

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
FRIENDS OF CYNTHIA KALLGREN

ADDRESS (number and street) PO BOX 755
 Check if different than previously reported. (ACC) TRENTON MI 48183

2. **FEC IDENTIFICATION NUMBER** C C00522870 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MI 12

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
07 / 19 / 2012 through 09 / 30 / 2012

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 Denis Curran
Signature of Treasurer Denis Curran *[Electronically Filed]* Date M M / D D / Y Y Y Y
10 / 14 / 2012

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF CYNTHIA KALLGREN

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))....	5990.93	13158.68
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5990.93	13158.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6659.68	13377.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6659.68	13377.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	781.44	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF CYNTHIA KALLGREN

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1892.93	4186.53
(ii) Unitemized.....	3898.00	8251.78
(iii) TOTAL of contributions from individuals ▶	5790.93	12438.31
(b) Political Party Committees.....	200.00	200.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	520.37
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5990.93	13158.68
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	1000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	5990.93	14158.68

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6659.68	13377.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6659.68	13377.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1450.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5990.93
25. SUBTOTAL (add Line 23 and Line 24).....	7441.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6659.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	781.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)
FRIENDS OF CYNTHIA KALLGREN

Full Name (Last, First, Middle Initial) A. Larry Bays		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 04 / 2012
Mailing Address 605 Eureka		Transaction ID : SA11AI.4662
City Wyandotte	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation Landlord	
Receipt For: 2012 <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. Deborah Bloomfield		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2012
Mailing Address 1811 Superior		Transaction ID : SA11AI.4546
City Wyandotte	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.70
Name of Employer None	Occupation Homemaker	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 310.88	

Full Name (Last, First, Middle Initial) C. Ron Collard		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2012
Mailing Address 3277 West		Transaction ID : SA11AI.4808
City Trenton	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NuVision Realty LLC	Occupation Manager	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1047.70
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 6 OF 17
	<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)
FRIENDS OF CYNTHIA KALLGREN

A. Full Name (Last, First, Middle Initial)
Donald Courtney

Mailing Address 2745 22nd

City: Wyandotte State: MI Zip Code: 48192

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

Name of Employer: None Occupation: Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 08 / 31 / 2012

Transaction ID : SA11AI.4664

Amount of Each Receipt this Period: 300.00

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

Mailing Address 828 Superior

City: Wyandotte State: MI Zip Code: 48192

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

Name of Employer: None Occupation: Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 240.00

Date of Receipt: 07 / 20 / 2012

Transaction ID : SA11AI.4770

Amount of Each Receipt this Period: 100.00

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

Mailing Address 18554 Blakely Drive

City: Woodhaven State: MI Zip Code: 48183

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

Name of Employer: None Occupation: Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 07 / 25 / 2012

Transaction ID : SA11AI.4780

Amount of Each Receipt this Period: 200.00

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: (check only one)	PAGE 7 OF 17
	<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)
FRIENDS OF CYNTHIA KALLGREN

A. Full Name (Last, First, Middle Initial)
Richard Zeile

Mailing Address 13115 Telegraph

City State Zip Code
Taylor MI 48180

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

Name of Employer Occupation
St. John's Lutheran Church Clergy

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
445.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 23 2012

Transaction ID : SA11Al.4618

Amount of Each Receipt this Period
245.23

Vistaprint order

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).....

245.23

1892.93

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 8 OF 17

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NAME OF COMMITTEE (In Full)
FRIENDS OF CYNTHIA KALLGREN

A. Full Name (Last, First, Middle Initial)
Timothy J Kleczynski

Mailing Address 22215 Cherry Hill

City Dearborn State MI Zip Code 48124

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

Name of Employer 15thCDRC Occupation Treasurer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : SA11B.4710

Amount of Each Receipt this Period
 _____ 200.00

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 / 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 / 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).....

