

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 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
11 / 25 / 2014 through 12 / 31 / 2014

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 M M / D D / Y Y Y Y
01 / 30 / 2015

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

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))....	0.00	213.40
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	213.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	70549.92	177808.39
(b) Total Offsets to Operating Expenditures (from Line 14).....	9600.00	9600.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	60949.92	168208.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	50448.01	
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).....	285692.46	

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).....	0.00	213.40
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	213.40
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	213.40
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	9600.00	9600.00
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)..... ▶	9600.00	9813.40

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70549.92	177808.39
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	70549.92	177808.39

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	111397.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9600.00
25. SUBTOTAL (add Line 23 and Line 24).....	120997.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70549.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	50448.01

**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 25
	<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	

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)
COMMERCE PLACE

Mailing Address 2071 E. WEST MAPLE ROAD

City State Zip Code
COMMERCE TOWNSHIP MI 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
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 05 / 2014

Transaction ID : SA14.8434

Amount of Each Receipt this Period
2100.00

VENDOR REFUND: OVERPAYMENT

B. Full Name (Last, First, Middle Initial)
THE CATALYST GROUP RW, LLC

Mailing Address 600 PENNSYLVANIA AVE. SE SUITE 330

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 09 / 2014

Transaction ID : SA14.8435

Amount of Each Receipt this Period
7500.00

VENDOR REFUND: OVERPAYMENT

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 / 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).....

9600.00

9600.00

**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 6 OF 25			
	<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 11 / 25 / 2014
Mailing Address 208 S. AKARD STREET			Amount of Each Disbursement this Period 323.58 Transaction ID : SB17.8628
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. AT&T			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 208 S. AKARD STREET			Amount of Each Disbursement this Period 102.14 Transaction ID : SB17.8629
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) C. AT&T			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 208 S. AKARD STREET			Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.8630
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	426.72
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 7 OF 25	
	<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. BLUE CROSS BLUE SHIELD			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014	
Mailing Address 25 NORTH MICHIGAN AVENUE			Amount of Each Disbursement this Period 319.59	
City CHICAGO	State IL	Zip Code 60601	Transaction ID : SB17.8648	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: INSURANCE		Category/ Type	[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. CHARLES L. BOGREN			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 2015.77	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8736	
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. CHARLES L. BOGREN			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 1613.92	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8724	
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).....	3629.69
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 8 OF 25	
	<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. KATHERINE A. CAMPBELL			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 873.91	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8737	
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:				

Full Name (Last, First, Middle Initial) B. KATHERINE A. CAMPBELL			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 1223.42	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8726	
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:				

Full Name (Last, First, Middle Initial) C. CSS PAYROLL, INC.			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014	
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102			Amount of Each Disbursement this Period 53.35	
City FARMINGTON HILLS	State MI	Zip Code 48335	Transaction ID : SB17.8632	
Purpose of Disbursement PAYROLL SERVICES/TAX		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).....	2150.68
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 9 OF 25	
	<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 11 / 28 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 5049.08
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name		Transaction ID : SB17.8633
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	

Full Name (Last, First, Middle Initial) B. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 53.85
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name		Transaction ID : SB17.8635
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	

Full Name (Last, First, Middle Initial) C. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 5574.88
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name		Transaction ID : SB17.8636
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	

SUBTOTAL of Disbursements This Page (optional).....	10677.81
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 10 OF 25	
	<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 11 / 28 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.8738
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 12 / 09 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 204.88 Transaction ID : SB17.8656
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement 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. SARAH E. DAVIS		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.8727
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).....	1704.88
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 11 OF 25	
	<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. DELTA AIR LINES		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 114.20
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: TRAVEL: AIR		Transaction ID : SB17.8650
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. COLIN E. DRISCOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1000.00
City WALLED LAKE	State MI Zip Code 48390	
Purpose of Disbursement PAYROLL		Transaction ID : SB17.8739
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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C. COLIN E. DRISCOLL		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1500.00
City WALLED LAKE	State MI Zip Code 48390	
Purpose of Disbursement PAYROLL		Transaction ID : SB17.8728
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)	Category/Type
State: District:		

