



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**CASSIS FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y 07 / 18 / 2012

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	34925.00	88675.00
(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)).....	34925.00	88675.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	125274.34	141252.36
(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)).....	125274.34	141252.36
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	147422.64	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	200000.00	

**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

**CASSIS FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25800.00	54800.00
(ii) Unitemized.....	1125.00	2375.00
(iii) TOTAL of contributions from individuals ▶	26925.00	57175.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8000.00	31500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	34925.00	88675.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	200000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	200000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	34925.00	288675.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	125274.34	141252.36
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	125274.34	141252.36

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	237771.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34925.00
25. SUBTOTAL (add Line 23 and Line 24).....	272696.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	125274.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	147422.64

**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 22
	<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)  
**CASSIS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jane Abraham**

Mailing Address 8016 Greenwich Woods Drive

City State Zip Code  
McLean VA 22102

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

Name of Employer Occupation  
Abraham Strategies Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 12 / 2012

**Transaction ID : SA11AI.4299**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Stephen Brownell**

Mailing Address 306 Provencal Road

City State Zip Code  
Grosse Pointe MI 48236

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

Name of Employer Occupation  
Kirlin Company Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 17 / 2012

**Transaction ID : SA11AI.4322**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Melinda Cunningham**

Mailing Address 6101 Savannah

City State Zip Code  
Lake Worth FL 33463

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 03 / 2012

**Transaction ID : SA11AI.4269**

Amount of Each Receipt this Period  
2500.00

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

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

3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<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)  
**CASSIS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Denomme**

Mailing Address 1233 Vaughn Road

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2012

**Transaction ID : SA11AI.4295**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Linda Diebolt**

Mailing Address 46504 Pickford Street

City Northville State MI Zip Code 48168

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

Name of Employer DADCO Inc. Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2012

**Transaction ID : SA11AI.4291**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Diebolt**

Mailing Address 46504 Pickford Street

City Northville State MI Zip Code 48168

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

Name of Employer DADCO Inc. Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2012

**Transaction ID : SA11AI.4289**

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 7 OF 22
	<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)  
**CASSIS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**David Fisher**

Mailing Address 1250 W. Long Lake

City Bloomfield Hills State MI Zip Code 48302

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

Name of Employer The Suburban Collection Occupation Automobile Dealer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2012

**Transaction ID : SA11AI.4226**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Roger Kahn**

Mailing Address 3177 Monticello

City Saginaw State MI Zip Code 48603

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

Name of Employer State of Michigan Occupation State Senator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2012

**Transaction ID : SA11AI.4311**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**C. Michael Kojaian**

Mailing Address 39400 N. Woodward #250

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer Kojaian Companies Occupation Executive VP

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2012

**Transaction ID : SA11AI.4297**

Amount of Each Receipt this Period  
1000.00

**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 8 OF 22
	<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)  
**CASSIS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Liggett**

Mailing Address 625 Lake Shore Drive

City State Zip Code  
Grosse Point Shores MI 48236

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

Name of Employer Occupation  
Liggett Holdings Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2012

**Transaction ID : SA11AI.4303**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Victoria Liggett**

Mailing Address 625 Lake Shore Road

City State Zip Code  
Grosse Point Shores MI 48236

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2012

**Transaction ID : SA11AI.4301**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Matthew Menchinger**

Mailing Address 49720 Timber Trail

City State Zip Code  
Novi MI 48374

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

Name of Employer Occupation  
E & E Manufacturing Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2012

**Transaction ID : SA11AI.4307**

Amount of Each Receipt this Period  
500.00

**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: PAGE 9 OF 22  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**CASSIS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Linda Minasian**

Mailing Address 30490 Fox Club Drive

City Farmington Hills State MI Zip Code 48331

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2012

**Transaction ID : SA11AI.4285**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Nora Moroun**

Mailing Address 12225 Stephens Road

City Warren State MI Zip Code 48089

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : SA11AI.4271**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Darlene Stamper**

Mailing Address 13588 Westbrook

City Plymouth Township State MI Zip Code 48170

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2012

**Transaction ID : SA11AI.4293**

Amount of Each Receipt this Period  
 2500.00

**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 10 OF 22
	<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)  
**CASSIS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Szerlag**

Mailing Address 5483 Timberland Drive

City Brighton State MI Zip Code 48116

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

Name of Employer Duke & Associates Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2012

**Transaction ID : SA11Al.4324**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

25800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 22
	<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)  
**CASSIS FOR CONGRESS**

