

# 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 MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of MI

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY  
10 / 16 / 2014 through 11 / 24 / 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

MM / DD / YYYY  
12 / 04 / 2014

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								
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**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))....	334830.08	4738536.20
(b) Total Contribution Refunds (from Line 20(d)) .....	400.00	2800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	334430.08	4735736.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1117984.65	4777591.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1798.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1117984.65	4775793.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	102897.93	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	260000.00	

**For further information contact:**

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

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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

**TROTT FOR CONGRESS, INC.**

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

**I. RECEIPTS**

<b>COLUMN A Total this Period</b>	<b>COLUMN B Election Cycle Total as of</b> <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	<b>COLUMN C Total for</b> <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  <b>through</b> <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="61650.00"/>	<input type="text" value="1118499.48"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="3750.00"/>	<input type="text" value="5655.00"/>	<input type="text" value="0.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="65400.00"/>	<input type="text" value="1124154.48"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="1000.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="69430.08"/>	<input type="text" value="239980.08"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 99

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
200000.00	3373401.64	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
334830.08	4738536.20	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	250000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	250000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	1798.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
334830.08	4990334.20	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

TROTT FOR CONGRESS, INC.

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

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="1117984.65"/>	<input type="text" value="4777591.20"/>	<input type="text" value="107045.07"/>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="400.00"/>	<input type="text" value="2800.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 99

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

400.00	2800.00	0.00
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**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

1118384.65	4780391.20	107045.07
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

334430.08	4735736.20	0.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

1117984.65	4775793.20	107045.07
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	886452.50
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	334830.08
25. SUBTOTAL (add Line 23 and Line 24).....	1221282.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1118384.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	102897.93

**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 99
	<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) <b>A. MRS. ADELE F. ACHESON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 3305 INTERLAKEN ROAD		<b>Transaction ID : SA11AI.8051</b>	
City WEST BLOOMFIELD	State MI	Zip Code 48323	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) <b>B. MRS. ADELE F. ACHESON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 3305 INTERLAKEN ROAD		<b>Transaction ID : SA11AI.8052</b>	
City WEST BLOOMFIELD	State MI	Zip Code 48323	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5600.00		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL H ACHESON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 3305 INTERLAKEN ROAD		<b>Transaction ID : SA11AI.8046</b>	
City WEST BLOOMFIELD	State MI	Zip Code 48323	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer INTERLAKEN CAPITAL LLC	Occupation BUSINESSMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8200.00
<b>TOTAL</b> 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 8 OF 99
	<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) <b>A. MICHAEL H ACHESON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 3305 INTERLAKEN ROAD		<b>Transaction ID : SA11AI.8047</b>	
City WEST BLOOMFIELD	State MI	Zip Code 48323	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00	
Name of Employer INTERLAKEN CAPITAL LLC	Occupation BUSINESSMAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>B. ROBERT ALDRICH</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 2727 APPLE WAY		<b>Transaction ID : SA11AI.8041</b>	
City ANN ARBOR	State MI	Zip Code 48104	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MAVD	Occupation REAL ESTATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH AVIV</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 39400 WOODWARD AVE		<b>Transaction ID : SA11AI.8121</b>	
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 HONIGMAN MILLER SCHWARTZ AND COHN	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> 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 9 OF 99
	<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)  
**ANDREW BASILE**

Mailing Address **783 SUFFIELD AVE**

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

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

Name of Employer **YOUNG BASILE** Occupation **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  
**10 / 28 / 2014**

**Transaction ID : SA11AI.8067**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **783 SUFFIELD AVE**

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

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

Name of Employer **YOUNG BASILE** Occupation **LAWYER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11AI.8002**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**SUZANNE J BOLOGNA**

Mailing Address **19400 RIVERSIDE DRIVE**

City **BEVERLY HILLS** State **MI** Zip Code **48025**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **775.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : SA11AI.8063**

Amount of Each Receipt this Period  
**100.00**

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

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

**200.00**

**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 99
	<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 C BOMMARITO**

Mailing Address 15 SHORECREST CIRCLE

City State Zip Code  
GROSSE POINTE SHORES MI 48236

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

Name of Employer Occupation  
ATTORNEY'S TITLE AGENCY ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.8054**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**GERALYN BROWN**

Mailing Address 7610 SALEM WOODS DR

City State Zip Code  
NORTHVILLE MI 48168

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

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  
 10 / 30 / 2014

**Transaction ID : SA11AI.8086**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS J CALLAN III**

Mailing Address 5865 LAHSER ROAD

City State Zip Code  
BLOOMFIELD TWP MI 48301

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

Name of Employer Occupation  
UHY LLP MANAGING PARTNER/CPA

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  
 10 / 30 / 2014

**Transaction ID : SA11AI.8117**

Amount of Each Receipt this Period  
500.00

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 11 OF 99  
(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)  
**MR. ANDREW CLARK**

Mailing Address 76 W ADAMS  
1503

City State Zip Code  
DETROIT MI 48226

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

Name of Employer Occupation  
HONIGMAN 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 Y  
 10 30 2014

**Transaction ID : SA11A1.7986**

Amount of Each Receipt this Period  
250.00

**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  
3750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 30 2014

**Transaction ID : SA11A1.7979**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN DECKER**

Mailing Address 385 N. OLD WOODWARD

City State Zip Code  
BIRMINGHAM MI 48009

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

Name of Employer Occupation  
JAFFE, RAIT, HEUER & WEISS, P.C. 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 Y  
 10 23 2014

**Transaction ID : SA11A1.7963**

Amount of Each Receipt this Period  
250.00

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

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

750.00

**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 99
	<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)  
**LUCIANO DEL SIGNORE**

Mailing Address 29410 NORTHWESTERN HIGHWAY

City SOUTHFIELD State MI Zip Code 48034

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

Name of Employer BACCO RISTORANTE Occupation RESTAURANTEUR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.7976**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. FRED DIXON**

Mailing Address 47026 MALBURG WAY DR

City MACOMB State MI Zip Code 48044

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

Name of Employer ENTREPRENEUR Occupation ENTREPRENEUR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.7957**

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
**DENNIS DOBRITT**

Mailing Address 6989 LOCKLIN

City WEST BLOOMFIELD State MI Zip Code 48324

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

Name of Employer TCPC Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : SA11AI.8056**

Amount of Each Receipt this Period  
500.00

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

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

3850.00

**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 13 OF 99
	<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)  
**BRUCE ETKIN**

Mailing Address 1512 LARIMER STREET  
SUITE 325

City DENVER State CO Zip Code 80202

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.8006**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. HOWARD ANN FINGEROOT**

Mailing Address 5694 APPLINGROVE DRIVE

City WEST BLOOMFIELD State MI Zip Code 48324

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.8092**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**DAVID FOLTYN**

Mailing Address 581 LAKE PARK DRIVE

City BIRMINGHAM State MI Zip Code 48009

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

Name of Employer HONIGMAN MILLER SCHWARTZ AND COHN 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  
 10 / 23 / 2014

**Transaction ID : SA11AI.7967**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

**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 14 OF 99
	<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. JOSEPH A GARCIA**

Mailing Address 4106 WAGON WHEEL

City LANSING State MI Zip Code 48917

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.8104**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JAMES D GILLIS**

Mailing Address 13114 ELGIN

City HUNTINGTON WOODS State MI Zip Code 48070

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

Name of Employer JIMAX CONTRUCTION Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2050.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.7955**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS A GITTER**

Mailing Address 816 LAKE ANGELUS SHORES

City ANGELUS SHORES State MI Zip Code 48326

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

Name of Employer RALCO INDUSTRIES INC. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.8107**

Amount of Each Receipt this Period  
2600.00

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

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

4100.00

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

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

FOR LINE NUMBER: PAGE 15 OF 99  
(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)  
**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.

