PAGE 1 / 13

Image# 201601299004873337

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIWI 3X	For Other Than An	Authorized Committe	е	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	g, type 12FE4M	
Friends of Wayne St	:ate			
ADDRESS (number and street)	PO Box 44406			
Check if different				
than previously reported. (ACC)	Detroit		MI	48244
2. FEC IDENTIFICATION	NUMBER ▼	CITY 🛦	STATE ▲	ZIP CODE ▲
C C00452961	3	3. IS THIS X N		AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:			ug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	님			ep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report	t (Q1)			ct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report	t (Q2)			al (12G) Runoff (12R)
October 15 Quarterly Report	Report for th	ne: Convention (1	2C) Specia	ll (12S)
X January 31 Year-End Report		lection on	D D / Y Y Y	in the State of
July 31 Mid-Year Report (Non-elec Year Only) (MY)	r (d) 30-Day	` '	Runoff	(30R) Special (30S)
Termination Repo	ort	lection on	D = D / Y = Y = Y =	in the State of
5. Covering Period		115 through	M = M / D = D 12 31	2015
I certify that I have examined	I this Report and to the be	st of my knowledge and be	elief it is true, correct a	and complete.
Type or Print Name of Treasu	urer Douglas Skrzyniarz			
Signature of Treasurer D	ouglas Skrzyniarz	[Electronically	Filed] Date 01	M / D D / Y Y Y Y 2 2016
NOTE: Submission of false, err	roneous, or incomplete inforn	nation may subject the perso	on signing this Report to	the penalties of 2 U.S.C. §437g.
Office Use				FEC FORM 3X Rev. 12/2004
Only	1 1	I I		

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Friends of Wayne State 07 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1426.51 January 1, 2015 (b) Cash on Hand at 1426.51 Beginning of Reporting Period..... 3150.00 3150.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 4576.51 4576.51 6(a) and 6(c) for Column B)..... 4070.07 4070.07 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 506.44 506.44 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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)

Write or Type Committee Name

	Friends	of	Wav	vne	State
--	---------	----	-----	-----	-------

Report Covering the Period: From: 07	01 2015	To: 12 31 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		1000.00
(i) Itemized (use Schedule A)	1900.00	1900.00
(ii) Unitemized	1250.00	1250.00
(iii) TOTAL (add		0450.00
Lines 11(a)(i) and (ii)▶	3150.00	3150.00
(h) Political Party Committees	0.00	0.00
(b) Political Party Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	3150.00	3150.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
·		
B. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. 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
(c) Total Transfers (add 18(a) and 18(b)) 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶		311
D. Total Federal Receipts	3150.00	3150.0
(subtract Line 18(c) from Line 19)▶	3150.00	3150.0
(5556601 2010 10(0) 11011 2010 10)	7	0100.0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Gliou	Valendal Teal-to-Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	1920.07	1920.07
Expenditures (c) Total Operating Expenditures	1820.07	1820.07
(add 21(a)(i), (a)(ii), and (b))▶	1820.07	1820.07
Transfers to Affiliated/Other Party	0.00	0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	750.00	750.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loss Bosses and Mark	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	1500.00	1500.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Dishuranments (add Lines 21/a) 22		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4070.07	4070.07
		1010.01
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

FEC FOIII 3X (Nev. 02/2003)		raye 3
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3150.00	3150.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3150.00	3150.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1820.07	1820.07
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1820.07	1820.07

