| Mailing Address 22240 NOVI RD | | Amount of Each Disbursement this Period 4.69 |
| City NOVI | State MI Zip Code 48375 | |
| Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Category/Type | Transaction ID : SB17.7682 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. SARAH E. DAVIS | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 |
| City WALLED LAKE | State MI Zip Code 48390 | |
| Purpose of Disbursement PAYROLL | Category/Type | Transaction ID : SB17.7171 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5681.52 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 92 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. SARAH E. DAVIS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7182 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. SARAH E. DAVIS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7143 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. SARAH E. DAVIS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7193 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. SARAH E. DAVIS | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7204 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. SARAH E. DAVIS | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7215 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. DECIDER STRATEGIES | | Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014 |
| Mailing Address 2420 MULBERRY CT | | Amount of Each Disbursement this Period 23702.00 Transaction ID : SB17.7273 |
| City ANN ARBOR | State MI | |
| Zip Code 48104 | Purpose of Disbursement STRATEGY CONSULTING | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 24702.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. DECIDER STRATEGIES | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 |
| Mailing Address 2420 MULBERRY CT | | Amount of Each Disbursement this Period 15000.00 Transaction ID : SB17.7274 |
| City ANN ARBOR State MI Zip Code 48104 | Purpose of Disbursement STRATEGY CONSULTING | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. DOBSKI'S RESTAURANT | | Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014 |
| Mailing Address 6565 COOLEY LAKE RD | | Amount of Each Disbursement this Period 260.00 Transaction ID : SB17.7659 [MEMO ITEM] |
| City WATERFORD State MI Zip Code 48327 | Purpose of Disbursement TIETZ REIMBURSEMENT - MEETING EXPENSE: MEALS | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. DOC'S SPORT RETREAT | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014 |
| Mailing Address 19265 VICTOR PKWY | | Amount of Each Disbursement this Period 212.66 Transaction ID : SB17.7623 [MEMO ITEM] |
| City LIVONIA State MI Zip Code 48152 | Purpose of Disbursement BOGREN REIMBURSEMENT - OFFICE SUPPLIES | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 15000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 95 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. DOLLAR TREE STORES, INC. | | Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014 |
| Mailing Address 2425 HAGGERTY HIGHWAY | | Amount of Each Disbursement this Period 7.42 |
| City COMMERCE TOWNSHIP | State MI | |
| Zip Code 48390 | Purpose of Disbursement CAMPBELL REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7631 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. DOLLAR TREE STORES, INC. | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014 |
| Mailing Address 2425 HAGGERTY HIGHWAY | | Amount of Each Disbursement this Period 43.46 |
| City COMMERCE TOWNSHIP | State MI | |
| Zip Code 48390 | Purpose of Disbursement CAMPBELL REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7632 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. DOWNTOWN PUBLICATIONS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 |
| Mailing Address 124 W MAPLE RD | | Amount of Each Disbursement this Period 371.00 |
| City BIRMINGHAM | State MI | |
| Zip Code 48009 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - PRINT ADVERTISING | Transaction ID : SB17.7683 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 96 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. COLIN E. DRISCOLL | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7172 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. COLIN E. DRISCOLL | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7183 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. COLIN E. DRISCOLL | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 229.60 Transaction ID : SB17.7126 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement TRAVEL: FUEL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1229.60 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 97 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. COLIN E. DRISCOLL | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7127 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement TRAVEL: FUEL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. COLIN E. DRISCOLL | | Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.7194 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. COLIN E. DRISCOLL | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.7205 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 98 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. COLIN E. DRISCOLL | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.7216 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. DROPBOX | | Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014 |
| Mailing Address 760 MARKET ST | | Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.7685 [MEMO ITEM] |
| City SAN FRANCISCO | State CA | |
| Zip Code 94102 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - SOFTWARE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. DRURY INN & SUITES | | Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014 |
| Mailing Address 575 WEST BIG BEAVER RD | | Amount of Each Disbursement this Period 181.27 Transaction ID : SB17.7667 [MEMO ITEM] |
| City TROY | State MI | |
| Zip Code 48084 | Purpose of Disbursement TIETZ REIMBURSEMENT - TRAVEL: LODGING | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 99 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. DTE ENERGY | | Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014 |
| Mailing Address P.O. BOX 740786 | | Amount of Each Disbursement this Period 4,567,890.12 184.90 |
| City CINCINNATI | State OH | |
| Zip Code 45274 | Purpose of Disbursement UTILITIES | Transaction ID : SB17.7275 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. DTE ENERGY | | Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014 |
| Mailing Address P.O. BOX 740786 | | Amount of Each Disbursement this Period 4,567,890.12 239.58 |
| City CINCINNATI | State OH | |
| Zip Code 45274 | Purpose of Disbursement UTILITIES | Transaction ID : SB17.7276 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. EFAX PLUS SERVICE | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 |
| Mailing Address 6922 HOLLYWOOD BLVD 5TH FLOOR | | Amount of Each Disbursement this Period 4,567,890.12 16.95 |
| City LOS ANGELES | State CA | |
| Zip Code 90028 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - SOFTWARE | Transaction ID : SB17.7686 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 424.48 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 100 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. EFAZ PLUS SERVICE | | Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2014 |
| Mailing Address 6922 HOLLYWOOD BLVD 5TH FLOOR | | Amount of Each Disbursement this Period 16.95 |
| City LOS ANGELES State CA Zip Code 90028 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - SOFTWARE | |
| Candidate Name | Category/Type | Transaction ID : SB17.7687 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. KATHLEEN A. EVANS | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 |
| City WALLED LAKE State MI Zip Code 48390 | Purpose of Disbursement PAYROLL | |
| Candidate Name | Category/Type | Transaction ID : SB17.7173 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. KATHLEEN A. EVANS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 |
| City WALLED LAKE State MI Zip Code 48390 | Purpose of Disbursement PAYROLL | |
| Candidate Name | Category/Type | Transaction ID : SB17.7184 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 101 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. KATHLEEN A. EVANS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7195 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. KATHLEEN A. EVANS | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7206 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. KATHLEEN A. EVANS | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7217 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 102 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. KATY EVANS | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 | |
| Mailing Address 45915 WHITE PINES DRIVE | | | Amount of Each Disbursement this Period 307.88 | |
| City NOVI | State MI | Zip Code 48374 | Transaction ID : SB17.7145 | |
| Purpose of Disbursement TRAVEL: MILEAGE | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. KATY EVANS | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014 | |
| Mailing Address 45915 WHITE PINES DRIVE | | | Amount of Each Disbursement this Period 500.00 | |
| City NOVI | State MI | Zip Code 48374 | Transaction ID : SB17.7146 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