Name of Employer Occupation  
PROCTOR FINANCIAL, INC. BUSINESSMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.8080**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**KENNETH C. GOLD**

Mailing Address 2360 HERONWOOD DRIVE

City State Zip Code  
BLOOMFIELD MI 48302

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.8143**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**JOEL GOLDEN**

Mailing Address 4661 MCEWEN DRIVE

City State Zip Code  
BLOOMFIELD HILLS MI 48302

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
JAFFE RAIT ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7964**

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 16 OF 99
	<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. ANDREW L GUTMAN**

Mailing Address 40663 PAISLEY CIR

City: NOVI State: MI Zip Code: 48377

FEC ID number of contributing federal political committee: C

Name of Employer: FORBMAN GROUP Occupation: REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 30 / 2014

**Transaction ID : SA11AI.8011**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**SAMIR W. HANNA**

Mailing Address 962 DOWLING ROAD

City: BLOOMFIELD HILLS State: MI Zip Code: 48304

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 10 / 30 / 2014

**Transaction ID : SA11AI.8020**

Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT S HARRISON**

Mailing Address 200 E LONG LAKE RD

City: BLOOMFIELD HILLS State: MI Zip Code: 48304

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 30 / 2014

**Transaction ID : SA11AI.7984**

Amount of Each Receipt this Period: 250.00

**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 17 OF 99
	<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. BETSY S HEUER**

Mailing Address 4736 WENDRICK DR

City State Zip Code  
W BLOOMFIELD MI 48323

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.8009**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY HEUER**

Mailing Address 4736 WENDRICK DRIVE

City State Zip Code  
WEST BLOOMFIELD MI 48323

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

Name of Employer Occupation  
JAFJE, RAITT, HEUER & WEISS ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.8007**

Amount of Each Receipt this Period  
250.00

**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  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.8083**

Amount of Each Receipt this Period  
100.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 18 OF 99  
(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)  
**DRYKE J. HUTCHINSON**

Mailing Address **208 SMOKERISE BOULEVARD**

City **LONGWOOD** State **FL** Zip Code **32779**

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  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : SA11AI.8048**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER ILLITCH**

Mailing Address **2211 WOODWARD AVENUE  
FLOOR 10**

City **DETROIT** State **MI** Zip Code **48201**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 26 / 2014**

**Transaction ID : SA11AI.8142**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**KELLE ILLITCH**

Mailing Address **2211 WOODWARD AVENUE  
FLOOR 10**

City **DETROIT** State **MI** Zip Code **48201**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 26 / 2014**

**Transaction ID : SA11AI.7960**

Amount of Each Receipt this Period  
**2600.00**

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

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

**7200.00**

**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 99
	<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) <b>UNA C JACKMAN</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 5275 PONVALLEY		<b>Transaction ID : SA11A1.8125</b>	
City BLOOMFIELD HILLS	State MI	Zip Code 48302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
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 6000.00		

Full Name (Last, First, Middle Initial) <b>MICHAEL F JACOBSON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 260 JOYCE COURT		<b>Transaction ID : SA11A1.7966</b>	
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 JAFFE, RAIT, HEUER & WEISS, P.C.	Occupation ATTRNEY		
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) <b>SCOTT R. JACOBSON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 455 ASPEN		<b>Transaction ID : SA11A1.7970</b>	
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 SELF	Occupation REAL ESTATE INVESTMENT & DEVELOPME		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2000.00

**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 99
	<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)  
**IRA J JAFFE**

Mailing Address **28448 SOUTH HARWICH DRIVE**

City **FARMINGTON HILLS** State **MI** Zip Code **48334**

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

Name of Employer **JAFFE RAITT HEUR & WEISS, PC** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 26 / 2014**

**Transaction ID : SA11AI.8139**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**NICK A KARMANOS**

Mailing Address **460 HAMILTON ROAD**

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

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

Name of Employer **KARMANOS CANCER INSTITUTE** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 23 / 2014**

**Transaction ID : SA11AI.8132**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**DAVID KARP**

Mailing Address **715 SUFFIELD AVENUE**

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

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

Name of Employer **GAS STATION TV** Occupation **EXCECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 28 / 2014**

**Transaction ID : SA11AI.8039**

Amount of Each Receipt this Period  
**250.00**

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

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

**2250.00**

**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 21 OF 99
	<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)  
**SUSHA KASSAB**

Mailing Address 1820 HUNTINGWOOD LANE

City State Zip Code  
BLOOMFIELD HILLS MI 48304

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 01 / 2014

**Transaction ID : SA11A1.8116**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. PHILIP J KESSLER**

Mailing Address 25612 MEADOWDALE ST

City State Zip Code  
FRANKLIN MI 48025

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

Name of Employer Occupation  
HONIGMAN ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11A1.7982**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**JANET LEKAS**

Mailing Address 743 HARMON STREET

City State Zip Code  
BIRMINGHAM MI 48009

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

Name of Employer Occupation  
FULLER OAK MANAGEMENT, LLC SELF EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11A1.8124**

Amount of Each Receipt this Period  
1500.00

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

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

2050.00

**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 22 OF 99
	<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)  
**JANET LEKAS**

Mailing Address 743 HARMON STREET

City State Zip Code  
BIRMINGHAM MI 48009

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
FULLER OAK MANAGEMENT, LLC SELF EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.8064**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT E LEWIS**

Mailing Address 1734 ROBINDALE

City State Zip Code  
DEARBORN MI 48128

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
JAFFE, RAIT, HEUER & WEISS ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.8134**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MS. ELIZABETH LITTLE-SMITH**

Mailing Address 475 KEELSON DR

City State Zip Code  
DETROIT MI 48215

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ENTREPRENEUR ENTREPRENEUR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7959**

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 23 OF 99
	<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. ELIZABETH LITTLE-SMITH**

Mailing Address 475 KEELSON DR

City State Zip Code  
DETROIT MI 48215

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

Name of Employer Occupation  
ENTREPRENEUR ENTREPRENEUR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 30 2014

**Transaction ID : SA11AI.8021**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT LOKAR**

Mailing Address 22110 ORCHARD WAY CT

City State Zip Code  
BEVERLY HILLS MI 48025

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 30 2014

**Transaction ID : SA11AI.8078**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEWART MANDELL**

Mailing Address 22601 HIGHBANK DR

City State Zip Code  
BEVERLY HILLS MI 48025

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

Name of Employer Occupation  
HONIGMAN ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 30 2014

**Transaction ID : SA11AI.8123**

Amount of Each Receipt this Period  
500.00

**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 24 OF 99
	<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. RALPH R MARGULIS**

Mailing Address 1800 RATHMORE RD

City State Zip Code  
BLOOMFIELD MI 48304

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.8098**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT C MATTHIAS**

Mailing Address 700 W MORSE BLVD  
SUITE 201

City State Zip Code  
WINTER PARK FL 32789

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

Name of Employer Occupation  
MATTHIAS & MATTHIAS ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.7990**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN MCLAREN**

Mailing Address 7626 EAST LAKE DRIVE

City State Zip Code  
BRIGHTON MI 48114

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

Name of Employer Occupation  
SUN COMMUNITIES 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  
10 / 27 / 2014

**Transaction ID : SA11AI.8060**

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 99
	<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. STEPHEN D MENDELSON**

Mailing Address 25870 IVANHOE RD

City State Zip Code  
HUNTINGTON WOODS MI 48070

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2014

**Transaction ID : SA11AI.8027**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ABE A MUNFAKH**

Mailing Address 9335 SADDLEBROOK COURT

City State Zip Code  
PLYMOUTH MI 48170

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

Name of Employer Occupation  
MUNFAKH & ASSOCIATES CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SA11AI.7954**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. FINBARR J O'NEILL**

Mailing Address 1604 SYCAMORE CANYON DR

City State Zip Code  
WESTLAKE VILLAGE CA 91361

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

Name of Employer Occupation  
J.D. POWER PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.8032**

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 26 OF 99
	<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. JOHN D PIRICH**

Mailing Address 6431 OAKENCLIFFE LN

City EAST LANSING State MI Zip Code 48823

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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  
 10 / 30 / 2014

**Transaction ID : SA11AI.8106**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**SCOTT POLLEI**

Mailing Address 1915 HIGHLAND PARKWAY

City SAINT PAUL State MN Zip Code 55116

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

Name of Employer BOULAY PLLP Occupation COO

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  
 10 / 28 / 2014

**Transaction ID : SA11AI.8043**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN RAZNICK**

Mailing Address 27777 FRANKLIN RD  
SUITE 2500

City SOUTHFIELD State MI Zip Code 48034

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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  
 10 / 30 / 2014