FOR LINE NUMBER: **PAGE** 6 OF 13 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Amar Majjhoo Date of Receipt Mailing Address 1084 Jefferson Drive 2015 City State Zip Code Transaction ID: SA11AI.4133 Troy MI 48084 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. General Name of Employer Occupation St. John Providence Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Amar Majjhoo Date of Receipt Mailing Address 1084 Jefferson Drive 10 14 2015 City State Zip Code Transaction ID: SA11AI.4140 MI 48084 Troy Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. General Name of Employer Occupation St. John Providence Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Amar Majihoo Date of Receipt Mailing Address 1084 Jefferson Drive 10 14 2015 City State Zip Code Transaction ID: SA11AI.4141 MI Troy 48084 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. General Name of Employer Occupation St. John Providence Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: **PAGE** 7 OF 13 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Amar Majjhoo Date of Receipt Mailing Address 1084 Jefferson Drive 09 2015 11 City State Zip Code Transaction ID: SA11AI.4144 Troy MI 48084 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. General Name of Employer Occupation St. John Providence Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Amar Majjhoo Date of Receipt Mailing Address 1084 Jefferson Drive 12 04 2015 City State Zip Code Transaction ID: SA11AI.4149 MI 48084 Troy Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. General Name of Employer Occupation St. John Providence Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) C. Tsveti Markova Date of Receipt Mailing Address 42524 Flis Drive 09 14 2015 State Zip Code Transaction ID: SA11AI.4134 MI Sterling Heights 48314 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. General Name of Employer Occupation Wayne State University Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FO	R LINE	NU	IMBER	:	PAGE	-	8 ()⊢	13
Use separate schedule(s)	(ch	eck only	or	ne)						
for each category of the Detailed Summary Page	>	1 1a		11b		11c		12		
,g.		13		14		15		16		717

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) Tsveti Markova Date of Receipt Mailing Address 42524 Flis Drive 10 2015 City State Zip Code Transaction ID: SA11AI.4142 MI Sterling Heights 48314 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. General Name of Employer Occupation Wayne State University Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian O'Neil Date of Receipt Mailing Address 8187 Cotswold 09 14 2015 City State Zip Code Transaction ID: SA11AI.4132 MI Clarkston 48348 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. General Name of Employer Occupation **Detroit Medical Center** Physcian Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Brian O'Neil Date of Receipt

Mailing Address 8187 Cotswold 2015 10 14 City State Zip Code Transaction ID: SA11AI.4139 MI Clarkston 48348 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. General Name of Employer Occupation Physcian **Detroit Medical Center** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify)

300.00

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

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

	FOR	LINE NU	JMBER	:	PAGE	9 C	Ρ	13
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for each category of the Detailed Summary Page	X	11a	11b		11c	12		
	l □.	13	14		15	16		717

General

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) David Rosenberg Date of Receipt Mailing Address 31800 Nottingham Drive 30 2015 City State Zip Code Transaction ID: SA11AI.4122 MI Franklin 48025 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. General Name of Employer Occupation Physician Wayne State University Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Rosenberg Date of Receipt Mailing Address 31800 Nottingham Drive 09 14 2015 City State Zip Code Transaction ID: SA11AI.4131 MI Franklin 48025 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. General Name of Employer Occupation Wayne State University Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Rosenberg Date of Receipt Mailing Address 31800 Nottingham Drive 2015 10 14 Zip Code City State Transaction ID: SA11AI.4138 MI Franklin 48025 Amount of Each Receipt this Period FEC ID number of contributing

SUBTOTAL of Receipts This Page (optional)	•		Ī	7	_		7	Ī	(600.	.00	
TOTAL This Period (last page this line number only)		_	_	7	_	_	7	_	_			

800.00

С

Occupation Physician

Aggregate Year-to-Date ▼

200.00

federal political committee.

Name of Employer

Primary

Receipt For:

Wayne State University

Other (specify)

General

	FOR LINE NUMBER: PAGE 10 OF	= 13
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 11c 12	
,	13 14 15 16	17

	Statements may not be sold or used by any persibe name and address of any political committee t	
NAME OF COMMITTEE (In Full) Friends of Wayne State		
Full Name (Last, First, Middle Initial) David Rosenberg Mailing Address 31800 Nottingham Drive		Date of Receipt
City Franklin FEC ID number of contributing federal political committee. Name of Employer Wayne State University Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48025 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Transaction ID: SA11AI.4143 Amount of Each Receipt this Period 200.00 General
Full Name (Last, First, Middle Initial) David Rosenberg Mailing Address 31800 Nottingham Drive City Franklin FEC ID number of contributing federal political committee. Name of Employer Wayne State University Receipt For: Primary General Other (specify) Other (specify)	State Zip Code MI 48025 C Occupation Physician 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
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-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).	•	400.00
TOTAL This Period (last page this line number	er only)	1900.00