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|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. FARMINGTON HILLS POLICE BENEVOLENT ASSOCIATION | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014 | |
| Mailing Address P.O. BOX 255 | | | Amount of Each Disbursement this Period 250.00 | |
| City FARMINGTON | State MI | Zip Code 48322 | Transaction ID : SB17.7278 | |
| Purpose of Disbursement EVENT REGISTRATION FEE | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1057.88 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 103 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| A. FEDEX | | M M / D D / Y Y Y Y 06 / 24 / 2014 |
| Mailing Address 28844 NORTHWESTERN HIGHWAY | | Amount of Each Disbursement this Period |
| City SOUTHFIELD State MI Zip Code 48034 | | 14.12 |
| Purpose of Disbursement PIWOWAR REIMBURSEMENT - DELIVERY SERVICES | | Transaction ID : SB17.7688 |
| Candidate Name | | [MEMO ITEM] |
| Office Sought: | Disbursement For: 2014 | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| B. FEDEX | | M M / D D / Y Y Y Y 06 / 28 / 2014 |
| Mailing Address 28844 NORTHWESTERN HIGHWAY | | Amount of Each Disbursement this Period |
| City SOUTHFIELD State MI Zip Code 48034 | | 26.44 |
| Purpose of Disbursement PIWOWAR REIMBURSEMENT - DELIVERY SERVICES | | Transaction ID : SB17.7689 |
| Candidate Name | | [MEMO ITEM] |
| Office Sought: | Disbursement For: 2014 | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| C. FEDEX | | M M / D D / Y Y Y Y 07 / 01 / 2014 |
| Mailing Address 28844 NORTHWESTERN HIGHWAY | | Amount of Each Disbursement this Period |
| City SOUTHFIELD State MI Zip Code 48034 | | 1.37 |
| Purpose of Disbursement PIWOWAR REIMBURSEMENT - DELIVERY SERVICES | | Transaction ID : SB17.7690 |
| Candidate Name | | [MEMO ITEM] |
| Office Sought: | Disbursement For: 2014 | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 104 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| A. FEDEX | | M M / D D / Y Y Y Y 07 / 03 / 2014 |
| Mailing Address 28844 NORTHWESTERN HIGHWAY | | Amount of Each Disbursement this Period 0.94 |
| City SOUTHFIELD State MI Zip Code 48034 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - DELIVERY SERVICES | |
| Candidate Name | | Transaction ID : SB17.7691 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | [MEMO ITEM] |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| B. FEDEX | | M M / D D / Y Y Y Y 07 / 07 / 2014 |
| Mailing Address 28844 NORTHWESTERN HIGHWAY | | Amount of Each Disbursement this Period 7.06 |
| City SOUTHFIELD State MI Zip Code 48034 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - DELIVERY SERVICES | |
| Candidate Name | | Transaction ID : SB17.7692 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | [MEMO ITEM] |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| C. FEDEX | | M M / D D / Y Y Y Y 07 / 09 / 2014 |
| Mailing Address 28844 NORTHWESTERN HIGHWAY | | Amount of Each Disbursement this Period 1.37 |
| City SOUTHFIELD State MI Zip Code 48034 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - DELIVERY SERVICES | |
| Candidate Name | | Transaction ID : SB17.7693 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 105 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. FEDEX | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014 |
| Mailing Address 28844 NORTHWESTERN HIGHWAY | | Amount of Each Disbursement this Period 14.12 |
| City SOUTHFIELD State MI Zip Code 48034 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - DELIVERY SERVICES | |
| Candidate Name | Category/Type | Transaction ID : SB17.7694 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. FEDEX | | Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014 |
| Mailing Address 28844 NORTHWESTERN HIGHWAY | | Amount of Each Disbursement this Period 7.06 |
| City SOUTHFIELD State MI Zip Code 48034 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - DELIVERY SERVICES | |
| Candidate Name | Category/Type | Transaction ID : SB17.7695 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. FEDEX | | Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2014 |
| Mailing Address 28844 NORTHWESTERN HIGHWAY | | Amount of Each Disbursement this Period 1.37 |
| City SOUTHFIELD State MI Zip Code 48034 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - DELIVERY SERVICES | |
| Candidate Name | Category/Type | Transaction ID : SB17.7696 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 106 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| A. FEDEX | | M M / D D / Y Y Y Y 08 / 11 / 2014 |
| Mailing Address 28844 NORTHWESTERN HIGHWAY | | Amount of Each Disbursement this Period 13.77 |
| City SOUTHFIELD State MI Zip Code 48034 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - DELIVERY SERVICES | |
| Candidate Name | | Transaction ID : SB17.7697 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | [MEMO ITEM] |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| B. FEDEX | | M M / D D / Y Y Y Y 08 / 12 / 2014 |
| Mailing Address 28844 NORTHWESTERN HIGHWAY | | Amount of Each Disbursement this Period 7.06 |
| City SOUTHFIELD State MI Zip Code 48034 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - DELIVERY SERVICES | |
| Candidate Name | | Transaction ID : SB17.7698 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | [MEMO ITEM] |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| C. FEDEX | | M M / D D / Y Y Y Y 08 / 14 / 2014 |
| Mailing Address 28844 NORTHWESTERN HIGHWAY | | Amount of Each Disbursement this Period 36.62 |
| City SOUTHFIELD State MI Zip Code 48034 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - DELIVERY SERVICES | |
| Candidate Name | | Transaction ID : SB17.7699 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 107 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. FEDEX | | Date of Disbursement MM / DD / YYYY 08 / 20 / 2014 |
| Mailing Address 28844 NORTHWESTERN HIGHWAY | | Amount of Each Disbursement this Period 1.37 |
| City SOUTHFIELD State MI Zip Code 48034 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - DELIVERY SERVICES | |
| Candidate Name | Category/Type | Transaction ID : SB17.7700 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. FEDEX | | Date of Disbursement MM / DD / YYYY 08 / 25 / 2014 |