**Transaction ID : SA11AI.8119**

Amount of Each Receipt this Period  
250.00

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

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

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 27 OF 99
	<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. JEFFREY M RISIUS**

Mailing Address 6143 MISSION DR

City WEST BLOOMFIELD State MI Zip Code 48324

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

Name of Employer STOUT RISIUS ROSS, INC Occupation BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.8102**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**BRIAN ROBERTS**

Mailing Address 1471 TRAILSIDE BLVD

City WIXOM State MI Zip Code 48393

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

Name of Employer ATTORNEY'S TITLE AGENCY Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
470.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.8053**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MARLA M RONDO**

Mailing Address 2337 CLAYMONT DRIVE

City TROY State MI Zip Code 48098

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

Name of Employer TROTT & TROTT, P.C. Occupation EXECUTIVE ASSISTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.8084**

Amount of Each Receipt this Period  
50.00

**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: PAGE 28 OF 99  
(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)  
**MR. MICHAEL S ROSNER**

Mailing Address 3949 W NEWLAND DR

City WEST BLOOMFIELD      State MI      Zip Code 48323

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

Name of Employer INFORMATION REQUESTED      Occupation INFORMATION REQUESTED

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  
 10 / 30 / 2014

**Transaction ID : SA11AI.8082**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**DAVID W RUSKIN**

Mailing Address 5211 WHISPERING OAK

City WEST BLOOMFIELD      State MI      Zip Code 48322

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

Name of Employer LAW OFFICE OF DAVID W RUSKIN      Occupation LAWYER

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  
 10 / 22 / 2014

**Transaction ID : SA11AI.8127**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN G SCHAFER**

Mailing Address 14 ROSE TERRACE

City GROSSE POINTE FARMS      State MI      Zip Code 48236

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

Name of Employer JAFFE      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 Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.8100**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

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

\_\_\_\_\_ 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 29 OF 99
	<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)  
**RICHARD P SCHWABAUER**

Mailing Address 1540 STONY CREEK DRIVE

City ROCHESTER State MI Zip Code 48307

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

Name of Employer NATIONAL BUSINESS SUPPLY Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.8014**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**ALAN S SCHWARTZ**

Mailing Address 26880 WILLOWGREEN DRIVE

City FRANKLIN State MI Zip Code 48025

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

Name of Employer HONIGMAN MILLER SCHWARTZ AND COHN Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.7988**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**JAMES E SELIS**

Mailing Address 167 LAKE PARK DRIVE

City BIRMINGHAM State MI Zip Code 48009

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

Name of Employer SOUTHFIELD RADIOLOGY ASSOCIATES Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 19 / 2014

**Transaction ID : SA11AI.7973**

Amount of Each Receipt this Period  
**500.00**

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

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

**1200.00**

**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 99
	<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)  
**KAREN SHAPIRO**

Mailing Address 3971 COLUMBIA DRIVE

City State Zip Code  
BLOOMFIELD HILLS MI 48302

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  
10 / 30 / 2014

**Transaction ID : SA11AI.8120**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**JOANN SHEKERUK**

Mailing Address 18763 SAN DIEGO BOULEVARD

City State Zip Code  
LATHRUP VILLAGE MI 48076

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

Name of Employer Occupation  
JOBRUCE TRAINING ASSOCIATES CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11AI.8036**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MICHELLE Y. SIDER**

Mailing Address 13102 VERNON

City State Zip Code  
HUNTINGTON WOODS MI 48070

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

Name of Employer Occupation  
FRANKEL JEWISH ACADEMY TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 26 / 2014

**Transaction ID : SA11AI.8141**

Amount of Each Receipt this Period  
1250.00

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

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

1550.00

**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 31 OF 99
	<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)  
**WILLIAM E. SIDER**

Mailing Address 13102 VERNON AVE.

City HUNTINGTON WOODS State MI Zip Code 48070-1452

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

Name of Employer JAFFE LAW Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : SA11A1.8140**

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
**MARK A. STERN**

Mailing Address 44004 FOOT HILLS COURT

City NORTHVILLE State MI Zip Code 48167

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

Name of Employer HONIGMAN MILLER SCHWARTZ AND COHN Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11A1.7987**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**KEITH STINSON**

Mailing Address 1389 WESTBORO

City BIRMINGHAM State MI Zip Code 48009

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

Name of Employer CF STINSON, INC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11A1.8045**

Amount of Each Receipt this Period  
250.00

**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: PAGE 32 OF 99  
(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)  
**MS. SUSAN M SUTTON**

Mailing Address 2649 FOX CHASE

City State Zip Code  
TROY MI 48098

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11A1.8013**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**JANICE TANSEL**

Mailing Address 1295 EASON

City State Zip Code  
WATERFORD MI 48328

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

Name of Employer Occupation  
TROTT & TROTT, P.C. SR. EXECUTIVE ASSISTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11A1.8094**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT S. TAUBMAN**

Mailing Address 200 EAST LONG LAKE ROAD  
SUITE 180

City State Zip Code  
BLOOMFIELD HILLS MI 48304

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

Name of Employer Occupation  
THE TAUBMAN COMPANY PRESIDENT/CEO/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  
11 / 04 / 2014

**Transaction ID : SA11A1.8109**

Amount of Each Receipt this Period  
2600.00

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

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

2900.00



**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 33 OF 99
	<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. ROBERT S. TAUBMAN**

Mailing Address 200 EAST LONG LAKE ROAD  
SUITE 180

City State Zip Code  
BLOOMFIELD HILLS MI 48304

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

Name of Employer Occupation  
THE TAUBMAN COMPANY PRESIDENT/CEO/CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2014

**Transaction ID : SA11AI.8110**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 777 WILLIAMSBURY

City State Zip Code  
BLOOMFIELD HILLS MI 48301

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

Name of Employer Occupation  
TEMPLETON BUILDING, INC. BUILDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3150.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11AI.8033**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**FRANK TORRE**

Mailing Address 1450 QUARTON ROAD

City State Zip Code  
BLOOMFIELD MI 48304

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

Name of Employer Occupation  
TORRE & BURGLOIO OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SA11AI.8005**

Amount of Each Receipt this Period  
1000.00

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

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

3700.00

**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 34 OF 99
	<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)  
**ARTHUR A. WEISS**

Mailing Address 30120 WESTGATE ROAD

City State Zip Code  
FARMINGTON HILLS MI 48334

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

Name of Employer Occupation  
JAFJE RAITT HEUER WEISS ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11AI.8037**

Amount of Each Receipt this Period  
2500.00

**B.** 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  
1550.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.8019**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. NATHAN YOUSIF**

Mailing Address 3452 WARDS POINT

City State Zip Code  
ORCHARD LAKE MI 48324

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.7992**

Amount of Each Receipt this Period  
250.00

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

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

2800.00

**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 99
	<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. KAROL ZAKALIK**

Mailing Address 1925 LONG LAKE SHORE DR

City State Zip Code  
BLOOMFIELD HILLS MI 48302

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2014

**Transaction ID : SA11AI.8029**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD ZUCKERMAN**

Mailing Address 30241 HIGH VALLEY ROAD

City State Zip Code  
FARMINGTON HILLS MI 48331

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

Name of Employer Occupation  
HONIGMAN MILLER SCHWARTZ AND COHN LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.7980**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. RICK ZUSSMAN**

Mailing Address 25530 PARKWOOD DR

City State Zip Code  
HUNTINGTON WOODS MI 48070

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

Name of Employer Occupation  
JAFFE 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  
10 / 30 / 2014

**Transaction ID : SA11AI.7994**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

61650.00

**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 99
	<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)  
**ACPAC ACA INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 509 2ND STREET, NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00034785**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C.8184**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC**