_____ 200.00

_____ 200.00

**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 9 OF 17			
	<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)
FRIENDS OF CYNTHIA KALLGREN

Full Name (Last, First, Middle Initial) A. Bressers		Date of Disbursement MM / DD / YYYY 09 / 04 / 2012
Mailing Address 684 W. Baltimore		Amount of Each Disbursement this Period 283.00 Transaction ID : SB17.4475
City Detroit	State MI	
Zip Code 48202	Purpose of Disbursement Palm cards	Category/ Type 004
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 12	

Full Name (Last, First, Middle Initial) B. Constituent Calling		Date of Disbursement MM / DD / YYYY 08 / 03 / 2012
Mailing Address PO box 755		Amount of Each Disbursement this Period 633.12 Transaction ID : SB17.4554
City Trenton	State MI	
Zip Code 48183	Purpose of Disbursement Robocalls	Category/ Type 004
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 12	

Full Name (Last, First, Middle Initial) c. Constituent Calling		Date of Disbursement MM / DD / YYYY 08 / 07 / 2012
Mailing Address PO box 755		Amount of Each Disbursement this Period 222.16 Transaction ID : SB17.4551
City Trenton	State MI	
Zip Code 48183	Purpose of Disbursement Robocalls?	Category/ Type 004
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 12	

SUBTOTAL of Disbursements This Page (optional).....	1138.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 17	
	<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)
FRIENDS OF CYNTHIA KALLGREN

Full Name (Last, First, Middle Initial) A. Constituent Calling		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2012
Mailing Address PO box 755		Amount of Each Disbursement this Period 340.82 Transaction ID : SB17.4562
City Trenton	State MI	
Purpose of Disbursement Robocalls	Category/ Type 004	
Candidate Name FRIENDS OF CYNTHIA KALLGREN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI	District: 12	

Full Name (Last, First, Middle Initial) B. Diamond Jack		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address 13000 Denmark Street		Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.4485
City Detroit	State MI	
Purpose of Disbursement Boat cruise	Category/ Type 003	
Candidate Name FRIENDS OF CYNTHIA KALLGREN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI	District: 12	

Full Name (Last, First, Middle Initial) c. EmbroidMe		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 3005 Biddle Ave.		Amount of Each Disbursement this Period 200.34 Transaction ID : SB17.4477
City Wyandotte	State MI	
Purpose of Disbursement T-shirts	Category/ Type 004	
Candidate Name FRIENDS OF CYNTHIA KALLGREN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI	District: 12	

SUBTOTAL of Disbursements This Page (optional).....	1191.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17			
	<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)
FRIENDS OF CYNTHIA KALLGREN

Full Name (Last, First, Middle Initial) A. EmbroidMe		Date of Disbursement MM / DD / YYYY 09 / 11 / 2012
Mailing Address 3005 Biddle Ave.		Amount of Each Disbursement this Period 47.70 Transaction ID : SB17.4534
City Wyandotte	State MI	
Purpose of Disbursement T-shirts	Category/ Type 004	
Candidate Name FRIENDS OF CYNTHIA KALLGREN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI	District: 12	

Full Name (Last, First, Middle Initial) B. EmbroidMe		Date of Disbursement MM / DD / YYYY 09 / 11 / 2012
Mailing Address 3005 Biddle Ave.		Amount of Each Disbursement this Period 47.70 Transaction ID : SB17.4547
City Wyandotte	State MI	
Purpose of Disbursement T-shirts	Category/ Type 004	
Candidate Name FRIENDS OF CYNTHIA KALLGREN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI	District: 12	

Full Name (Last, First, Middle Initial) c. GotPrint.com		Date of Disbursement MM / DD / YYYY 08 / 25 / 2012
Mailing Address 7625 N. San Fernando Rd		Amount of Each Disbursement this Period 287.12 Transaction ID : SB17.4564
City Burbank	State CA	
Purpose of Disbursement Cards	Category/ Type 004	
Candidate Name FRIENDS OF CYNTHIA KALLGREN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI	District: 12	

SUBTOTAL of Disbursements This Page (optional).....	382.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 17	
	<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)
FRIENDS OF CYNTHIA KALLGREN

Full Name (Last, First, Middle Initial) A. GotPrint.com		Date of Disbursement MM / DD / YYYY 08 / 27 / 2012
Mailing Address 7625 N. San Fernando Rd		Amount of Each Disbursement this Period 655.80 Transaction ID : SB17.4560
City Burbank State CA Zip Code 91505	Purpose of Disbursement Postcards Category/Type 004	
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) B. Magnetsonthecheap.com		Date of Disbursement MM / DD / YYYY 08 / 25 / 2012
Mailing Address 11550 Stonehollow Drive Suite 160		Amount of Each Disbursement this Period 489.84 Transaction ID : SB17.4471
City Austin State TX Zip Code 78758	Purpose of Disbursement Car signs Category/Type 004	
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement MM / DD / YYYY 07 / 25 / 2012
Mailing Address 23420 Allen Road		Amount of Each Disbursement this Period 8.11 Transaction ID : SB17.4457
City woodhaven State MI Zip Code 48183	Purpose of Disbursement BW SS Letter Category/Type 003	
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