| Mailing Address 28844 NORTHWESTERN HIGHWAY | | Amount of Each Disbursement this Period 7.03 |
| City SOUTHFIELD State MI Zip Code 48034 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - DELIVERY SERVICES | |
| Candidate Name | Category/Type | Transaction ID : SB17.7701 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. FLOWER LOFT | | Date of Disbursement MM / DD / YYYY 07 / 29 / 2014 |
| Mailing Address 24484 W 10 MILE RD | | Amount of Each Disbursement this Period 122.91 |
| City SOUTHFIELD State MI Zip Code 48033 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - FLOARAL EXPENSE | |
| Candidate Name | Category/Type | Transaction ID : SB17.7703 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 108 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. G. SUBU'S LEATHER BOTTLE | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014 | |
| Mailing Address 20300 FRAMINGHAM RD | | | Amount of Each Disbursement this Period 400.00 | |
| City LIVONIA | State MI | Zip Code 48152 | Transaction ID : SB17.7665 | |
| Purpose of Disbursement TIETZ REIMBURSEMENT - MEETING EXPENSE: MEALS | | Category/ Type | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. GARDEN CITY LOCK & KEY | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014 | |
| Mailing Address 6731 MIDDLEBELT RD | | | Amount of Each Disbursement this Period 35.00 | |
| City GARDEN CITY | State MI | Zip Code 48135 | Transaction ID : SB17.7705 | |
| Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE EQUIPEMENT PURCHASE | | Category/ Type | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) C. GAZETTE NEWSPAPERS | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014 | |
| Mailing Address PO BOX 482 | | | Amount of Each Disbursement this Period 600.00 | |
| City TROY | State MI | Zip Code 48099 | Transaction ID : SB17.7707 | |
| Purpose of Disbursement PIWOWAR REIMBURSEMENT - PRINT ADVERTISING | | Category/ Type | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 109 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. HENRY GEMBS | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 796.94 Transaction ID : SB17.7174 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. HENRY GEMBS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 409.25 Transaction ID : SB17.7185 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. HENRY GEMBS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 440.50 Transaction ID : SB17.7129 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1646.69 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 110 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. HENRY GEM BIS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 409.25 Transaction ID : SB17.7196 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. HENRY GEM BIS | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 559.45 Transaction ID : SB17.7207 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. HENRY GEM BIS | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 559.44 Transaction ID : SB17.7218 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1528.14 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 111 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. GREAT DANE MARKETING SERVICES | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 |
| Mailing Address 5833 BINGHAM DRIVE | | Amount of Each Disbursement this Period 6250.00 Transaction ID : SB17.7279 |
| City TROY State MI Zip Code 48085 | Purpose of Disbursement MARKETING CONSULTING | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. GREAT DANE MARKETING SERVICES | | Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014 |
| Mailing Address 5833 BINGHAM DRIVE | | Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.7280 |
| City TROY State MI Zip Code 48085 | Purpose of Disbursement MARKETING CONSULTING | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. GREAT DANE MARKETING SERVICES | | Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014 |
| Mailing Address 5833 BINGHAM DRIVE | | Amount of Each Disbursement this Period 6250.00 Transaction ID : SB17.7281 |
| City TROY State MI Zip Code 48085 | Purpose of Disbursement MARKETING CONSULTING | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 14000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 112 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. GUERNSEY FARMS DAIRY | | Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014 |
| Mailing Address 21300 NOVI RD | | Amount of Each Disbursement this Period 40.95 |
| City NORTHVILLE State MI Zip Code 48167 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - MEETING EXPENSE: MEALS | |
| Candidate Name | Category/Type | Transaction ID : SB17.7709 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. TROY W. HUDSON | | Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 128.96 |
| City WALLED LAKE State MI Zip Code 48390 | Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES | |
| Candidate Name | Category/Type | Transaction ID : SB17.7147 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. TROY W. HUDSON | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 1151.77 |
| City WALLED LAKE State MI Zip Code 48390 | Purpose of Disbursement PAYROLL | |
| Candidate Name | Category/Type | Transaction ID : SB17.7175 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1280.73 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 113 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. TROY W. HUDSON | | Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 252.28 Transaction ID : SB17.7148 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. TROY W. HUDSON | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 1151.79 Transaction ID : SB17.7186 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. TROY W. HUDSON | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 881.00 Transaction ID : SB17.7149 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2285.07 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 114 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. TROY W. HUDSON | | Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 1151.77 Transaction ID : SB17.7197 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

