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FEC FORM 3

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REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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FEC FORM 3

(Revised 02/2003)

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	-	9_	LU	31		UĽ.	'n

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT	▼	Example: If typir over the lines.	ng, type	l2ře4M5		7
L	Check if different than previously reported. (ACC) FEC IDENTIFICATION NI	P., O., B. S.A. C.K. S. UMBER ▼	0,×,,,,,,,,	A A		AMENDED (A)	ZIP CODE STATE VE	
4.	TYPE OF REPORT (Ch. (a) Quarterly Reports: April 15 Quarterly F July 15 Quarterly F October 15 Quarter January 31 Year-Er Termination Report	Report (Q1) Report (Q2) rly Report (Q3) and Report (YE)	Election	General (300	(12C)	General (12G) Special (12S) Runoff (30R)	in the State of	ff (12R) [h] [
5.	Covering Period		<u>Ž,ŏ,ĭ,</u> Ž	through		<i>j</i> 3 ′ Ž	ŏ, ĭ, ž	
Тур	ertify that I have examined the or Print Name of Treasure nature of Treasurer	Ω I	N	knowledge and	belief it is true,	7 7 7	pplete. アミー	ĹŽŽ
Jig	THE COUNTY OF THE CASE OF THE	15						

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

Page 2

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Write or Type Committee Name MARQUEZ FOR CONGRESS Report Covering the Period: From:

		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))	5,300,00	5,3,0,0,0
	(b) Total Contribution Refunds (from Line 20(d))	0,00	Language Office
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5,3,0,0,00	5,30000
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	5,7,65,1,2	5,7.6.5.1.2
	(b) Total Offsets to Operating Expenditures (from Line 14)	6.2	
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	5,7,65,1,Z	5,7,6,5,1,2
8.	Cash on Hand at Close of Reporting Period (from Line 27)	2000	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000	
10.	. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Sohedule D)	5.65.12	

For further information contact:

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

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

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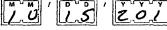
of Receipts

Page 3

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name





I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. CONTRIBUTIONS (other than loans) FROM	l:	
(a) Individuals/Persons Other Than		
Political Committees (i) Itemized (use Schedule A)	2000	7000
(i) Remized (use Schedule A)		
(ii) Unitemized		
(iii) TOTAL of contributions	20000	7000
from individuals		
(b) Political Party Committees		
(c) Other Political Committees	5.000.000	5 C A A 9
(such as PACs)		
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS		
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	5,20,000	5,2000
2. TRANSFERS FROM OTHER		
AUTHORIZED COMMITTEES		L
3. LOANS:		
(a) Made or Guaranteed by the		
Candidate	L	L
(b) All Other Loans	0.60	
(c) TOTAL LOANS		
(add Lines 13(a) and (b))		<u>5,5,6,5,1</u>
4. OFFSETS TO OPERATING		
EXPENDITURES	000	A 6
(Refunds, Rebates, etc.)	Lange and and	<u> </u>
5. OTHER RECEIPTS	200	
(Dividends, Interest. etc.)	Lange of the second	
6. TOTAL RECEIPTS (add Lines		[
11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	1076512	1.07.651

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 5,7,65.1 576517 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate..... (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 000 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees..... (b) Political Party Committees..... (c) Other Political Committees (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 1.0.7.65.1 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...... 25. SUBTOTAL (add Line 23 and Line 24)..... 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FUR I	LINE NU	MRFH:	LLAGE	C	UF_/	
(check only one)						
\mathbf{X}	11a 🔃	116]11c	110	d	
	2	13a	13b	14		15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MARQUEZ for Congress Full Name (Last, First, Middle Initial) Korte Nevic Date of Receipt Mailing Address City 49203 FEC ID number of contributing Amount of Each Receipt this Period federal political committee. 100,00 Name of Employer Receipt For: Election Cycle-to-Date Primary General Other (specify) 1.00.00 Full Name (Last, First, Middle Imitial) Date of Receipt Mailing Address City FEC ID number of contributing Amount of Each Receipt this Period federal political committee. ,100.00 Name of Employer Occupation Ketiked Receipt For: **Election Cycle-to-Date** Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address . M M / D O / Y Y Y City State Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. anne a greije a innin il Name of Employer Occupation l verkustische eine geschen der 🕕 Receipt For: Election Cycle-to-Date Primary General egines in the authorization and an ex-Other (specify) en de la companya del companya de la companya del companya de la c SUBTOTAL of Receipts This Page (optional).....