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 12 OF 25	
	<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 12 / 15 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 1.06
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.8645
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. HENRY GEMBS		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 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	
Candidate Name	Category/Type	Transaction ID : SB17.8741
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. HENRY GEMBS		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 832.92
City WALLED LAKE State MI Zip Code 48390	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.8729
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).....	1369.44
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 13 OF 25	
	<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 12 / 09 / 2014
Mailing Address 5833 BINGHAM DRIVE		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.8642
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:		

Full Name (Last, First, Middle Initial) B. GREAT DANE MARKETING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 5833 BINGHAM DRIVE		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.8643
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:		

Full Name (Last, First, Middle Initial) C. TROY W. HUDSON		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1491.54 Transaction ID : SB17.8742
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:		

SUBTOTAL of Disbursements This Page (optional).....	4441.54
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 14 OF 25	
	<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 12 / 12 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1613.92 Transaction ID : SB17.8730
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. IMPACT MEDIA PROFESSIONALS		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 2700 COAST AVE		Amount of Each Disbursement this Period 1721.50 Transaction ID : SB17.8652 [MEMO ITEM]
City NOVI	State MI	
Zip Code 48374	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <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 11 / 28 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1042.59 Transaction ID : SB17.8743
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).....	2656.51
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 15 OF 25			
	<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 12 / 12 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1223.42 Transaction ID : SB17.8731
City WALLED LAKE	State MI	
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:		

Full Name (Last, First, Middle Initial) B. MEGAN J. PIWOWAR		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.8744
City WALLED LAKE	State MI	
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:		

Full Name (Last, First, Middle Initial) C. MEGAN J. PIWOWAR		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2515.39 Transaction ID : SB17.8745
City WALLED LAKE	State MI	
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:		

SUBTOTAL of Disbursements This Page (optional).....	4238.81
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 16 OF 25	
	<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 12 / 12 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 7103.40 Transaction ID : SB17.8732
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. MEGAN J. PIWOWAR		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1637.92 Transaction ID : SB17.8733
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 12 / 15 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 7578.26 Transaction ID : SB17.8644
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement TRAVEL 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:	

SUBTOTAL of Disbursements This Page (optional).....	16319.58
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 17 OF 25	
	<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 12 / 17 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB17.8654
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RWFM		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address C/O SANDRA KAHN 4520 MIDLAND ROAD		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.8655
City SAGINAW State MI Zip Code 48603	Purpose of Disbursement PLACED MEDIA	
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. SOMERSET COLLECTION		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 2800 BIG BEAVER ROAD		Amount of Each Disbursement this Period 102.00 Transaction ID : SB17.8639 [MEMO ITEM]
City TROY State MI Zip Code 48084	Purpose of Disbursement TROTT REIMBURSEMENT: DONOR MEMENTO	
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).....	2700.00
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 18 OF 25			
	<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. STATE OF MICHIGAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address PO BOX 30004		Amount of Each Disbursement this Period 7,500.00 Transaction ID : SB17.8640
City LANSING State MI Zip Code 48909	Purpose of Disbursement TROTT REIMBURSEMENT: FILING FEE	
Candidate Name	Category/Type	[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. SUBURBAN SHOWPLACE		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 46100 GRAND RIVER AVE		Amount of Each Disbursement this Period 4,341.88 Transaction ID : SB17.8646
City NOVI State MI Zip Code 48374	Purpose of Disbursement PIWOWAR REIMBURSEMENT: FACILITY RENTRAL/CATERING SERVICES	
Candidate Name	Category/Type	[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. THE STRATEGY GROUP		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 7,500.00 Transaction ID : SB17.8657
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PRODUCTION	
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).....	7500.00
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 19 OF 25	
	<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 12 / 17 / 2014	
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 7800.00	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SB17.8662	
Purpose of Disbursement MEDIA PRODUCTION		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. THE STRATEGY GROUP			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014	
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 1450.30	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SB17.8664	
Purpose of Disbursement MEDIA PRODUCTION		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. USPS			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014	
Mailing Address 475 L'ENFANT PLAZA, SW			Amount of Each Disbursement this Period 1.05	
City WASHINGTON	State DC	Zip Code 20260	Transaction ID : SB17.8647	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: POSTAGE		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).....	9250.30
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 20 OF 25			
	<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. USPS		M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period
City WASHINGTON	State DC	Zip Code 20260
Purpose of Disbursement PIWOWAR REIMBURSEMENT: POSTAGE		637.00
Candidate Name		Transaction ID : SB17.8651
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: 2016 <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. VERIZON		M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period
City ACKWORTH	State GA	Zip Code 30101
Purpose of Disbursement PIWOWAR REIMBURSEMENT: MOBILE PHONE EXPENSE		130.15
Candidate Name		Transaction ID : SB17.8649
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: 2016 <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
C. VERIZON		M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period
City ACKWORTH	State GA	Zip Code 30101
Purpose of Disbursement PIWOWAR REIMBURSEMENT: MOBILE PHONE EXPENSE		286.63
Candidate Name		Transaction ID : SB17.8653
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
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 21 OF 25	
	<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. MS. KRISTINE ZRINYI			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 536.52	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8746	
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input 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).....	70102.48