Mailing Address 7575 E FULTON ROAD  
ATTN: SCOTT SMOES 56-3S

City ADA State MI Zip Code 49355

FEC ID number of contributing federal political committee. **C C00034884**

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  
 10 / 31 / 2014

**Transaction ID : SA11C.8186**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00004275**

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  
 11 / 04 / 2014

**Transaction ID : SA11C.8408**

Amount of Each Receipt this Period  
**2000.00**

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

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

**4000.00**

**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 37 OF 99
	<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 DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14TH STREET, NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

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  
11 / 04 / 2014

**Transaction ID : SA11C.8196**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 25 MASSACHUSETTS AVE, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

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  
10 / 29 / 2014

**Transaction ID : SA11C.8161**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1505 PRINCE STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00024968

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  
10 / 31 / 2014

**Transaction ID : SA11C.8156**

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 38 OF 99
	<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)  
**ASIAN AMERICAN HOTEL OWNERS ASSOCIATION PAC (AAHOA PAC)**

Mailing Address 228 S. WASHINGTON STREET  
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00336743

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  
 10 / 31 / 2014

**Transaction ID : SA11C.8188**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 232 S. CAPITOL  
MC L10A

City LANSING State MI Zip Code 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11C.8203**

Amount of Each Receipt this Period  
 3000.00

**C.** Full Name (Last, First, Middle Initial)  
**BURGER KING FRANCHISEE PAC**

Mailing Address 1701 BARRETT LAKES BLVD. NW  
SUITE 180

City KENNESAW State GA Zip Code 30144

FEC ID number of contributing federal political committee. **C** C00329425

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  
 10 / 31 / 2014

**Transaction ID : SA11C.8189**

Amount of Each Receipt this Period  
 1000.00

**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 39 OF 99
	<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)  
**CITIZENS TO ELECT PHIL ROE TO CONGRESS**

Mailing Address PO BOX 3218

City State Zip Code  
JOHNSON CITY TN 37602

FEC ID number of contributing federal political committee. **C** C00444471

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  
 10 / 29 / 2014

**Transaction ID : SA11C.8149**

Amount of Each Receipt this Period  
1000.00

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

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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11C.8152**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE**

Mailing Address 1350 I STREET, NW  
SUITE 590

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00274944

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  
 10 / 29 / 2014

**Transaction ID : SA11C.8201**

Amount of Each Receipt this Period  
2500.00

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

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

6000.00

**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 99
	<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) DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
A. Mailing Address 8400 WESTPARK DRIVE		Transaction ID : SA11C.8158
City MCLEAN	State VA	
FEC ID number of contributing federal political committee. C C00040998		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) ENERGY TRANSFER EMPLOYEE MANAGEMENT COMPANY PAC (ENERGY TRANSFER PAC)		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
B. Mailing Address 400 W. 15TH ST. SUITE 720		Transaction ID : SA11C.8168
City AUSTIN	State TX	
FEC ID number of contributing federal political committee. C C00438754		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) EXCELSIOR PAC		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014
C. Mailing Address 2470 DANIELLS BR RD STE 121		Transaction ID : SA11C.8151
City ATHENS	State GA	
FEC ID number of contributing federal political committee. C C00541078		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<b>TOTAL</b> 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 41 OF 99
	<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)  
**FUND FOR AMERICAN OPPORTUNITY**

Mailing Address PO BOX 65796

City WASHINGTON State DC Zip Code 20035

FEC ID number of contributing federal political committee. **C** C00336297

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  
 10 / 31 / 2014

**Transaction ID : SA11C.8174**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2941 FAIRVIEW PARK DR.  
SUITE 100

City FALLS CHURCH State VA Zip Code 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11C.8176**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**GOP GENERATION Y FUND**

Mailing Address PO BOX 9055

City PEORIA State IL Zip Code 61612

FEC ID number of contributing federal political committee. **C** C00448191

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  
 10 / 28 / 2014

**Transaction ID : SA11C.8159**

Amount of Each Receipt this Period  
 5000.00

**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 42 OF 99
	<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) INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
A. Mailing Address 20 F STREET, NW SUITE 610		Transaction ID : SA11C.8163
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00022343		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. ITC HOLDINGS CORP. PAC		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 201 TOWNSEND STREET SUITE 900		Transaction ID : SA11C.8190
City LANSING	State MI	
FEC ID number of contributing federal political committee. C C00388462		Amount of Each Receipt this Period 2430.08
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2430.08	

Full Name (Last, First, Middle Initial) C. KELLY SERVICES INC POLITICAL ACTION COMMITTEE (KELLYPAC)		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 999 WEST BIG BEAVER ROAD		Transaction ID : SA11C.8172
City TROY	State MI	
FEC ID number of contributing federal political committee. C C00212522		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5930.08
<b>TOTAL</b> 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 43 OF 99  
(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)  
**MR. SOUTHERN MISSOURIAN IN THE HOUSE PAC**

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00563726**

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  
**10 / 28 / 2014**

**Transaction ID : SA11C.8164**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address **430 NORTH MICHIGAN AVENUE**

City **CHICAGO** State **IL** Zip Code **60611**

FEC ID number of contributing federal political committee. **C C00030718**

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  
**10 / 27 / 2014**

**Transaction ID : SA11C.8182**

Amount of Each Receipt this Period  
**5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **1101 KING STREET SUITE 600**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00144766**

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  
**10 / 29 / 2014**

**Transaction ID : SA11C.8202**

Amount of Each Receipt this Period  
**2500.00**

**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: (check only one)	PAGE 44 OF 99
	<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)  
**NATIONAL PRO-LIFE ALLIANCE PAC**

Mailing Address 5211 PORT ROYAL ROAD  
SUITE 500

City Springfield State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C** C00358051

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  
10 / 30 / 2014

**Transaction ID : SA11C.8154**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 228 S WASHINGTON ST STE 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00459123

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SA11C.8199**

Amount of Each Receipt this Period  
3000.00

**C.** 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  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2014

**Transaction ID : SA11C.8180**

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 45 OF 99
	<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)  
**SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)**

Mailing Address 4800 W. GATES PASS ROAD

City State Zip Code  
TUCSON AZ 85745

FEC ID number of contributing federal political committee. **C** C00122101

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  
10 / 29 / 2014

**Transaction ID : SA11C.8166**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 2485

City State Zip Code  
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C** C00467431

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  
11 / 04 / 2014

**Transaction ID : SA11C.8194**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.**

Mailing Address 430 FIRST STREET SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00002881

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  
10 / 29 / 2014

**Transaction ID : SA11C.8198**

Amount of Each Receipt this Period  
1000.00

**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 46 OF 99
	<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)  
**TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**

Mailing Address **228 S. WASHINGTON STREET**  
**SUITE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00330720**

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  
**10 / 29 / 2014**

**Transaction ID : SA11C.8170**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**UNITED HEALTH PAC**

Mailing Address **6214 WEDGEWOOD ROAD**

City **BETHESDA** State **MD** Zip Code **20817**

FEC ID number of contributing federal political committee. **C C00321844**

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  
**10 / 31 / 2014**

**Transaction ID : SA11C.8178**

Amount of Each Receipt this Period  
**2500.00**

**C.** 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 **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11C.8192**

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**

**69430.08**

**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 47 OF 99
	<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 A. TROTT**

Mailing Address 158 PARK LAKE DRIVE

City BIRMINGHAM State MI Zip Code 48009

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3623401.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11D.7961**