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|---|---|---|
| Full Name (Last, First, Middle Initial) B. TROY W. HUDSON | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 1491.54 Transaction ID : SB17.7208 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

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|---|---|---|
| Full Name (Last, First, Middle Initial) C. TROY W. HUDSON | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 1491.56 Transaction ID : SB17.7219 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4134.87 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 115 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. IMPACT MEDIA | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014 |
| Mailing Address 23715 NILAN DR | | Amount of Each Disbursement this Period 296.80 |
| City NOVI | State MI | |
| Zip Code 48375 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - COMMUNICATIONS CONSULTING | Transaction ID : SB17.7710 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. IMPACT MEDIA | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014 |
| Mailing Address 23715 NILAN DR | | Amount of Each Disbursement this Period 591.50 |
| City NOVI | State MI | |
| Zip Code 48375 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - COMMUNICATIONS CONSULTING | Transaction ID : SB17.7711 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. IMPACT MEDIA | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014 |
| Mailing Address 23715 NILAN DR | | Amount of Each Disbursement this Period 1703.34 |
| City NOVI | State MI | |
| Zip Code 48375 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - COMMUNICATIONS CONSULTING | Transaction ID : SB17.7712 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 116 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. IMPACT MEDIA | | Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014 |
| Mailing Address 23715 NILAN DR | | Amount of Each Disbursement this Period 696.00 |
| City NOVI | State MI | |
| Zip Code 48375 | | Transaction ID : SB17.7713 |
| Purpose of Disbursement PIWOWAR REIMBURSEMENT - COMMUNICATIONS CONSULTING | | |
| Candidate Name | | [MEMO ITEM] |
| Office Sought: | Disbursement For: 2014 | |
| <input type="checkbox"/> House | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Senate | <input type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> President | | |
| State: | District: | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. IMPACT MEDIA PROFESSIONALS, LLC | | Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014 |
| Mailing Address 23715 NILAN DRIVE | | Amount of Each Disbursement this Period 5318.46 |
| City NOVI | State MI | |
| Zip Code 48375 | | Transaction ID : SB17.7282 |
| Purpose of Disbursement PRINTING & DESIGN SERVICES | | |
| Candidate Name | | [MEMO ITEM] |
| Office Sought: | Disbursement For: 2014 | |
| <input type="checkbox"/> House | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Senate | <input type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> President | | |
| State: | District: | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. JET'S PIZZA | | Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014 |
| Mailing Address 1126 N PONTIAC TRAIL | | Amount of Each Disbursement this Period 26.20 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | | Transaction ID : SB17.7715 |
| Purpose of Disbursement PIWOWAR REIMBURSEMENT - MEETING EXPENSE: MEALS | | |
| Candidate Name | | [MEMO ITEM] |
| Office Sought: | Disbursement For: 2014 | |
| <input type="checkbox"/> House | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Senate | <input type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> President | | |
| State: | District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5318.46 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 117 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. JOANN FABRICS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 43570 W OAKS DR | | Amount of Each Disbursement this Period 0.00 Transaction ID : SB17.7643 |
| City NOVI | State MI | |
| Zip Code 48377 | Purpose of Disbursement HUDSON REIMBURSEMENT - OFFICE SUPPLIES | [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. LAKE SHORE PARK | | Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2014 |
| Mailing Address 601 S LAKE DR | | Amount of Each Disbursement this Period 5.00 Transaction ID : SB17.7652 |
| City NOVI | State MI | |
| Zip Code 48375 | Purpose of Disbursement PAVLOV REIMBURSEMENT - PARKING SERVICES | [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. LASERCOMP | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 |
| Mailing Address 34013 SCHOOLCRAFT RD | | Amount of Each Disbursement this Period 186.31 Transaction ID : SB17.7717 |
| City LIVONIA | State MI | |
| Zip Code 48150 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - EQUIPMENT RENTAL | [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 118 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. LASERCOMP | | Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014 |
| Mailing Address 34013 SCHOOLCRAFT RD | | Amount of Each Disbursement this Period 207.44 |
| City LIVONIA | State MI | |
| Zip Code 48150 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - EQUIPMENT RENTAL | Transaction ID : SB17.7718 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. LIBRARY SPORTS PUB & GRILL | | Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014 |