SUBTOTAL of Disbursements This Page (optional).....	655.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 17
	<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)
FRIENDS OF CYNTHIA KALLGREN

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement MM / DD / YYYY 07 / 25 / 2012
Mailing Address 23420 Allen Road		Amount of Each Disbursement this Period 8.11 Transaction ID : SB17.4507
City woodhaven State MI Zip Code 48183	Purpose of Disbursement Letter 003 Category/Type	
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement MM / DD / YYYY 08 / 16 / 2012
Mailing Address 23420 Allen Road		Amount of Each Disbursement this Period 13.81 Transaction ID : SB17.4549
City woodhaven State MI Zip Code 48183	Purpose of Disbursement copies 003 Category/Type	
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement MM / DD / YYYY 09 / 10 / 2012
Mailing Address 23420 Allen Road		Amount of Each Disbursement this Period 3.32 Transaction ID : SB17.4688
City woodhaven State MI Zip Code 48183	Purpose of Disbursement 001 Category/Type	
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

SUBTOTAL of Disbursements This Page (optional).....	25.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 17	
	<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)
FRIENDS OF CYNTHIA KALLGREN

Full Name (Last, First, Middle Initial) A. Ores Print Screen LLC		Date of Disbursement MM / DD / YYYY 07 / 31 / 2012
Mailing Address 27312 Van Born		Amount of Each Disbursement this Period 458.45 Transaction ID : SB17.4448
City Dearborn Hts State MI Zip Code 48125	Purpose of Disbursement Signs 004 Category/Type	
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) B. Ores Print Screen LLC		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address 27312 Van Born		Amount of Each Disbursement this Period 1081.20 Transaction ID : SB17.4473
City Dearborn Hts State MI Zip Code 48125	Purpose of Disbursement Signs 004 Category/Type	
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) c. Aaron Sarver		Date of Disbursement MM / DD / YYYY 08 / 12 / 2012
Mailing Address 6235 Rosemont		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4463
City Detroit State MI Zip Code 48228	Purpose of Disbursement Travel expenses 002 Category/Type	
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

SUBTOTAL of Disbursements This Page (optional).....	2039.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 17	
	<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)
FRIENDS OF CYNTHIA KALLGREN

Full Name (Last, First, Middle Initial) A. Aaron Sarver		Date of Disbursement MM / DD / YYYY 09 / 14 / 2012
Mailing Address 6235 Rosemont		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4487
City Detroit	State MI	
Zip Code 48228	Purpose of Disbursement Travel expenses	Category/ Type 002
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 12	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2012
Mailing Address 2740 Third Street		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.4459
City Trenton	State MI	
Zip Code 48183	Purpose of Disbursement Stamps	Category/ Type 001
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 12	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2012
Mailing Address 2740 Third Street		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.4512
City Trenton	State MI	
Zip Code 48183	Purpose of Disbursement Stamps	Category/ Type 003
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 12	

SUBTOTAL of Disbursements This Page (optional).....	240.00
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 16 OF 17	
	<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)
FRIENDS OF CYNTHIA KALLGREN

Full Name (Last, First, Middle Initial) A. Vistaprint.com		Date of Disbursement MM / DD / YYYY 08 / 23 / 2012
Mailing Address 95 Hayden Avenue		Amount of Each Disbursement this Period 245.23 Transaction ID : SB17.4620
City Lexington State MA Zip Code 02421	Purpose of Disbursement Printing 004 Category/Type	
Candidate Name FRIENDS OF CYNTHIA KALLGREN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	245.23
TOTAL This Period (last page this line number only).....	5917.88

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF CYNTHIA KALLGREN** Transaction ID : **SC/10.4147**

LOAN SOURCE Full Name (Last, First, Middle Initial) CYNTHIA KALLGREN	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2998 SYCKELMOORE	

City	State	ZIP Code
TRENTON	MI	48183

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 20 / 2012	12/30/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1000.00
TOTALS This Period (last page in this line only).....	▶	1000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.