

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** ▼ 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 11 / 06 / 2012 in the State of MI
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 10 / 01 / 2012 through 10 / 17 / 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 Jesus Garza
Signature of Treasurer Jesus Garza *[Electronically Filed]* Date 10 / 25 / 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))....	4063.00	17738.16
(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)).....	4063.00	17738.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3821.76	17143.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	27.36	27.36
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3794.40	17116.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1621.79	
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).....	290.00	4834.19
(ii) Unitemized.....	1273.00	10069.90
(iii) TOTAL of contributions from individuals ▶	1563.00	14904.09
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	2500.00	2834.07
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4063.00	17738.16
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.)	27.36	27.36
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)..... ▶	4090.36	18765.52

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3821.76	17143.73
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) ▶	3821.76	17143.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1353.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4090.36
25. SUBTOTAL (add Line 23 and Line 24).....	5443.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3821.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1621.79

**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 10
	<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

A. Full Name (Last, First, Middle Initial)
Deborah Bloomfield

Mailing Address 1811 Superior

City Wyandotte State MI Zip Code 48192

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

Name of Employer None Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
449.13

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

Transaction ID : SA11AI.4543

Amount of Each Receipt this Period
100.00

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

Mailing Address 2320 Medford

City Trenton State MI Zip Code 48183

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

Name of Employer None Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2012

Transaction ID : SA11AI.4651

Amount of Each Receipt this Period
60.00

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

Mailing Address 13115 Telegraph

City Taylor State MI Zip Code 48180

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
475.23

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2012

Transaction ID : SA11AI.4653

Amount of Each Receipt this Period
30.00

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

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

190.00

**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 10			
	<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
575.23

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2012

Transaction ID : SA11Al.4871

Amount of Each Receipt this Period
100.00

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

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

Amount of Each Receipt this Period

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

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

100.00

290.00

**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 10
	<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)
FRIENDS OF CYNTHIA KALLGREN

A. Full Name (Last, First, Middle Initial)
CYNTHIA KALLGREN

Mailing Address 2998 SYCKELMOORE

City State Zip Code
TRENTON MI 48183

FEC ID number of contributing federal political committee. **C** H2MI12156

Name of Employer none Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4395.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2012

Transaction ID : SA11D.5015

Amount of Each Receipt this Period
2500.00

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).....

2500.00

2500.00

**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 8 OF 10			
	<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)		Date of Disbursement
A. Bressers		M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 684 W. Baltimore		Amount of Each Disbursement this Period
City State Zip Code Detroit MI 48202	Purpose of Disbursement Printing	374.00
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Category/Type 006	Transaction ID : SB17.4751
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)		Date of Disbursement
B. Bressers		M M / D D / Y Y Y Y 10 / 04 / 2012
Mailing Address 684 W. Baltimore		Amount of Each Disbursement this Period
City State Zip Code Detroit MI 48202	Purpose of Disbursement Mailer	1200.00
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Category/Type 003	Transaction ID : SB17.4493
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)		Date of Disbursement
c. Office Depot		M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 23420 Allen Road		Amount of Each Disbursement this Period
City State Zip Code woodhaven MI 48183	Purpose of Disbursement Cutting	4.48
Candidate Name FRIENDS OF CYNTHIA KALLGREN	Category/Type 006	Transaction ID : SB17.4529
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).....	1578.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 10	
	<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 M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 6235 Rosemont		Amount of Each Disbursement this Period 105.00 Transaction ID : SB17.4877
City Detroit	State MI	
Zip Code 48228	Purpose of Disbursement Gas + Expenses	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. Aaron Sarver		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 6235 Rosemont		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4881
City Detroit	State MI	
Zip Code 48228	Purpose of Disbursement Gas + expenses	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. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 2740 Third Street		Amount of Each Disbursement this Period 1988.28 Transaction ID : SB17.4879
City Trenton	State MI	
Zip Code 48183	Purpose of Disbursement WB master	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	2243.28
TOTAL This Period (last page this line number only).....	3821.76

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:
M 06 / D 20 / Y 2012	M / D / Y 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.