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

	[DAGE / OF Q
SCHEDULE A (FEC Form 3)	the consists appealished	FOR LINE NUMBER: PAGE 6 OF 9 (check only one)
•	Use separate schedule(s) for each category of the	
TEMIZED RECEIPTS	Detailed Summary Page	11a 11b 211c 11d
		12
Any information copied from such Reports and States or for commercial purposes, other than using the nare		
or to commercial purposes, which was using the has	The Bid Raterias of any political communication	S to solicit solicitoris itom sager communic.
NAME OF COMMITTEE (Iπ Full)	0	
/ //AROUE	Z FOR CONGRE	<i>'55</i>
Full Name (Last, First, Middle Initial)		
CAP-V UAW	<u>,</u>	
A A War And a	 	Date of Receipt
8000 East Jof	ferson Ave.	0725 2012
City	State Zip Code	
Railing Address 8000 East Jet City DetRoit	m1 48214	
FEC ID number of contributing federal political committee.	00527768	Amount of Each Receipt this Period
rederar pointear committee.		
Name of Employer Oc	cupation	, 5,000.00
		`
Receipt For:	ection Cycle-to-Date	
Primary General	Market in Marketin and the common to the fig.	
Other (specify)	, 5,000.00	
Full Name (Last, First, Middle Initial)		B. (B.)
3. 		Date of Receipt
Mailing Address		M M / D D / Y Y Y
City	State Zip Code	-
City	State Zip Code	
		-
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.		
Name of Employer Oc	cupation	†
Receipt For: Ele	ection Cycle-to-Date	7
Primary General	erske filozofia er en	
Other (specify)		[
	. To the a nal test and a second second	
Full Name (Last, First, Middle Initial)		
). —————		Date of Receipt
Mailing Address		M M / D D / Y Y Y
City	State Zip Code	.
City	state Zip Code	
FEC ID number of contribution		4
FEC ID number or contributing		Amount of Each Receipt this Period
federal political committee.		Amount of Lacif Necespt tills Fellou
Name of Employer Oc	cupation	┪
	•	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Receipt For: Ele	ection Cycle-to-Date	1
Other (specify)		
	The state of the s	
SUBTOTAL of Receipts This Page (optional)		
		, ,
TOTAL This Period (last page this line number only)		, 5,000.60

SCHEDULE B (FEC Form 3)

Use separate schedule(s)

1	FOR LINE NUMBER:			(P	AGE	<u> </u>	OF_	9
	(check onl	y one)						
j	X	17		18		19a] 19
		20a		20b		20c		21

ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 19a 19b 20a 20b 20c 21							
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	MARQUET FOR Congress								
Full Name (Last, First, Middle Initial) A. MARQUEZ Ruben Malling Address P.O. Box 1444 City Sackson State Purpose of Disbursement Pay hack 16		Date of Disbursement Amount of Each Disbursement this Period							
Candidate Name Cuben MARQUE 2 Office Sought: House Disbursement F Senate President State: M District: 7	Office Sought: House								
Full Name (Last, First, Middle Initial) B. LLC, Moble Tek, Mailing Address 1045, Main 5+ City State	-	Date of Disbursement							
Purpose of Disbursement Pay fon web Candidate Name Office Sought: House Senate Disbursement F	# 88 2 7 Site Category/ Type	Amount of Each Disbursement this Period							
State: District: Full Name (Last, First, Middle Initial)									
C. Mailing Address		Date of Disbursement							
City State	Amount of Each Disbursement this Period								
Purpose of Disbursement Candidate Name	L								
Office Sought: House Disbursement F Senate President Other State: District:									
SUBTOTAL of Disbursements This Page (optional)									
TOTAL This Period (last page this line number only)		Lange Jate Com							

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

Y	13a
4	134
1	13b

PAGE 8 OF 9

	136				
NAME OF COMMITTEE (In Full) MARQUEZ FOR	e Congress				
LOAN SOURCE Full Name (Last, First, Middle Initial) MARQUEZ Ruben	Election: Primary				
Mailing Address P. O. Box 1444 City State ZIP	General Other (specify) ▼				
City State ZIP TACKSON M (Code 49204				
Original Amount of Loan Cumulative Payment	Balance Outstanding at Close of This Period				
TERMS Date Incurred Date Due Interest Rate Secured: (apr) グルグ (apr) Yes					
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:				
OTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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(3/2005)