17

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 11 OF 13
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or us se and address of any polition	sed by any personal committee to	on for the purpose of solicit contributions fr	soliciting contributions rom such committee.
NAME OF COMMITTEE (In Full)				
Friends of Wayne State				
Full Name (Last, First, Middle Initial)			Date of Disbursem	ont
A. Paypal			M M / D D	ent
Mailing Address 2211 N 1st Street			12 31	2015
•	State Zip Code		Transaction ID :	SB21B.4146
San Jose Purpose of Disbursement	CA 95131			
Bank Fees			Amount of Each Di	sbursement this Period
Candidate Name		Category/		20.22
		Type	,	30.32
Office Sought: House Disbursen Senate	nent For: Primary General			
	Other (specify)			
State: District:	, , , , , , , , , , , , , , , , , , ,			
Full Name (Last, First, Middle Initial)				
B. Douglas Skrzyniarz			Date of Disbursem	ent
Mailing Address 14469 Maisano Drive			07 16	2015
Mailing Address 14469 Maisano Drive			07 10	2013
•	State Zip Code		Transaction ID :	SB21B.4169
Sterling Heights Purpose of Disbursement	MI 48312			
Phone Reimbursement			Amount of Each Di	sbursement this Period
Candidate Name		Category/		
		Type	7	400.00
Office Sought: House Disbursen				
	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursem	ent
- A			M = M / D = D	/ Y • Y • Y • Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each Di	sbursement this Period
Candidate Name		Category/		
Office Sought: House Disbursen	nent For:	Туре	7	-
	Primary General			
	Other (specify) ▼			
State: District:				
				430.32
SUBTOTAL of Disbursements This Page (optional)		·····•		450.52
TOTAL This Period (last page this line number only)			1	430.32