| Mailing Address 6363 HAGGERTY RD | | Amount of Each Disbursement this Period 45.59 |
| City WEST BLOOMFIELD TOWNSHIP | State MI | |
| Zip Code 48322 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - MEETING EXPENSE: MEALS | Transaction ID : SB17.7720 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. LIVONIA CHAMBER OF COMMERCE | | Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014 |
| Mailing Address 33233 5 MILE ROAD | | Amount of Each Disbursement this Period 25.00 |
| City LIVONIA | State MI | |
| Zip Code 48154 | Purpose of Disbursement HUDSON REIMBURSEMENT - EVENT REGISTRATION FEE | Transaction ID : SB17.7638 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 119 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. LOWE'S | | Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014 |
| Mailing Address 2745 WEST MAPLE ROAD | | Amount of Each Disbursement this Period 65.14 |
| City COMMERCE TOWNSHIP | State MI | |
| Zip Code 48390 | Purpose of Disbursement BOGREN REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7621 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. LOWE'S | | Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2014 |
| Mailing Address 2745 WEST MAPLE ROAD | | Amount of Each Disbursement this Period 25.78 |
| City COMMERCE TOWNSHIP | State MI | |
| Zip Code 48390 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7721 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. LOWE'S | | Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014 |
| Mailing Address 2745 WEST MAPLE ROAD | | Amount of Each Disbursement this Period 14.81 |
| City COMMERCE TOWNSHIP | State MI | |
| Zip Code 48390 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7722 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 120 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. LUKICH'S FAMILY RESTAURANT | | Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014 |
| Mailing Address 3900 ROCHESTER RD | | Amount of Each Disbursement this Period 125.00 |
| City TROY State MI Zip Code 48083 | Purpose of Disbursement TIETZ REIMBURSEMENT - MEETING EXPENSE: MEALS | |
| Candidate Name | Category/Type | Transaction ID : SB17.7657 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. MAJORITY STRATEGIES, INC. | | Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014 |
| Mailing Address 135 PROFESSIONAL DRIVE SUITE 104 | | Amount of Each Disbursement this Period 158633.05 |
| City PONTE VEDRA BEACH State FL Zip Code 32082 | Purpose of Disbursement DIRECT MAIL PRINTING | |
| Candidate Name | Category/Type | Transaction ID : SB17.7283 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. MARATHON PETROLEUM | | Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014 |
| Mailing Address 24141 NOVI RD | | Amount of Each Disbursement this Period 19.56 |
| City NOVI State MI Zip Code 48375 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - TRAVEL: FUEL | |
| Candidate Name | Category/Type | Transaction ID : SB17.7724 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 158633.05 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 121 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. MARRIOTT | | Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014 |
| Mailing Address 10400 FERNWOOD ROAD | | Amount of Each Disbursement this Period 3531.79 |
| City BETHESDA | State MD | |
| Zip Code 20817 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - FACILITY RENTAL/CATERING SERVICES | Transaction ID : SB17.7725 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. MARRIOTT | | Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014 |
| Mailing Address 10400 FERNWOOD ROAD | | Amount of Each Disbursement this Period 300.00 |
| City BETHESDA | State MD | |
| Zip Code 20817 | Purpose of Disbursement BOGREN REIMBURSEMENT - TRAVEL: LODGING | Transaction ID : SB17.7624 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MARRIOTT | | Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014 |
| Mailing Address 10400 FERNWOOD ROAD | | Amount of Each Disbursement this Period 12.95 |
| City BETHESDA | State MD | |
| Zip Code 20817 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - TRAVEL: LODGING | Transaction ID : SB17.7726 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 122 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. MARRIOTT | | Date of Disbursement MM / DD / YYYY 08 / 13 / 2014 |
| Mailing Address 10400 FERNWOOD ROAD | | Amount of Each Disbursement this Period 1890.49 |
| City BETHESDA | State MD | |
| Zip Code 20817 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - TRAVEL: LODGING | Transaction ID : SB17.7727 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. MARRIOTT | | Date of Disbursement MM / DD / YYYY 08 / 13 / 2014 |
| Mailing Address 10400 FERNWOOD ROAD | | Amount of Each Disbursement this Period 12641.74 |
| City BETHESDA | State MD | |
| Zip Code 20817 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - FACILITY RENTAL/CATERING SERVICES | Transaction ID : SB17.7728 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. MEIJER | | Date of Disbursement MM / DD / YYYY 12 / 05 / 2013 |
| Mailing Address 1703 HAGGERTY | | Amount of Each Disbursement this Period 7.29 |
| City COMMERCE | State MI | |
| Zip Code 48390 | Purpose of Disbursement HUDSON REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7641 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
A. MEIJER