Amount of Each Receipt this Period  
**200000.00**

**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).....

**200000.00**

**200000.00**

**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 48 OF 99			
	<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) <b>A. ACCENT FLORIST</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 4048 ROCHESTER RD		Amount of Each Disbursement this Period 948.54
City TROY State MI Zip Code 48085	Purpose of Disbursement PIWOWAR REIMBURSEMENT: FLORAL EXPENSE	
Candidate Name		Transaction ID : SB17.8305 <b>[MEMO ITEM]</b>
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>B. ACCENT FLORIST</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 4048 ROCHESTER RD		Amount of Each Disbursement this Period 15.90
City TROY State MI Zip Code 48085	Purpose of Disbursement PIWOWAR REIMBURSEMENT: FLORAL EXPENSE	
Candidate Name		Transaction ID : SB17.8318 <b>[MEMO ITEM]</b>
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>C. ACHATZ HANDMADE PIE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 30301 COMMERCE BLVD		Amount of Each Disbursement this Period 32.98
City CHESTERFIELD State MI Zip Code 48051	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEAL	
Candidate Name		Transaction ID : SB17.8323 <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 49 OF 99	
	<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) <b>A. ANDIAMO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 6676 TELEGRAPH RD		Amount of Each Disbursement this Period 3736.32
City BLOOMFIELD HILLS	State MI Zip Code 48301	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: CATERING SERVICES		Transaction ID : SB17.8294
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>B. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 59.10
City BATON ROUGE	State LA Zip Code 70808	
Purpose of Disbursement MERCHANT FEES		Transaction ID : SB17.8205
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) <b>C. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 250.80
City BATON ROUGE	State LA Zip Code 70808	
Purpose of Disbursement MERCHANT FEES		Transaction ID : SB17.8206
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	309.90
<b>TOTAL</b> 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 50 OF 99			
	<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) <b>A. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 422.02
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.8207
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>B. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 225.60
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.8208
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>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 208 S. AKARD STREET		Amount of Each Disbursement this Period 323.47
City DALLAS	State TX	
Zip Code 75202	Purpose of Disbursement UTILITIES	Transaction ID : SB17.8210
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	971.09
<b>TOTAL</b> 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 51 OF 99	
	<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) <b>A. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 208 S. AKARD STREET			Amount of Each Disbursement this Period 82.14
City DALLAS	State TX	Zip Code 75202	
Purpose of Disbursement UTILITIES		Category/ Type	<b>Transaction ID : SB17.8211</b>
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>B. BASEMENT BURGER BAR</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 33316 GRAND RIVER AVE			Amount of Each Disbursement this Period 40.00
City FARMINGTON	State MI	Zip Code 48336	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS		Category/ Type	<b>Transaction ID : SB17.8325</b> <b>[MEMO ITEM]</b>
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>C. BCBSM</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 600 E LAFAYETTE ST			Amount of Each Disbursement this Period 319.59
City DETROIT	State MI	Zip Code 48226	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: INSURANCE		Category/ Type	<b>Transaction ID : SB17.8310</b> <b>[MEMO ITEM]</b>
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	82.14
<b>TOTAL</b> 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 52 OF 99	
	<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) <b>A. BILL BERTAKIS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 2120 PARK CIRCLE		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.8212</b>
City KEEGO HARBOUR	State MI	
Zip Code 48320	Purpose of Disbursement PHOTOGRAPHY SERVICES	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>B. BILL BERTAKIS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 2120 PARK CIRCLE		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.8213</b>
City KEEGO HARBOUR	State MI	
Zip Code 48320	Purpose of Disbursement PHOTOGRAPHY SERVICES	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>C. BIRMINGHAM PARKING</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 3410 MIDCOURT RD		Amount of Each Disbursement this Period 12.00 <b>Transaction ID : SB17.8351</b> <b>[MEMO ITEM]</b>
City CARROLLTON	State TX	
Zip Code 75006	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PARKINGS SERVICES	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	600.00
<b>TOTAL</b> 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 53 OF 99			
	<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) <b>A. CHARLES L. BOGREN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2015.77 <b>Transaction ID : SB17.8380</b>
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>B. CHARLES L. BOGREN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2015.76 <b>Transaction ID : SB17.8398</b>
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>C. CHARLES L. BOGREN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2015.76 <b>Transaction ID : SB17.8389</b>
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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6047.29
<b>TOTAL</b> 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 54 OF 99			
	<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) <b>A. CHARLES L. BOGREN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 771.55 <b>Transaction ID : SB17.8219</b>
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:	

Full Name (Last, First, Middle Initial) <b>B. KATHERINE A. CAMPBELL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 873.90 <b>Transaction ID : SB17.8381</b>
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>C. KATHERINE A. CAMPBELL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 873.90 <b>Transaction ID : SB17.8399</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2519.35
<b>TOTAL</b> 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 55 OF 99			
	<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) <b>A. KATHERINE A. CAMPBELL</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 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 : SB17.8390		
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>B. KATIE CAMPBELL</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014		
Mailing Address 37158 KINGSBURN CT.			Amount of Each Disbursement this Period 202.93		
City LIVONIA	State MI	Zip Code 48152	Transaction ID : SB17.8267		
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:					

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014		
Mailing Address 1445-A MCLAUGHLIN AVENUE			Amount of Each Disbursement this Period 15.00		
City MCLEAN	State VA	Zip Code 22101	Transaction ID : SB17.8214		
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1091.83
<b>TOTAL</b> 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 56 OF 99			
	<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) <b>A. CHAIN BRIDGE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1445-A MCLAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.8215</b>
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 1445-A MCLAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.8216</b>
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1445-A MCLAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.8217</b>
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	45.00
<b>TOTAL</b> 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 57 OF 99	
	<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) <b>A. CHAIN BRIDGE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1445-A MCLAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.8218</b>
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CITY OF DETROIT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1307 WALT WHITMAN RD		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.8307</b> <b>[MEMO ITEM]</b>
City MELVILLE	State NY	
Zip Code 11747	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PARKING SERVICES	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>C. CLARK HILL P.L.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 601 PENNSYLVANIA AVE NW NORTH BUILDING, SUITE 1000		Amount of Each Disbursement this Period 201.00 <b>Transaction ID : SB17.8229</b>
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement LEGAL CONSULTING	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	216.00
<b>TOTAL</b> 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 58 OF 99	
	<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) <b>A. CLARK HILL P.L.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 601 PENNSYLVANIA AVE NW NORTH BUILDING, SUITE 1000		Amount of Each Disbursement this Period 851.00 <b>Transaction ID : SB17.8230</b>
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement LEGAL CONSULTING 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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. COMBAT DATA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 13262 BLAISDELL DRIVE		Amount of Each Disbursement this Period 2200.00 <b>Transaction ID : SB17.8234</b>
City DEWITT State MI Zip Code 48820	Purpose of Disbursement DATA MANAGEMENT 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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. COMBAT DATA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 13262 BLAISDELL DRIVE		Amount of Each Disbursement this Period 2200.00 <b>Transaction ID : SB17.8235</b>
City DEWITT State MI Zip Code 48820	Purpose of Disbursement DATA MANAGEMENT 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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5251.00
<b>TOTAL</b> 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 59 OF 99	
	<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) <b>A. COMMERCE PLACE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 2071 E. WEST MAPLE ROAD		Amount of Each Disbursement this Period 2100.00 <b>Transaction ID : SB17.8236</b>
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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. COMMERCE PLACE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 2071 E. WEST MAPLE ROAD		Amount of Each Disbursement this Period 2100.00 <b>Transaction ID : SB17.8237</b>
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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. CONNECTIVIST MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 544 E. OGDEN AVENUE SUITE 700-161		Amount of Each Disbursement this Period 3949.00 <b>Transaction ID : SB17.8238</b>
City MILWAUKEE	State WI	
Zip Code 53202	Purpose of Disbursement WEB DEVELOPMENT	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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8149.00
<b>TOTAL</b> 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 60 OF 99	
	<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) <b>A. COTTAGE INN PIZZA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 39550 W 14 MILE RD		Amount of Each Disbursement this Period 36.26
City COMMERCE	State MI	
Zip Code 48930	Purpose of Disbursement BOGREN REIMBURSEMENT: MEETING EXPENSE: MEAL	Transaction ID : SB17.8221
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>B. CSS PAYROLL, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 52.85
City FARMINGTON HILLS	State MI	
Zip Code 48335	Purpose of Disbursement PAYROLL FEE	Transaction ID : SB17.8240
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>C. CSS PAYROLL, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 5160.84
City FARMINGTON HILLS	State MI	
Zip Code 48335	Purpose of Disbursement PAYROLL TAX	Transaction ID : SB17.8241
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5213.69
<b>TOTAL</b> 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 61 OF 99	
	<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) <b>A. CSS PAYROLL, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 53.35 <b>Transaction ID : SB17.8243</b>
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL FEE	
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>B. CSS PAYROLL, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 5160.86 <b>Transaction ID : SB17.8244</b>
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL 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:		