**A.** 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: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2012

**Transaction ID : SA11C.4317**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**AUTOMOBILE CLUB OF MICHIGAN POLITICAL ACTION COMMITTEE (ACPAC)**

Mailing Address 1 AUTO CLUB DRIVE

City DEARBORN State MI Zip Code 48126

FEC ID number of contributing federal political committee. **C** C00197103

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : SA11C.4273**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Common Sense Leadership Fund**

Mailing Address 199800 Mayfield Street

City Livonia State MI Zip Code 48152

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2012

**Transaction ID : SA11C.4371**

Amount of Each Receipt this Period  
500.00

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 22  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**CASSIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
MICHIGAN BEER AND WINE WHOLESALERS FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 332 TOWNSEND ST

City State Zip Code  
LANSING MI 48933

FEC ID number of contributing federal political committee. **C** C00159855

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2012

Transaction ID : SA11C.4283

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address PO BOX 581

City State Zip Code  
BRIGHTON MI 48116

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2012

Transaction ID : SA11C.4328

Amount of Each Receipt this Period  
 2000.00

Full Name (Last, First, Middle Initial)  
**WALBERG FOR CONGRESS**

Mailing Address PO BOX 1362

City State Zip Code  
JACKSON MI 49204

FEC ID number of contributing federal political committee. **C** C00390724

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2012

Transaction ID : SA11C.4319

Amount of Each Receipt this Period  
 1000.00

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

4500.00

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

8000.00

**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 13 OF 22	
	<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)  
**CASSIS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Allegra Print and Imaging of Plymouth</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012	
Mailing Address 47583 Galleon Drive			Amount of Each Disbursement this Period 9561.11	
City Plymouth	State MI	Zip Code 48170	Transaction ID : SB17.4348	
Purpose of Disbursement Mail Postage		Category/ Type 004		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Allegra Print and Imaging of Plymouth</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012	
Mailing Address 47583 Galleon Drive			Amount of Each Disbursement this Period 8270.92	
City Plymouth	State MI	Zip Code 48170	Transaction ID : SB17.4370	
Purpose of Disbursement Mail Postage		Category/ Type 004		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Lynn Aronoff</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012	
Mailing Address 202 Euclid Avenue			Amount of Each Disbursement this Period 2000.00	
City Royal Oak	State MI	Zip Code 48067	Transaction ID : SB17.4366	
Purpose of Disbursement Consulting for Committee		Category/ Type 003		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19832.03
<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 14 OF 22			
	<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)  
**CASSIS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Big Frog Custom T-Shirts</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 100 Main Center Suite 8		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4335</b>
City Northville State MI Zip Code 48167	Purpose of Disbursement Printing 004 Category/Type	
Candidate Name	Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Big Frog Custom T-Shirts</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 100 Main Center Suite 8		Amount of Each Disbursement this Period 416.47 <b>Transaction ID : SB17.4337</b>
City Northville State MI Zip Code 48167	Purpose of Disbursement Printing 004 Category/Type	
Candidate Name	Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Campaign Research Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 6582 Irvin Court		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4362</b>
City Alexandria State VA Zip Code 22312	Purpose of Disbursement Research 005 Category/Type	
Candidate Name	Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3316.47
<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 15 OF 22			
	<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)  
**CASSIS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Done Right Engraving, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 119 N. Saginaw Street		Amount of Each Disbursement this Period 2610.00 <b>Transaction ID : SB17.4344</b>
City Pontiac	State MI	
Zip Code 48342-2113	Purpose of Disbursement Yard Signs	Category/ Type 004
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>B. Done Right Engraving, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address 119 N. Saginaw Street		Amount of Each Disbursement this Period 3972.60 <b>Transaction ID : SB17.4346</b>
City Pontiac	State MI	
Zip Code 48342-2113	Purpose of Disbursement Signs	Category/ Type 004
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>c. Front Porch Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 243 N Fifth Street Suite 330		Amount of Each Disbursement this Period 8027.00 <b>Transaction ID : SB17.4331</b>
City Columbus	State OH	
Zip Code 43215	Purpose of Disbursement Phones	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14609.60
<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 16 OF 22			
	<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)  
**CASSIS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Impact Media Professionals, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address 23715 Nilan Drive		Amount of Each Disbursement this Period 16734.30 <b>Transaction ID : SB17.4342</b>
City Novi	State MI	
Purpose of Disbursement Mail Postage		Category/ Type 004
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Impact Media Professionals, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 23715 Nilan Drive		Amount of Each Disbursement this Period 228.96 <b>Transaction ID : SB17.4365</b>
City Novi	State MI	
Purpose of Disbursement Signs		Category/ Type 004
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address 5 Mapleton Road Suite 300		Amount of Each Disbursement this Period 10296.00 <b>Transaction ID : SB17.4347</b>
City Princeton	State NJ	
Purpose of Disbursement Advertising		Category/ Type 004
Candidate Name		
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27259.26
<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 17 OF 22			
	<input checked="" type="checkbox"/> 17 <input 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)  
**CASSIS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jamestown Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012	
Mailing Address 5 Mapleton Road Suite 300			Amount of Each Disbursement this Period 16925.00	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SB17.4354	
Purpose of Disbursement Printing and Design		Category/ Type 001		
Candidate Name				
Office Sought:	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:	District:			