Mailing Address 1703 HAGGERTY

City COMMERCE State MI Zip Code 48390

Purpose of Disbursement HUDSON REIMBURSEMENT - TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 17 / 2014

Amount of Each Disbursement this Period
100.00

Transaction ID : SB17.7645

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. MEIJER

Mailing Address 1703 HAGGERTY

City COMMERCE State MI Zip Code 48390

Purpose of Disbursement HUDSON REIMBURSEMENT - OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 25 / 2014

Amount of Each Disbursement this Period
42.36

Transaction ID : SB17.7646

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. MEIJER

Mailing Address 1703 HAGGERTY

City COMMERCE State MI Zip Code 48390

Purpose of Disbursement HUDSON REIMBURSEMENT - OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 28 / 2014

Amount of Each Disbursement this Period
20.51

Transaction ID : SB17.7647

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 124 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. MEIJER | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 |
| Mailing Address 1703 HAGGERTY | | Amount of Each Disbursement this Period 21.83 |
| City COMMERCE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7729 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. MEIJER | | Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014 |
| Mailing Address 1703 HAGGERTY | | Amount of Each Disbursement this Period 7.71 |
| City COMMERCE | State MI | |
| Zip Code 48390 | Purpose of Disbursement CAMPBELL REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7633 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MEIJER | | Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014 |
| Mailing Address 1703 HAGGERTY | | Amount of Each Disbursement this Period 85.20 |
| City COMMERCE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7730 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 125 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. MEIJER | | Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014 |
| Mailing Address 1703 HAGGERTY | | Amount of Each Disbursement this Period 54.63 |
| City COMMERCE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7731 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. MEIJER | | Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014 |
| Mailing Address 1703 HAGGERTY | | Amount of Each Disbursement this Period 75.49 |
| City COMMERCE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7732 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MEIJER | | Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014 |
| Mailing Address 1703 HAGGERTY | | Amount of Each Disbursement this Period 2.65 |
| City COMMERCE | State MI | |
| Zip Code 48390 | Purpose of Disbursement CAMPBELL REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7635 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 126 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. NATIONAL RESEARCH, INC. | | Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014 |
| Mailing Address 146 STATE HIGHWAY 34 SUITE 250 | | Amount of Each Disbursement this Period 35000.00 |
| City HOLMDEL State NJ Zip Code 07733 | Purpose of Disbursement POLLING | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.7284 |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. NATIONAL RESEARCH, INC. | | Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014 |
| Mailing Address 146 STATE HIGHWAY 34 SUITE 250 | | Amount of Each Disbursement this Period 24000.00 |
| City HOLMDEL State NJ Zip Code 07733 | Purpose of Disbursement POLLING | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.7285 |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. NORTH OAKLAND REPUBLICAN COMMITTEE | | Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014 |
| Mailing Address 2205 TEGGERDINE RD | | Amount of Each Disbursement this Period 300.00 |
| City WHITE LAKE State MI Zip Code 48386 | Purpose of Disbursement TIETZ REIMBURSEMENT - EVENT REGISTRATION FEE | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.7655 [MEMO ITEM] |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 59000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 127 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. LINDSEY L. PAVLOV | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 986.35 Transaction ID : SB17.7176 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. LINDSEY L. PAVLOV | | Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 12.84 Transaction ID : SB17.7151 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement TRAVEL: MILEAGE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. LINDSEY L. PAVLOV | | Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 63.25 Transaction ID : SB17.7152 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1062.44 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 128 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. LINDSEY L. PAVLOV | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 986.35 Transaction ID : SB17.7187 |
| City WALLED LAKE | State MI Zip Code 48390 | |
| Purpose of Disbursement PAYROLL | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. LINDSEY L. PAVLOV | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 881.00 Transaction ID : SB17.7153 |
| City WALLED LAKE | State MI Zip Code 48390 | |
| Purpose of Disbursement PAYROLL | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. LINDSEY L. PAVLOV | | Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 986.34 Transaction ID : SB17.7198 |
| City WALLED LAKE | State MI Zip Code 48390 | |
| Purpose of Disbursement PAYROLL | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2853.69 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 129 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. LINDSEY L. PAVLOV | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 1042.60 Transaction ID : SB17.7209 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. LINDSEY L. PAVLOV | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 1042.58 Transaction ID : SB17.7220 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. MEGAN J. PIWOWAR | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 2960.55 Transaction ID : SB17.7177 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| State: District: | Other (specify) | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5045.73 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 130 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. MEGAN J. PIWOWAR | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014 | |
| Mailing Address P.O. BOX 1128 | | | Amount of Each Disbursement this Period 52.40 | |
| City WALLED LAKE | State MI | Zip Code 48390 | Transaction ID : SB17.7154 | |
| Purpose of Disbursement TRAVEL: MILEAGE | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. MEGAN J. PIWOWAR | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014 | |
| Mailing Address P.O. BOX 1128 | | | Amount of Each Disbursement this Period 10794.85 | |
| City WALLED LAKE | State MI | Zip Code 48390 | Transaction ID : SB17.7155 | |
| Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) C. MEGAN J. PIWOWAR | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014 | |
| Mailing Address P.O. BOX 1128 | | | Amount of Each Disbursement this Period 2960.56 | |
| City WALLED LAKE | State MI | Zip Code 48390 | Transaction ID : SB17.7188 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 13807.81 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 131 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. MEGAN J. PIWOWAR | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 1956.35 Transaction ID : SB17.7156 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. MEGAN J. PIWOWAR | | Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 2960.56 Transaction ID : SB17.7199 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. MEGAN J. PIWOWAR | | Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.7157 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement TRAVEL: MILEAGE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4928.91 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 132 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. MEGAN J. PIWOWAR | | Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 13358.79 Transaction ID : SB17.7158 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. MEGAN J. PIWOWAR | | Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.7159 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement TRAVEL: MILEAGE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. MEGAN J. PIWOWAR | | Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 3878.51 Transaction ID : SB17.7160 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 17257.30 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 133 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. MEGAN J. PIWOWAR | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 2960.54 Transaction ID : SB17.7210 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. MEGAN J. PIWOWAR | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 2960.56 Transaction ID : SB17.7221 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014 |
| Mailing Address 500 CUMMINGS CENTER SUITE 4400 | | Amount of Each Disbursement this Period 2417.28 Transaction ID : SB17.7286 |