Full Name (Last, First, Middle Initial) <b>C. CSS PAYROLL, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 5160.85 <b>Transaction ID : SB17.8247</b>
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10375.06
<b>TOTAL</b> 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 62 OF 99	
	<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) <b>A. SARAH E. DAVIS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.8382</b>
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>B. SARAH E. DAVIS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 3.20 <b>Transaction ID : SB17.8364</b>
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) <b>C. SARAH E. DAVIS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.8400</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1003.20
<b>TOTAL</b> 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 99	
	<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) <b>A. SARAH E. DAVIS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.8391</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. SARAH E. DAVIS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 222.58 <b>Transaction ID : SB17.8365</b>
City WALLED LAKE	State MI Zip Code 48390	
Purpose of Disbursement TRAVEL: MILEAGE	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:		

Full Name (Last, First, Middle Initial) <b>C. SARAH E. DAVIS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 223.92 <b>Transaction ID : SB17.8366</b>
City WALLED LAKE	State MI Zip Code 48390	
Purpose of Disbursement TRAVEL: MILEAGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	946.50
<b>TOTAL</b> 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 99	
	<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) <b>A. DETROIT JEWISH NEWS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 29200 NORTHWESTERN HWY STE 110		Amount of Each Disbursement this Period 790.00
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINT ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.8298 <b>[MEMO ITEM]</b>
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>B. DICK O DOWS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 160 W MAPLE RD		Amount of Each Disbursement this Period 1051.15
City BIRMINGHAM State MI Zip Code 48009	Purpose of Disbursement PIWOWAR REIMBURSEMENT: FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.8317 <b>[MEMO ITEM]</b>
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>C. DOLLAR TREE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 30887 ORCHARD LAKE RD		Amount of Each Disbursement this Period 31.80
City FARMINGTON HILLS State MI Zip Code 48334	Purpose of Disbursement TANSEL REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.8263 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 99	
	<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) <b>A. DOMINOS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 740 BENSTEIN RD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.8223
City COMMERCE	State MI	
Zip Code 48390	Purpose of Disbursement BOGREN REIMBURSEMENT: MEETING EXPENSE: MEAL	[MEMO ITEM]
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>B. DOMINOS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 740 BENSTEIN RD		Amount of Each Disbursement this Period 21.82 Transaction ID : SB17.8224
City COMMERCE	State MI	
Zip Code 48390	Purpose of Disbursement BOGREN REIMBURSEMENT: MEETING EXPENSE: MEAL	[MEMO ITEM]
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>C. COLIN DRISCOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 1010 E. ANN STREET		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.8383
City ANN ARBOR	State MI	
Zip Code 48104	Purpose of Disbursement PAYROLL	[MEMO ITEM]
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> 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 99			
	<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) <b>A. COLIN DRISCOLL</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014		
Mailing Address 1010 E. ANN STREET			Amount of Each Disbursement this Period 500.00		
City ANN ARBOR	State MI	Zip Code 48104	Transaction ID : SB17.8401		
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>B. COLIN DRISCOLL</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014		
Mailing Address 1010 E. ANN STREET			Amount of Each Disbursement this Period 1000.00		
City ANN ARBOR	State MI	Zip Code 48104	Transaction ID : SB17.8392		
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>C. COLIN DRISCOLL</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014		
Mailing Address 1010 E. ANN STREET			Amount of Each Disbursement this Period 161.60		
City ANN ARBOR	State MI	Zip Code 48104	Transaction ID : SB17.8232		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1661.60
<b>TOTAL</b> 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 99	
	<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) <b>A. COLIN DRISCOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1010 E. ANN STREET		Amount of Each Disbursement this Period 573.60 <b>Transaction ID : SB17.8233</b>
City ANN ARBOR State MI Zip Code 48104	Purpose of Disbursement TRAVEL: MILEAGE	
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>B. DROP BOX</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 185 BERRY ST STE 400		Amount of Each Disbursement this Period 99.00 <b>Transaction ID : SB17.8284</b> <b>[MEMO ITEM]</b>
City SAN FRANCISCO State CA Zip Code 94107	Purpose of Disbursement PIWOWAR REIMBURSEMENT: ONLINE SUBSCRIPTIONS	
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>C. DTE ENERGY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address P.O. BOX 740786		Amount of Each Disbursement this Period 129.53 <b>Transaction ID : SB17.8255</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	703.13
<b>TOTAL</b> 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 99			
	<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
<b>A. EFAQX</b>		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 6922 HOLLYWOOD BOULEVARD 5TH FLOOR		Amount of Each Disbursement this Period
City LOS ANGELES State CA Zip Code 90028		16.95
Purpose of Disbursement PIWOWAR REIMBURSEMENT: FAX SERVICES		Transaction ID : SB17.8308
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. FEDEX</b>		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		15.31
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8289
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. FEDEX</b>		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		9.79
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8290
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.00
<b>TOTAL</b> 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 99	
	<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) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 58.70
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.8292 <b>[MEMO ITEM]</b>
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>B. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 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 : SB17.8311 <b>[MEMO ITEM]</b>
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>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 1.79
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.8340 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 99			
	<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
<b>A. FEDEX</b>		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 47.30
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.8346
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>B. FEDEX</b>		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 27.15
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.8348
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>C. FEDEX</b>		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 27.85
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.8349
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]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 99	
	<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) <b>A. GAZETTE NEWSPAPERS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 482		Amount of Each Disbursement this Period 300.00
City TROY State MI Zip Code 48099	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINT ADVERTISING	
Candidate Name	Category/Type	<b>Transaction ID : SB17.8299</b> <b>[MEMO ITEM]</b>
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>B. HENRY GEMBS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 536.53
City WALLED LAKE State MI Zip Code 48390	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	<b>Transaction ID : SB17.8384</b>
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>C. HENRY GEMBS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 237.20
City WALLED LAKE State MI Zip Code 48390	Purpose of Disbursement TRAVEL: MILEAGE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.8257</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	773.73
<b>TOTAL</b> 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 99		
	<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) <b>A. HENRY GEM BIS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 536.51 <b>Transaction ID : SB17.8402</b>
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>B. HENRY GEM BIS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 536.51 <b>Transaction ID : SB17.8393</b>
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>C. HENRY GEM BIS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 516.00 <b>Transaction ID : SB17.8258</b>
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	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1589.02
<b>TOTAL</b> 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 99	
	<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) <b>A. GERYCH GREENHOUSE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 10 GLENLAKE PKWY STE 130			Amount of Each Disbursement this Period 462.25	
City ATLANTA	State GA	Zip Code 30328	Transaction ID : SB17.8320	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. GRAND TRAVERSE PIE COMPANY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 41640 ANN ARBOR RD			Amount of Each Disbursement this Period 24.88	
City PLYMOUTH	State MI	Zip Code 48170	Transaction ID : SB17.8288	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEAL			[MEMO ITEM]	
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>C. GREAT DANE MARKETING SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014	
Mailing Address 5833 BINGHAM DRIVE			Amount of Each Disbursement this Period 6250.00	
City TROY	State MI	Zip Code 48085	Transaction ID : SB17.8256	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6250.00
<b>TOTAL</b> 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 99			
	<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) <b>A. GUERNSEY DAIRY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 21300 NOVI RD			Amount of Each Disbursement this Period 36.58
City NORTHVILLE	State MI	Zip Code 48167	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS		Category/ Type	<b>Transaction ID : SB17.8327</b>  <b>[MEMO ITEM]</b>
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>B. HIGHLAND ADULT ACTIVITY CENTER</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 209 N JOHN ST			Amount of Each Disbursement this Period 100.00
City HIGHLAND TWP	State MI	Zip Code 48357	
Purpose of Disbursement CAMPBELL REIMBURSEMENT: EVENT REGISTRATION FEE		Category/ Type	<b>Transaction ID : SB17.8270</b>  <b>[MEMO ITEM]</b>
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>C. TROY W. HUDSON</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 1491.55
City WALLED LAKE	State MI	Zip Code 48390	
Purpose of Disbursement PAYROLL		Category/ Type	<b>Transaction ID : SB17.8385</b>
