

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
Friends of Wayne State

ADDRESS (number and street)
 Check if different than previously reported. (ACC) -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Douglas Skrzyniarz

Signature of Treasurer Douglas Skrzyniarz [Electronically Filed] Date / /

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Friends of Wayne State

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="1426.51"/>	<input type="text" value="1426.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1426.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3150.00"/>	<input type="text" value="3150.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="4576.51"/>	<input type="text" value="4576.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4070.07"/>	<input type="text" value="4070.07"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="506.44"/>	<input type="text" value="506.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Friends of Wayne State

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y 12 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1900.00	1900.00
(ii) Unitemized	1250.00	1250.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3150.00	3150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3150.00	3150.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	3150.00	3150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3150.00	3150.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1820.07	1820.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1820.07	1820.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	750.00	750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1500.00	1500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4070.07	4070.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4070.07	4070.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3150.00	3150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3150.00	3150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1820.07	1820.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1820.07	1820.07

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

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

FOR LINE NUMBER: PAGE 6 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Wayne State

Full Name (Last, First, Middle Initial)
A. Amar Majjhoo

Mailing Address 1084 Jefferson Drive

City State Zip Code
Troy MI 48084

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

Name of Employer Occupation
St. John Providence Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.4133

Amount of Each Receipt this Period
100.00

General

Full Name (Last, First, Middle Initial)
B. Amar Majjhoo

Mailing Address 1084 Jefferson Drive

City State Zip Code
Troy MI 48084

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

Name of Employer Occupation
St. John Providence Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : SA11AI.4140

Amount of Each Receipt this Period
100.00

General

Full Name (Last, First, Middle Initial)
C. Amar Majjhoo

Mailing Address 1084 Jefferson Drive

City State Zip Code
Troy MI 48084

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

Name of Employer Occupation
St. John Providence Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : SA11AI.4141

Amount of Each Receipt this Period
100.00

General

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Friends of Wayne State

Full Name (Last, First, Middle Initial)
A. Amar Majjhoo

Mailing Address 1084 Jefferson Drive

City State Zip Code
Troy MI 48084

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

Name of Employer Occupation
St. John Providence Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : SA11AI.4144

Amount of Each Receipt this Period
100.00

General

Full Name (Last, First, Middle Initial)
B. Amar Majjhoo

Mailing Address 1084 Jefferson Drive

City State Zip Code
Troy MI 48084

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

Name of Employer Occupation
St. John Providence Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA11AI.4149

Amount of Each Receipt this Period
100.00

General

Full Name (Last, First, Middle Initial)
C. Tsveti Markova

Mailing Address 42524 Flis Drive

City State Zip Code
Sterling Heights MI 48314

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

Name of Employer Occupation
Wayne State University Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.4134

Amount of Each Receipt this Period
100.00

General

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Friends of Wayne State

Full Name (Last, First, Middle Initial)
A. Tsveti Markova

Mailing Address 42524 Flis Drive

City State Zip Code
Sterling Heights MI 48314

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

Name of Employer Occupation
Wayne State University Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : SA11AI.4142

Amount of Each Receipt this Period
100.00

General

Full Name (Last, First, Middle Initial)
B. Brian O'Neil

Mailing Address 8187 Cotswold

City State Zip Code
Clarkston MI 48348

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

Name of Employer Occupation
Detroit Medical Center Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.4132

Amount of Each Receipt this Period
100.00

General

Full Name (Last, First, Middle Initial)
C. Brian O'Neil

Mailing Address 8187 Cotswold

City State Zip Code
Clarkston MI 48348

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

Name of Employer Occupation
Detroit Medical Center Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
100.00

General

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Friends of Wayne State

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

Mailing Address 31800 Nottingham Drive

City State Zip Code
Franklin MI 48025

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

Name of Employer Occupation
Wayne State University Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2015
Transaction ID : SA11AI.4122

Amount of Each Receipt this Period
200.00

General

Full Name (Last, First, Middle Initial)
B. David Rosenberg

Mailing Address 31800 Nottingham Drive

City State Zip Code
Franklin MI 48025

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

Name of Employer Occupation
Wayne State University Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
200.00

General

Full Name (Last, First, Middle Initial)
C. David Rosenberg

Mailing Address 31800 Nottingham Drive

City State Zip Code
Franklin MI 48025

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

Name of Employer Occupation
Wayne State University Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : SA11AI.4138

Amount of Each Receipt this Period
200.00

General

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 13
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Friends of Wayne State

A. David Rosenberg
Full Name (Last, First, Middle Initial)
Mailing Address 31800 Nottingham Drive
City Franklin State MI Zip Code 48025
FEC ID number of contributing federal political committee. **C**
Name of Employer Wayne State University Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 09 / 2015
Transaction ID : SA11AI.4143
Amount of Each Receipt this Period 200.00
General

B. David Rosenberg
Full Name (Last, First, Middle Initial)
Mailing Address 31800 Nottingham Drive
City Franklin State MI Zip Code 48025
FEC ID number of contributing federal political committee. **C**
Name of Employer Wayne State University Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 04 / 2015
Transaction ID : SA11AI.4147
Amount of Each Receipt this Period 200.00
General

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) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	1900.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Friends of Wayne State

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 2211 N 1st Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.4146

Amount of Each Disbursement this Period

30.32

Full Name (Last, First, Middle Initial)

B. Douglas Skrzyniarz

Mailing Address 14469 Maisano Drive

City Sterling Heights State MI Zip Code 48312

Purpose of Disbursement
Phone Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 16 / 2015

Transaction ID : SB21B.4169

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

430.32

430.32

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Friends of Wayne State

Full Name (Last, First, Middle Initial)

A. MIKE BISHOP

Mailing Address 883 GREAT OAKS BOULEVARD

City ROCHESTER State MI Zip Code 48307

Purpose of Disbursement
Event Ticket

011

Candidate Name

MIKE BISHOP FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SB23.4186

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. DEBBIE STABENOW

Mailing Address 7143 STEEPLE CHASE

City LANSING State MI Zip Code 48917

Purpose of Disbursement
Event Ticket

011

Candidate Name

STABENOW FOR US SENATE

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 00

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SB23.4205

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

750.00

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Friends of Wayne State

Full Name (Last, First, Middle Initial)

A. Marleau for Michigan

Mailing Address 3232 Pickwick Place

City State Zip Code
Lansing MI 48917

Purpose of Disbursement
Event Ticket

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 19 / 2015

Transaction ID : SB29.4187

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MIPAC

Mailing Address PO Box 1956

City State Zip Code
Royal Oak MI 48331

Purpose of Disbursement
Event Ticket

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
12 / 08 / 2015

Transaction ID : SB29.4217

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1500.00

1500.00