| City BEVERLY | State MA | |
| Zip Code 01915 | Purpose of Disbursement COMPLIANCE CONSULTING | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| State: District: | Other (specify) | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 8338.38 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 134 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 |
| Mailing Address 500 CUMMINGS CENTER SUITE 4400 | | Amount of Each Disbursement this Period 2400.00 Transaction ID : SB17.7287 |
| City BEVERLY State MA Zip Code 01915 | Purpose of Disbursement COMPLIANCE CONSULTING | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS | | Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014 |
| Mailing Address 500 CUMMINGS CENTER SUITE 4400 | | Amount of Each Disbursement this Period 2464.96 Transaction ID : SB17.7288 |
| City BEVERLY State MA Zip Code 01915 | Purpose of Disbursement COMPLIANCE CONSULTING | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS | | Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014 |
| Mailing Address 500 CUMMINGS CENTER SUITE 4400 | | Amount of Each Disbursement this Period 151.80 Transaction ID : SB17.7289 |
| City BEVERLY State MA Zip Code 01915 | Purpose of Disbursement COMPLIANCE CONSULTING | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5016.76 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 135 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. RED LOBSTER | | Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014 |
| Mailing Address 479 TELEGRAPH RD | | Amount of Each Disbursement this Period 468.79 |
| City WATERFORD State MI Zip Code 48329 | Purpose of Disbursement TIETZ REIMBURSEMENT - FACILITY RENTAL/CATERING SERVICES | |
| Candidate Name | Category/Type | Transaction ID : SB17.7671 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. ANDREW RICHNER | | Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014 |
| Mailing Address 718 BERKSHIRE ROAD | | Amount of Each Disbursement this Period 186.33 |
| City GROSSE POINTE PARK State MI Zip Code 48230 | Purpose of Disbursement IN-KIND: CATERING SERVICES | |
| Candidate Name | Category/Type | Transaction ID : SB17.7166 |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. SAM'S CLUB | | Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014 |
| Mailing Address 2101 S.E. 25TH STREET | | Amount of Each Disbursement this Period 193.43 |
| City BENTONVILLE State AR Zip Code 72712 | Purpose of Disbursement CAMPBELL REIMBURSEMENT - OFFICE SUPPLIES | |
| Candidate Name | Category/Type | Transaction ID : SB17.7630 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 186.33 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 136 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. SE MICHIGAN TEA PARTY | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2014 |
| Mailing Address 111 WOLF CREEK HWY | | Amount of Each Disbursement this Period 90.00 |
| City ADRIAN | State MI | |
| Zip Code 49221 | Purpose of Disbursement BOGREN REIMBURSEMENT - EVENT REGISTRATION FEE | Transaction ID : SB17.7620 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. SPINAL COLUMN NEWSWEEKLY | | Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014 |
| Mailing Address 1103 S MILFORD RD | | Amount of Each Disbursement this Period 430.00 |
| City HIGHLAND | State MI | |
| Zip Code 48357 | Purpose of Disbursement TIETZ REIMBURSEMENT - PRINT ADVERTISING | Transaction ID : SB17.7663 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ST ANDREW'S SOCIETY OF DETROIT HIGHLAND GAMES | | Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2014 |
| Mailing Address 2360 ROCHESTER CT | | Amount of Each Disbursement this Period 68.00 |
| City TROY | State MI | |
| Zip Code 48083 | Purpose of Disbursement CAMPBELL REIMBURSEMENT - EVENT REGISTRATION FEE | Transaction ID : SB17.7626 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 137 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. STAPLES | | Date of Disbursement MM / DD / YYYY 06 / 30 / 2014 |
| Mailing Address 335 HAGGERTY | | Amount of Each Disbursement this Period 72.67 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7733 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. STAPLES | | Date of Disbursement MM / DD / YYYY 07 / 08 / 2014 |
| Mailing Address 335 HAGGERTY | | Amount of Each Disbursement this Period 79.47 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7734 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. STAPLES | | Date of Disbursement MM / DD / YYYY 07 / 10 / 2014 |
| Mailing Address 335 HAGGERTY | | Amount of Each Disbursement this Period 127.15 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7735 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 138 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. STAPLES | | Date of Disbursement MM / DD / YYYY 07 / 18 / 2014 |
| Mailing Address 335 HAGGERTY | | Amount of Each Disbursement this Period 58.25 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAVLOV REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7650 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. STAPLES | | Date of Disbursement MM / DD / YYYY 08 / 02 / 2014 |
| Mailing Address 335 HAGGERTY | | Amount of Each Disbursement this Period 241.48 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7736 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. STAPLES | | Date of Disbursement MM / DD / YYYY 08 / 25 / 2014 |
| Mailing Address 335 HAGGERTY | | Amount of Each Disbursement this Period 99.61 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7737 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 139 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| A. STRATEGIC MEDIA PLACEMENT | | M M / D D / Y Y Y Y 07 / 18 / 2014 |
| Mailing Address 7669 STAGERS LOOP | | Amount of Each Disbursement this Period |
| City DELAWARE State OH Zip Code 43015 | | 211375.00 |
| Purpose of Disbursement MEDIA PLACEMENT | | Transaction ID : SB17.7290 |
| Candidate Name | | Category/Type |
| Office Sought: | Disbursement For: 2014 | |
| <input type="checkbox"/> House | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Senate | <input type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> President | | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| B. STRATEGIC MEDIA PLACEMENT | | M M / D D / Y Y Y Y 07 / 24 / 2014 |
| Mailing Address 7669 STAGERS LOOP | | Amount of Each Disbursement this Period |
| City DELAWARE State OH Zip Code 43015 | | 214225.00 |
| Purpose of Disbursement MEDIA PLACEMENT | | Transaction ID : SB17.7291 |
| Candidate Name | | Category/Type |
| Office Sought: | Disbursement For: 2014 | |
| <input type="checkbox"/> House | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Senate | <input type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> President | | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| C. SUBURBAN COLLECTION SHOWPLACE | | M M / D D / Y Y Y Y 02 / 26 / 2014 |
| Mailing Address 46100 GRAND RIVER | | Amount of Each Disbursement this Period |
| City NOVI State MI Zip Code 48374 | | 10.00 |
| Purpose of Disbursement HUDSON REIMBURSEMENT - PARKING SERVICES | | Transaction ID : SB17.7644 |
| Candidate Name | | Category/Type |
| Office Sought: | Disbursement For: 2014 | |
| <input type="checkbox"/> House | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Senate | <input type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> President | | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 425600.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 140 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. TARGET | | Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014 |
| Mailing Address 495 HAGGERTY HWY | | Amount of Each Disbursement this Period 25.00 |
| City COMMERCE TOWNSHIP | State MI | |
| Zip Code 48390 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - PRINTING & DESIGN SERVICES | Transaction ID : SB17.7738 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. THE BAR | | Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2014 |
| Mailing Address 224 S MAIN ST | | Amount of Each Disbursement this Period 128.96 |
| City MILFORD | State MI | |
| Zip Code 48381 | Purpose of Disbursement HUDSON REIMBURSEMENT - MEETING EXPENSE: MEALS | Transaction ID : SB17.7637 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. THE RAKOLTA GROUP | | Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014 |
| Mailing Address 575 VINEWOOD AVENUE | | Amount of Each Disbursement this Period 25000.00 |
| City BIRMINGHAM | State MI | |
| Zip Code 48009 | Purpose of Disbursement FUNDRAISING CONSULTING | Transaction ID : SB17.7292 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 25000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 141 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | | | | |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. THE STRATEGY GROUP | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014 | | |
| Mailing Address 7669 STAGERS LOOP | | | Amount of Each Disbursement this Period 7500.00 | | |
| City DELAWARE | State OH | Zip Code 43015 | Transaction ID : SB17.7293 | | |
| Purpose of Disbursement MEDIA PRODUCTION | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