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1491.55
<b>TOTAL</b> 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 99			
	<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) <b>A. TROY W. HUDSON</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 1491.54	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8403	
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>B. TROY W. HUDSON</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 1491.54	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8394	
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>C. TROY W. HUDSON</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 863.68	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8376	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3846.68
<b>TOTAL</b> 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 99			
	<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) <b>A. IMPACT MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 23715 NILAN DR		Amount of Each Disbursement this Period 805.60
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.8291
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>B. IMPACT MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 23715 NILAN DR		Amount of Each Disbursement this Period 780.80
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.8300
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>C. IMPACT MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 23715 NILAN DR		Amount of Each Disbursement this Period 1041.95
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.8301
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 99	
	<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) <b>A. IMPACT MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 23715 NILAN DR		Amount of Each Disbursement this Period 2067.00
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.8344
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>B. IMPACT MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 23715 NILAN DR		Amount of Each Disbursement this Period 1294.00
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.8345
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>C. IT'S A MATTER OF TASTE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 2323 UNION LAKE RD		Amount of Each Disbursement this Period 50.00
City COMMERCE TWP	State MI	
Zip Code 48382	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS	Transaction ID : SB17.8329
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 99			
	<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) <b>A. JET'S PIZZA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1126 N PONTIAC TRAIL		Amount of Each Disbursement this Period 15.88
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement BOGREN REIMBURSEMENT: MEETING EXPENSE: MEAL	Transaction ID : SB17.8225
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>B. JET'S PIZZA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1126 N PONTIAC TRAIL		Amount of Each Disbursement this Period 52.86
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement BOGREN REIMBURSEMENT: MEETING EXPENSE: MEAL	Transaction ID : SB17.8228
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>C. JOHNNY POMODORAS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 32906 MIDDLE BELT RD STE 6		Amount of Each Disbursement this Period 4.96
City FARMINGTON HILLS	State MI	
Zip Code 48334	Purpose of Disbursement PIWOWAR REIMBURSEMENT: TRAVEL: FOOD	Transaction ID : SB17.8339
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 99	
	<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) <b>A. KROGER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 37550 W 12 MILE RD STE 2		Amount of Each Disbursement this Period 16.45
City FARMINGTON HILLS	State MI Zip Code 48331	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEAL		Transaction ID : SB17.8303
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>B. LIFE TIME FITNESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 4106 TELEGRAGH ROAD		Amount of Each Disbursement this Period 35.00
City BLOOMFIELD TOWNSHIP	State MI Zip Code 48302	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: EVENT REGISTRATION FEE		Transaction ID : SB17.8313
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>C. MAJORITY STRATEGIES, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 135 PROFESSIONAL DRIVE SUITE 104		Amount of Each Disbursement this Period 49822.41
City PONTE VEDRA BEACH	State FL Zip Code 32082	
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE		Transaction ID : SB17.8276
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	49822.41
<b>TOTAL</b> 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 99	
	<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) <b>A. MAJORITY STRATEGIES, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 135 PROFESSIONAL DRIVE SUITE 104		Amount of Each Disbursement this Period 65264.61 <b>Transaction ID : SB17.8277</b>
City PONTE VEDRA BEACH State FL Zip Code 32082	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	
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>B. MARKET FRESH</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 31201 SOUTHFIELD RD		Amount of Each Disbursement this Period 29.69 <b>Transaction ID : SB17.8296</b>
City BEVERLY HILLS State MI Zip Code 48025	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEAL	
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>C. MEIJER INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1703 HAGGERTY HWY		Amount of Each Disbursement this Period 9.97 <b>Transaction ID : SB17.8343</b>
City COMMERCE TOWNSHIP State MI Zip Code 48390	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEAL	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	65264.61
<b>TOTAL</b> 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 99			
	<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) <b>A. METRO CARS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 24957 BREST RD		Amount of Each Disbursement this Period 338.00
City TAYLOR State MI Zip Code 48180	Purpose of Disbursement PIWOWAR REIMBURSEMENT: TRAVEL: CAR RENTAL	
Candidate Name	Category/Type	Transaction ID : SB17.8315 <b>[MEMO ITEM]</b>
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>B. METRO CARS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 24957 BREST RD		Amount of Each Disbursement this Period 126.00
City TAYLOR State MI Zip Code 48180	Purpose of Disbursement PIWOWAR REIMBURSEMENT: TRAVEL: CAR RENTAL	
Candidate Name	Category/Type	Transaction ID : SB17.8347 <b>[MEMO ITEM]</b>
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>C. MICHAELS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 30867 ORCHARD LAKE RD		Amount of Each Disbursement this Period 23.68
City FARMINGTON HILLS State MI Zip Code 48334	Purpose of Disbursement TANSEL REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.8261 <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 99	
	<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) <b>A. MICHIGAN OFFICE MAINTENANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address PO BOX 51966		Amount of Each Disbursement this Period 40.00
City LANSING	State MI	
Zip Code 48151	Purpose of Disbursement BUILDING MAINTENANCE	Transaction ID : SB17.8356
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>B. MICHIGAN RIGHT TO LIFE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 2340 PORTER ST. P.O. BOX 901		Amount of Each Disbursement this Period 500.00
City GRAND RAPIDS	State MI	
Zip Code 49519	Purpose of Disbursement PIWOWAR REIMBURSEMENT: EVENT REGISTRATION FEE	Transaction ID : SB17.8286
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>C. NATIONAL RESEARCH, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 146 STATE HIGHWAY 34 SUITE 250		Amount of Each Disbursement this Period 19000.00
City HOLMDEL	State NJ	
Zip Code 07733	Purpose of Disbursement POLLING	Transaction ID : SB17.8358
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19040.00
<b>TOTAL</b> 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 99	
	<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) <b>A. OAKLAND HILLS COUNTRY CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address 3951 W. MAPLE ROAD			Amount of Each Disbursement this Period 3843.93	
City BLOOMFIELD HILLS	State MI	Zip Code 48301	Transaction ID : SB17.8359	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES		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>B. PARMENTER'S</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 714 BASELINE RD			Amount of Each Disbursement this Period 40.00	
City NORTHVILLE	State MI	Zip Code 48167	Transaction ID : SB17.8337	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS		Category/ Type		
Candidate Name			[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>C. PARTY CITY</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address 29305 ORCHARD LAKE RD			Amount of Each Disbursement this Period 6.34	
City FARMINGTON HILLS	State MI	Zip Code 48334	Transaction ID : SB17.8265	
Purpose of Disbursement TANSEL REIMBURSEMENT: OFFICE SUPPLIES		Category/ Type		
Candidate Name			[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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3843.93
<b>TOTAL</b> 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 99			
	<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) <b>A. LINDSEY PAVLOV</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 24968 INDEPENDENCE DRIVE APT 8111		Amount of Each Disbursement this Period 1042.59 <b>Transaction ID : SB17.8386</b>
City FARMINGTON HILLS State MI Zip Code 48335	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>B. LINDSEY PAVLOV</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 24968 INDEPENDENCE DRIVE APT 8111		Amount of Each Disbursement this Period 1042.58 <b>Transaction ID : SB17.8404</b>
City FARMINGTON HILLS State MI Zip Code 48335	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>C. LINDSEY PAVLOV</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 24968 INDEPENDENCE DRIVE APT 8111		Amount of Each Disbursement this Period 1042.58 <b>Transaction ID : SB17.8395</b>
City FARMINGTON HILLS State MI Zip Code 48335	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3127.75
<b>TOTAL</b> 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 99			
	<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) <b>A. PEGASUS ENTERTAINMENT</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 22008 WEST EIGHT MILE ROAD			Amount of Each Disbursement this Period 2410.00 <b>Transaction ID : SB17.8361</b>
City SOUTHFIELD	State MI	Zip Code 48033	
Purpose of Disbursement EQUIPMENT RENTAL		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>B. MEGAN J. PIWOWAR</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 14239.95 <b>Transaction ID : SB17.8355</b>
City WALLED LAKE	State MI	Zip Code 48390	
Purpose of Disbursement REIMBURSEMENTS		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>C. MEGAN J. PIWOWAR</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 2960.54 <b>Transaction ID : SB17.8387</b>
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19610.49
<b>TOTAL</b> 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 99			
	<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) <b>A. MEGAN J. PIWOWAR</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 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 : SB17.8405	
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>B. MEGAN J. PIWOWAR</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 27184.05	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8282	
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:				