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER:	PA	GE 12 OF 13
ITEMIZED DISBURSEMENTS	Use separate sol		(check only			
	Detailed Summar		21b	22 X	23 24	25 26
			27	28a	28b 28c	29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)						
Friends of Wayne State						
Full Name (Last, First, Middle Initial)						
A. MIKE BISHOP				Date of Dis		YYYY
Mailing Address 883 GREAT OAKS BOULEVARD				09	28	2015
City	State Zip Co	ode		Tunungati	ID - CD00 4	400
ROCHESTER	MI 48307	7		Transacti	on ID : SB23.4	186
Purpose of Disbursement Event Ticket			011	Amount of	Each Disburse	ment this Period
Candidate Name			Category/			250.00
MIKE BISHOP FOR CONGRESS			Туре		7 7	230.00
Office Sought: House Disburse Senate	ment For: 2016 Primary	General				
President	Other (specify)	aerierai				
State: MI District: 08	• (opening)					
Full Name (Last, First, Middle Initial)						
B. DEBBIE STABENOW				Date of Dis	bursement	
				M = M /	D D /	YYYY
Mailing Address 7143 STEEPLE CHASE				11	06	2015
	State Zip Co	ode	1		ID OD00 4	205
City				Transacti	on ID : 5B23.4	203
LANSING	MI 48917			Transacti	on ID : 5B23.4	.203
			011			ment this Period
LANSING Purpose of Disbursement Event Ticket Candidate Name		7				ment this Period
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE	MI 48917	7	011 Category/ Type			
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Disburse	MI 4891		Category/			ment this Period
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Disburse Senate	ment For: 2018 Primary	7	Category/			ment this Period
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Senate President	MI 4891		Category/			ment this Period
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Disburse Senate President State: MI District: 00	ment For: 2018 Primary		Category/			ment this Period
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Senate President	ment For: 2018 Primary		Category/		Each Disburse	ment this Period
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Disburse Senate President State: MI District: 00	ment For: 2018 Primary		Category/	Amount of	Each Disburse	ment this Period
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Disburse Senate President State: MI District: 00	ment For: 2018 Primary		Category/	Amount of Date of Dis	Each Disburse	ment this Period 500.00
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Disburse Senate President State: MI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address	ment For: 2018 Primary	General	Category/	Amount of Date of Dis	Each Disburse	ment this Period 500.00
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Disburse Senate President State: MI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City	ment For: 2018 Primary X 0 Other (specify)	General	Category/	Amount of Date of Dis	Each Disburse	ment this Period 500.00
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Disburse Senate President State: MI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address	ment For: 2018 Primary X 0 Other (specify)	General	Category/	Amount of Date of Dis	Each Disburse	ment this Period 500.00
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Disburse Senate President State: MI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement	ment For: 2018 Primary X 0 Other (specify)	General	Category/ Type	Amount of Date of Dis	Each Disburse	ment this Period 500.00
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Disburse Senate President State: MI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City	ment For: 2018 Primary X 0 Other (specify)	General	Category/ Type Category/	Amount of Date of Dis	Each Disburse	ment this Period 500.00
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Senate President State: MI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name	ment For: 2018 Primary X 0 Other (specify)	General	Category/ Type	Amount of Date of Dis	Each Disburse	ment this Period 500.00
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Senate President State: MI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name	ment For: 2018 Primary	General	Category/ Type Category/	Amount of Date of Dis	Each Disburse	ment this Period 500.00
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Senate President State: MI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President Disburse Senate President Disburse	ment For: 2018 Primary ∑ G Other (specify) ▼ State Zip Co	General	Category/ Type Category/	Amount of Date of Dis	Each Disburse	ment this Period 500.00
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Senate President State: MI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate Senate	ment For: 2018 Primary	General	Category/ Type Category/	Amount of Date of Dis	Each Disburse	ment this Period 500.00
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Senate President State: MI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President Disburse Senate President Disburse	ment For: 2018 Primary Souther (specify) State Zip Comment For: Primary Other (specify) Other (specify) Other (specify)	General	Category/ Type Category/ Type	Amount of Date of Dis	Each Disburse	ment this Period 500.00
LANSING Purpose of Disbursement Event Ticket Candidate Name STABENOW FOR US SENATE Office Sought: House Senate President State: MI District: 00 Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President Senate President Senate President Senate President Senate President State: District:	ment For: 2018 Primary Souther (specify) State Zip Comment For: Primary Other (specify) Other (specify) Other (specify)	General Careeral	Category/ Type Category/ Type	Amount of Date of Dis	Each Disburse	ment this Period 500.00 ment this Period

SCHEDULE B (FEC Form 3X)	Han and seed of the Color	FOR LINE	FOR LINE NUMBER: PAGE 13 OF 13		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)			
	Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c X 29 30	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)					
Friends of Wayne State					
Full Name (Last, First, Middle Initial)			Date of Disbursemer	nt	
A. Marleau for Michigan			M M / D D / Y Y Y Y		
Mailing Address 3232 Pickwick Place			07 19	2015	
,	State Zip Code		Transaction ID : SI	B29 4187	
Lansing Purpose of Disbursement	MI 48917		Transaction is . Of	523.4101	
Event Ticket			Amount of Each Dis	bursement this Period	
Candidate Name		Category/		1000.00	
Office Cought: House Dishurse	word For	Type		1000.00	
Office Sought: House Disburser Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)					
3. MIPAC			Date of Disbursemen		
Mailing Address PO Box 1956			12 08	2015	
•	State Zip Code		Transaction ID : S	B29.4217	
Royal Oak Purpose of Disbursement	MI 48331				
Event Ticket			Amount of Each Dis	bursement this Period	
Candidate Name		Category/ Type		500.00	
Office Sought: House Disburser	ment For:				
Senate	Primary General				
State: President State:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursemen		
Mailing Address			M M / D D	/ Y Y Y Y Y	
City	State Zip Code				
Purpose of Disbursement					
			Amount of Each Dis	bursement this Period	
Candidate Name		Category/ Type			
Office Sought: House Disburser	ment For:				
Senate	Primary General				
President District:	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				1500.00	
ODITINE OF DISDUISEMENTS THIS Page (OPTIONAL)			7	7	
TOTAL This Period (last page this line number only))			1500.00	