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|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. THE STRATEGY GROUP | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014 | | |
| Mailing Address 7669 STAGERS LOOP | | | Amount of Each Disbursement this Period 20000.00 | | |
| City DELAWARE | State OH | Zip Code 43015 | Transaction ID : SB17.7294 | | |
| Purpose of Disbursement MEDIA PRODUCTION | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

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|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. THE STRATEGY GROUP | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014 | | |
| Mailing Address 7669 STAGERS LOOP | | | Amount of Each Disbursement this Period 7675.00 | | |
| City DELAWARE | State OH | Zip Code 43015 | Transaction ID : SB17.7295 | | |
| Purpose of Disbursement MEDIA PRODUCTION | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | 35175.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 142 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. DOUG TIETZ | | Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 918.79 Transaction ID : SB17.7162 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. DOUG TIETZ | | Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 24.44 Transaction ID : SB17.7163 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement TRAVEL: MILEAGE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. DOUG TIETZ | | Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 339.32 Transaction ID : SB17.7164 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement TRAVEL: MILEAGE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1282.55 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 143 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. DOUG TIETZ | | Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 1716.27 Transaction ID : SB17.7165 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. TRACTOR SUPPLY CO | | Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014 |
| Mailing Address 57184 LYON CENTER DRIVE WEST | | Amount of Each Disbursement this Period 126.99 Transaction ID : SB17.7649 [MEMO ITEM] |
| City NEW HUDSON | State MI | |
| Zip Code 48165 | Purpose of Disbursement KIDD REIMBURSEMENT - OFFICE SUPPLIES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. TROY CHAMBER OF COMMERCER | | Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014 |
| Mailing Address 2125 BUTTERFIELD DR #100N | | Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.7661 [MEMO ITEM] |
| City TROY | State MI | |
| Zip Code 48084 | Purpose of Disbursement TIETZ REIMBURSEMENT - EVENT REGISTRATION FEE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1716.27 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 144 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. UNDERGROUND PRINTING | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014 |
| Mailing Address 329 S. MAIN STREET | | Amount of Each Disbursement this Period 810.90 |
| City ANN ARBOR State MI Zip Code 48104 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - PRINTING & DESIGN SERVICES | |
| Candidate Name | | Transaction ID : SB17.7739 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. UPTOWN GRILLE | | Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014 |
| Mailing Address 3100 WEST MAPLE RD | | Amount of Each Disbursement this Period 38.00 |
| City COMMERCE TOWNSHIP State MI Zip Code 48390 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - MEETING EXPENSE: MEALS | |
| Candidate Name | | Transaction ID : SB17.7741 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014 |
| Mailing Address 475 L'ENFANT PLAZA, SW | | Amount of Each Disbursement this Period 761.60 |
| City WASHINGTON State DC Zip Code 20260 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - POSTAGE | |
| Candidate Name | | Transaction ID : SB17.7742 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/Type | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 145 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014 |
| Mailing Address 475 L'ENFANT PLAZA, SW | | Amount of Each Disbursement this Period 2388.00 |
| City WASHINGTON State DC Zip Code 20260 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - POSTAGE | |
| Candidate Name | Category/Type | Transaction ID : SB17.7743 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address 475 L'ENFANT PLAZA, SW | | Amount of Each Disbursement this Period 343.00 |
| City WASHINGTON State DC Zip Code 20260 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - POSTAGE | |
| Candidate Name | Category/Type | Transaction ID : SB17.7744 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. MARK VALENTE III | | Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014 |
| Mailing Address 7055 LEESTONE STREET | | Amount of Each Disbursement this Period 2388.00 |
| City SPRINGFIELD State VA Zip Code 22151 | Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES | |
| Candidate Name | Category/Type | Transaction ID : SB17.7615 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2388.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 146 OF 150 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. VERIZON | | Date of Disbursement MM / DD / YYYY 06 / 28 / 2014 |
| Mailing Address PO BOX 4002 | | Amount of Each Disbursement this Period 144.95 |
| City ACKWORTH | State GA | |
| Zip Code 30101 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - MOBILE PHONE EXPENSE | Transaction ID : SB17.7745 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. VERIZON | | Date of Disbursement MM / DD / YYYY 07 / 07 / 2014 |
| Mailing Address PO BOX 4002 | | Amount of Each Disbursement this Period 68.19 |
| City ACKWORTH | State GA | |
| Zip Code 30101 | Purpose of Disbursement CAMPBELL REIMBURSEMENT - MOBILE PHONE EXPENSE | Transaction ID : SB17.7628 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. VERIZON | | Date of Disbursement MM / DD / YYYY 07 / 28 / 2014 |
| Mailing Address PO BOX 4002 | | Amount of Each Disbursement this Period 146.62 |
| City ACKWORTH | State GA | |
| Zip Code 30101 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - MOBILE PHONE EXPENSE | Transaction ID : SB17.7746 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 147 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. VERIZON | | Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014 |
| Mailing Address PO BOX 4002 | | Amount of Each Disbursement this Period 68.16 |
| City ACKWORTH | State GA | |
| Zip Code 30101 | Purpose of Disbursement CAMPBELL REIMBURSEMENT - MOBILE PHONE EXPENSE | Transaction ID : SB17.7629 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. VERIZON | | Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014 |
| Mailing Address PO BOX 4002 | | Amount of Each Disbursement this Period 72.60 |
| City ACKWORTH | State GA | |
| Zip Code 30101 | Purpose of Disbursement CAMPBELL REIMBURSEMENT - MOBILE PHONE EXPENSE | Transaction ID : SB17.7634 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. WAL-MART | | Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014 |
| Mailing Address 702 SW 8TH ST | | Amount of Each Disbursement this Period 30.35 |
| City BENTONVILLE | State AR | |
| Zip Code 72716 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7748 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 148 OF 150 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. WALGREENS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014 |
| Mailing Address 24100 NOVI RD | | Amount of Each Disbursement this Period 7.47 |
| City NOVI | State MI | |
| Zip Code 48375 | Purpose of Disbursement PIWOWAR REIMBURSEMENT - OFFICE SUPPLIES | Transaction ID : SB17.7750 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. WAYNE 11TH CONGRESSIONAL DISTRICT COMMITTEE | | Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2014 |
| Mailing Address 6642 CARLTON RD | | Amount of Each Disbursement this Period 300.00 |
| City CANTON | State MI | |
| Zip Code 48187 | Purpose of Disbursement TIETZ REIMBURSEMENT - EVENT REGISTRATION FEE | Transaction ID : SB17.7669 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MS. KRISTINE ZRINYI | | Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014 |
| Mailing Address P.O. BOX 1128 | | Amount of Each Disbursement this Period 536.52 |
| City WALLED LAKE | State MI | |
| Zip Code 48390 | Purpose of Disbursement PAYROLL | Transaction ID : SB17.7223 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|-----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 536.52 |
| TOTAL This Period (last page this line number only)..... | 936052.25 |

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7005

TROTT FOR CONGRESS, INC.

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

DAVID A. TROTT

Primary

General

Other (specify) ▼

Mailing Address

158 PARK LAKE DRIVE

City

State

ZIP Code

BIRMINGHAM

MI

48009

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

06

2014

11/04/2014

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

250000.00

TOTALS This Period (last page in this line only)..... ▶

250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 150 OF 150 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

TROTT FOR CONGRESS, INC.

| | | |
|---|-----------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DECIDER STRATEGIES | | Nature of Debt (Purpose): STRATEGY CONSULTING |
| Mailing Address 2420 MULBERRY CT | | |
| City ANN ARBOR | State MI | Zip Code 48104 |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID : SD10.7751 | |
| Amount Incurred This Period <input type="text" value="10000.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="10000.00"/> |

| | | |
|--|-----------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MAJORITY STRATEGIES, INC. | | Nature of Debt (Purpose): DIRECT MAIL |
| Mailing Address 135 PROFESSIONAL DRIVE SUITE 104 | | |
| City PONTE VEDRA BEACH | State FL | Zip Code 32082 |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID : SD10.7297 | |
| Amount Incurred This Period <input type="text" value="24849.87"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="24849.87"/> |

| | | |
|---|-----------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE STRATEGY GROUP | | Nature of Debt (Purpose): RESEARCH |
| Mailing Address 7669 STAGERS LOOP | | |
| City DELAWARE | State OH | Zip Code 43015 |

| | | |
|--|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID : SD10.8413 | |
| Amount Incurred This Period <input type="text" value="7800.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="7800.00"/> |

| | |
|--|--|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="42649.87"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text" value="42649.87"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text" value="250000.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="292649.87"/> |