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **TROTT FOR CONGRESS, INC.** Transaction ID : **SC/10.7005**

LOAN SOURCE Full Name (Last, First, Middle Initial) **DAVID A. TROTT** *[PERSONAL FUNDS]* Election: 2014
 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 M 06 / D 06 / Y 2014	Date Due M / D / Y 11/04/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DECIDER STRATEGIES

Mailing Address 2420 MULBERRY CT

City State Zip Code
 ANN ARBOR MI 48104

Nature of Debt (Purpose):
 STRATEGY CONSULTING

Outstanding Balance Beginning This Period **Transaction ID : SD10.7751**
 10000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DECIDER STRATEGIES

Mailing Address 2420 MULBERRY CT

City State Zip Code
 ANN ARBOR MI 48104

Nature of Debt (Purpose):
 STRATEGY CONSULTING

Outstanding Balance Beginning This Period **Transaction ID : SD10.8410**
 10000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DECIDER STRATEGIES

Mailing Address 2420 MULBERRY CT

City State Zip Code
 ANN ARBOR MI 48104

Nature of Debt (Purpose):
 TELEMARKETING

Outstanding Balance Beginning This Period **Transaction ID : SD10.8411**
 8000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 8000.00

1) SUBTOTALS This Period This Page (optional)	▶	28000.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 25
	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 THE CATALYST GROUP RW, LLC	Nature of Debt (Purpose): FACILITY RENTAL/CATERING SERVICE
Mailing Address 600 PENNSYLVANIA AVE. SE SUITE 330	
City State Zip Code WASHINGTON DC 20003	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.8666	
Amount Incurred This Period 320.69	Payment This Period 0.00	Outstanding Balance at Close of This Period 320.69

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE CATALYST GROUP RW, LLC	Nature of Debt (Purpose): COMMISSIONED CONSULTANT
Mailing Address 600 PENNSYLVANIA AVE. SE SUITE 330	
City State Zip Code WASHINGTON DC 20003	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.8667	
Amount Incurred This Period 4293.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4293.00

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 State Zip Code DELAWARE OH 43015	

Outstanding Balance Beginning This Period 7800.00	Transaction ID : SD10.8413	
Amount Incurred This Period 0.00	Payment This Period 7800.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	4613.69
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE STRATEGY GROUP

Mailing Address 7669 STAGERS LOOP

City State Zip Code
 DELAWARE OH 43015

Nature of Debt (Purpose):
 RESEARCH

Outstanding Balance Beginning This Period		Transaction ID : SD10.8412	
<input type="text" value="1450.30"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="0.00"/>	<input type="text" value="1450.30"/>	<input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TROTT & TROTT, P.C.

Mailing Address 31440 NORTHWESTERN HWY #300

City State Zip Code
 FARMINGTON HILLS MI 48334

Nature of Debt (Purpose):
 FACILITY RENTAL/CATERING SERVICES

Outstanding Balance Beginning This Period		Transaction ID : SD10.8431	
<input type="text" value="1753.55"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1753.55"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DAVID A. TROTT

Mailing Address 158 PARK LAKE DRIVE

City State Zip Code
 BIRMINGHAM MI 48009

Nature of Debt (Purpose):
 REIMBURSEMENT

Outstanding Balance Beginning This Period		Transaction ID : SD10.8670	
<input type="text" value="1325.22"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1325.22"/>	

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="3078.77"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="35692.46"/>
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="285692.46"/>