Full Name (Last, First, Middle Initial) <b>B. Jamestown Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012	
Mailing Address 5 Mapleton Road Suite 300			Amount of Each Disbursement this Period 300.00	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SB17.4356	
Purpose of Disbursement Phone List		Category/ Type 005		
Candidate Name				
Office Sought:	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:	District:			

Full Name (Last, First, Middle Initial) <b>C. Jamestown Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012	
Mailing Address 5 Mapleton Road Suite 300			Amount of Each Disbursement this Period 4350.00	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SB17.4391	
Purpose of Disbursement Design		Category/ Type 001		
Candidate Name				
Office Sought:	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:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21575.00
<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 18 OF 22			
	<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)  
**CASSIS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jamestown Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 5 Mapleton Road Suite 300			Amount of Each Disbursement this Period 16858.00 <b>Transaction ID : SB17.4369</b>
City Princeton	State NJ	Zip Code 08540	
Purpose of Disbursement Advertising	Candidate Name		Category/ Type 004
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>B. David Mroz</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 10523 Pontiac Lake Road			Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.4339</b>
City White Lake	State MI	Zip Code 48363	
Purpose of Disbursement Salary	Candidate Name		Category/ Type 001
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>C. David Mroz</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 10523 Pontiac Lake Road			Amount of Each Disbursement this Period 1368.60 <b>Transaction ID : SB17.4341</b>
City White Lake	State MI	Zip Code 48363	
Purpose of Disbursement Travel Expenses	Candidate Name		Category/ Type 002
Office Sought: <input 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: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23226.60
<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 19 OF 22	
	<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)  
**CASSIS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. National Petition Management, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 23800 W. Ten Mile Road Suite 200		Amount of Each Disbursement this Period 4300.00 <b>Transaction ID : SB17.4352</b>
City Southfield	State MI Zip Code 48033	
Purpose of Disbursement Consulting for Committee	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tee to Green Printing &amp; Prom. Products</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 3030 Sanders Road Suite 1		Amount of Each Disbursement this Period 10123.50 <b>Transaction ID : SB17.4333</b>
City Lansing	State MI Zip Code 48917	
Purpose of Disbursement Printing	Category/Type 004	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Tractor Supply</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address 4601 E Grand River Avenue		Amount of Each Disbursement this Period 909.48 <b>Transaction ID : SB17.4350</b>
City Howell	State MI Zip Code 48843	
Purpose of Disbursement Sign Posts	Category/Type 004	
Candidate Name		
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15332.98
<b>TOTAL</b> This Period (last page this line number only).....	125151.94

**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/10.4110

**CASSIS FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**NANCY CASSIS**

Primary

General

Other (specify) ▼

Mailing Address

22186 DALEVIEW DR

City

State

ZIP Code

NOVI

MI

48374

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25000.00

0.00

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 / 13 / 2012

M M / D D / Y Y Y Y  
N/A

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)..... ▶

25000.00

**TOTALS** This Period (last page in this line only)..... ▶

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

**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/10.4112

**CASSIS FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**NANCY CASSIS**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
22186 DALEVIEW DR

City State ZIP Code  
NOVI MI 48374

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
125000.00 0.00 125000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
06 / 27 / 2012 M M / D D / Y N/A 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)..... ▶ 125000.00  
**TOTALS** This Period (last page in this line only)..... ▶

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

# 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/10.4114

CASSIS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

NANCY CASSIS

Primary  
 General  
 Other (specify) ▼

Mailing Address

22186 DALEVIEW DR

City

State

ZIP Code

NOVI

MI

48374

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

28

2012

N/A

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)..... ▶

50000.00

TOTALS This Period (last page in this line only)..... ▶

200000.00

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