Full Name (Last, First, Middle Initial) <b>C. MEGAN J. PIWOWAR</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 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 : SB17.8396	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	33105.17
<b>TOTAL</b> 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 99	
	<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) <b>A. PLYMOUTH WHALERS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 10 GLENLAKE PARKWAY NORTH TOWER		Amount of Each Disbursement this Period 34.00
City ATLANTA State GA Zip Code 30328	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS	
Candidate Name	Category/Type	Transaction ID : SB17.8331 <b>[MEMO ITEM]</b>
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>B. PURPLE DOOR STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 635 N WIXOM RD		Amount of Each Disbursement this Period 50.00
City WIXOM State MI Zip Code 48393	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS	
Candidate Name	Category/Type	Transaction ID : SB17.8333 <b>[MEMO ITEM]</b>
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>C. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2525.33
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.8362
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2525.33
<b>TOTAL</b> 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 99			
	<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) <b>A. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2576.55
City BEVERLY State MA Zip Code 01915	Category/Type	
Purpose of Disbursement COMPLIANCE CONSULTING		Transaction ID : SB17.8363
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>B. SAFFRON INDIAN CUISINE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 29200 ORCHARD LAKE RD		Amount of Each Disbursement this Period 280.00
City FARMINGTON HILLS State MI Zip Code 48334	Category/Type	
Purpose of Disbursement TIETZ REIMBURSEMENTS: CATERING SERVICES		Transaction ID : SB17.8252
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. SHARKS CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 6665 HIGHLAND RD		Amount of Each Disbursement this Period 450.00
City WATERFORD State MI Zip Code 48327	Category/Type	
Purpose of Disbursement TIETZ REIMBURSEMENTS: CATERING SERVICES		Transaction ID : SB17.8254
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:		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2576.55
<b>TOTAL</b> 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 99	
	<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) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 335 HAGGERTY		Amount of Each Disbursement this Period 83.08
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAVLOV REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.8275
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>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 335 HAGGERTY		Amount of Each Disbursement this Period 98.47
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement BOGREN REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.8227
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>C. STRATEGIC MEDIA PLACEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 307800.00
City DELAWARE	State OH	
Zip Code 43015	Purpose of Disbursement PLACED MEDIA	Transaction ID : SB17.8367
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	307800.00
<b>TOTAL</b> 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 99			
	<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. STRATEGIC MEDIA PLACEMENT**

Mailing Address 7669 STAGERS LOOP

City DELAWARE State OH Zip Code 43015

Purpose of Disbursement PLACED MEDIA

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 20 / 2014

Amount of Each Disbursement this Period: 300000.00

Transaction ID : SB17.8368

Full Name (Last, First, Middle Initial)

**B. STRATEGIC MEDIA PLACEMENT**

Mailing Address 7669 STAGERS LOOP

City DELAWARE State OH Zip Code 43015

Purpose of Disbursement PLACED MEDIA

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 24 / 2014

Amount of Each Disbursement this Period: 190000.00

Transaction ID : SB17.8369

Full Name (Last, First, Middle Initial)

**C. SUBURBAN SHOWPLACE**

Mailing Address 46100 GRAND RIVER AVE

City NOVI State MI Zip Code 48374

Purpose of Disbursement PIWOWAR REIMBURSEMENT: FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2014

Amount of Each Disbursement this Period: 9454.25

Transaction ID : SB17.8353

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 490000.00

**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 91 OF 99	
	<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) <b>A. SUBURBAN SHOWPLACE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 46100 GRAND RIVER AVE		Amount of Each Disbursement this Period 1112.57
City NOVI	State MI	
Zip Code 48374	Purpose of Disbursement PIWOWAR REIMBURSEMENT: FACILITY RENTAL/CATERING SERVICES	Transaction ID : SB17.8354
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>B. SUBWAY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1123 W. MAPLE ROAD		Amount of Each Disbursement this Period 34.19
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEAL	Transaction ID : SB17.8341
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>C. THE CATALYST GROUP RW, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 600 PENNSYLVANIA AVE. SE SUITE 330		Amount of Each Disbursement this Period 7500.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.8371
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> 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 99	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. THE CATALYST GROUP RW, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 600 PENNSYLVANIA AVE. SE SUITE 330		Amount of Each Disbursement this Period 3191.09
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.8372
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>B. THE CATALYST GROUP RW, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 600 PENNSYLVANIA AVE. SE SUITE 330		Amount of Each Disbursement this Period 10000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.8373
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>C. THE HOME DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 47950 GRAND RIVER AVE		Amount of Each Disbursement this Period 101.52
City NOVI State MI Zip Code 48374	Purpose of Disbursement KIDD REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.8281
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]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13191.09
<b>TOTAL</b> 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 93 OF 99			
	<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) <b>A. THE LOONEY BAKER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 13931 FARMINGTON RD		Amount of Each Disbursement this Period 20.00
City LIVONIA State MI Zip Code 48154	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS	
Candidate Name	Category/Type	<b>Transaction ID : SB17.8335</b> <b>[MEMO ITEM]</b>
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>B. THE STRATEGY GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 15000.00
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PRODUCTION	
Candidate Name	Category/Type	<b>Transaction ID : SB17.8374</b>
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>C. THE STRATEGY GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 22500.00
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PRODUCTION	
Candidate Name	Category/Type	<b>Transaction ID : SB17.8375</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37500.00
<b>TOTAL</b> 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 94 OF 99	
	<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) <b>A. DOUG TIETZ</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 5833 BINGHAM DRIVE		Amount of Each Disbursement this Period 798.12 <b>Transaction ID : SB17.8250</b>
City TROY State MI Zip Code 48085	Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES	
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>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period 490.00 <b>Transaction ID : SB17.8304</b>
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement PIWOWAR REIMBURSEMENT: POSTAGE	
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>C. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period 203.40 <b>Transaction ID : SB17.8321</b>
City ACKWORTH State GA Zip Code 30101	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MOBILE PHONE EXPENSE	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	798.12
<b>TOTAL</b> 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 99			
	<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) <b>A. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period 68.17
City ACKWORTH State GA Zip Code 30101	Purpose of Disbursement CAMPBELL REIMBURSEMENT: MOBILE PHONE EXPENSE	
Candidate Name		Transaction ID : SB17.8268 <b>[MEMO ITEM]</b>
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>B. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period 70.65
City ACKWORTH State GA Zip Code 30101	Purpose of Disbursement CAMPBELL REIMBURSEMENT: MOBILE PHONE EXPENSE	
Candidate Name		Transaction ID : SB17.8272 <b>[MEMO ITEM]</b>
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>C. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 32.32
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement BOGREN REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.8226 <b>[MEMO ITEM]</b>
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 99	
	<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) <b>A. MS. KRISTINE ZRINYI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 536.52 <b>Transaction ID : SB17.8388</b>
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>B. MS. KRISTINE ZRINYI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 536.53 <b>Transaction ID : SB17.8406</b>
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>C. MS. KRISTINE ZRINYI</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 536.53 <b>Transaction ID : SB17.8397</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1609.58
<b>TOTAL</b> This Period (last page this line number only).....	1117451.87



**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 97 OF 99			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. MRS. ADELE F. ACHESON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 3305 INTERLAKEN ROAD		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB20A.8204</b>
City WEST BLOOMFIELD State MI Zip Code 48323	Purpose of Disbursement CONTRIBUTION REFUND	
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>B.</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	
Candidate Name	Category/Type	
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) <b>C.</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	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	400.00

**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 A. TROTT

Primary

General

Other (specify) ▼

Mailing Address

158 PARK LAKE DRIVE

City

State

ZIP Code

BIRMINGHAM

MI

48009

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

250000.00

0.00

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)

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 **10000.00** **Transaction ID : SD10.7751**

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>10000.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<b>10000.00</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<b>250000.00</b>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<b>260000.00</b>