

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CASSIS FOR CONGRESS

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))....	4500.00	203340.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4500.00	201340.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4518.28	399512.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	30.00	30.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4488.28	399482.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1852.50	
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).....	207628.73	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

CASSIS FOR CONGRESS

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/> (date after general election) through <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)	<input type="text" value="4500.00"/>	<input type="text" value="100720.00"/>
(ii) Unitemized	<input type="text" value="0.00"/>	<input type="text" value="7520.00"/>
(iii) Total of contributions from individuals	<input type="text" value="4500.00"/>	<input type="text" value="108240.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="600.00"/>
(c) Other Political Committees	<input type="text" value="0.00"/>	<input type="text" value="94500.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
4500.00	203340.00	4500.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	200000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	200000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
30.00	30.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
4530.00	403370.00	4500.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

CASSIS FOR CONGRESS

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

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="4518.28"/>	<input type="text" value="399512.50"/>	<input type="text" value="4505.00"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="2000.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 17

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	2000.00	0.00
------	---------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

4518.28	401512.50	4505.00
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

4500.00	201340.00	4500.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

4488.28	399482.50	4505.00
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1840.78
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	4530.00
25. SUBTOTAL (add Line 23 and Line 24).....	6370.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4518.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1852.50

**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 17
	<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	

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)
CASSIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Victor Cassis		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 26 / 2012	
Mailing Address 22186 Daleview Drive		Transaction ID : SA11AI.4759	
City Novi	State MI	Zip Code 48374	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2500.00	
Name of Employer Retired		Occupation Retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. Victor Cassis		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 26 / 2012	
Mailing Address 22186 Daleview Drive		Transaction ID : SA11AI.4760	
City Novi	State MI	Zip Code 48374	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2000.00	
Name of Employer Retired		Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 4500.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	4500.00

**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 17
	<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)
CASSIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Front Porch Strategies

Mailing Address 243 N Fifth Street
Suite 330

City Columbus State OH Zip Code 43215

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA14.4774

Amount of Each Receipt this Period
 30.00

REFUND of Overpayment

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).....

30.00

30.00

**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 9 OF 17			
	<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) A. Brighthouse		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 14525 Farmington Road		Amount of Each Disbursement this Period 10.78 Transaction ID : SB17.4733
City Livonia State MI Zip Code 48154	Purpose of Disbursement FINAL BILL Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Honigman Miller Schwartz and Cohn LLP		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2012
Mailing Address 222 North Washington Square Suite 400		Amount of Each Disbursement this Period 3092.10 Transaction ID : SB17.4742
City Lansing State MI Zip Code 48933	Purpose of Disbursement Legal Fees Candidate Name 001 Category/Type	
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) c. Honigman Miller Schwartz and Cohn LLP		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2012
Mailing Address 222 North Washington Square Suite 400		Amount of Each Disbursement this Period 575.78 Transaction ID : SB17.4744
City Lansing State MI Zip Code 48933	Purpose of Disbursement Legal Fees Candidate Name 001 Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	3678.66
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 10 OF 17	
	<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) A. Honigman Miller Schwartz and Cohn LLP			Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2012	
Mailing Address 222 North Washington Square Suite 400			Amount of Each Disbursement this Period 832.12	
City Lansing	State MI	Zip Code 48933	Transaction ID : SB17.4745	
Purpose of Disbursement Legal Fees		Category/Type 001		
Candidate Name				
Office Sought:	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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	832.12
TOTAL This Period (last page this line number only).....	4510.78

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:
06 / 13 / 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)..... ▶ 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

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

NAME OF COMMITTEE (In Full) **CASSIS FOR CONGRESS** Transaction ID : **SC/10.4114**

LOAN SOURCE Full Name (Last, First, Middle Initial) NANCY CASSIS	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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:
M 06	D 28	Y 2012	M / D / Y N/A	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).....	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.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

CASSIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Sandy Baxter

Mailing Address 3886 Old Elm Drive, SE

City State Zip Code
 Kentwood MI 49512

Nature of Debt (Purpose):
 Fundraising Consulting

Outstanding Balance Beginning This Period **Transaction ID : SD10.4711**
 1000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Brighthouse

Mailing Address 14525 Farmington Road

City State Zip Code
 Livonia MI 48154

Nature of Debt (Purpose):
 Telephone - Final Bill

Outstanding Balance Beginning This Period **Transaction ID : SD10.4728**
 10.78

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 10.78 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Concentric Office LLC

Mailing Address 8136 Old Keene Mill Road
 Suite A300

City State Zip Code
 Springfield VA 22152

Nature of Debt (Purpose):
 Compliance Services

Outstanding Balance Beginning This Period **Transaction ID : SD10.4713**
 1000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 1000.00

1) SUBTOTALS This Period This Page (optional)	▶	2000.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 17
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CASSIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Honigman Miller Schwartz and Cohn LLP		Nature of Debt (Purpose): Legal Fees
Mailing Address 222 North Washington Square Suite 400		
City	State	Zip Code
Lansing	MI	48933

Outstanding Balance Beginning This Period	Transaction ID : SD10.4717	
<input type="text" value="3092.10"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="3092.10"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Honigman Miller Schwartz and Cohn LLP		Nature of Debt (Purpose): Legal Fees
Mailing Address 222 North Washington Square Suite 400		
City	State	Zip Code
Lansing	MI	48933

Outstanding Balance Beginning This Period	Transaction ID : SD10.4735	
<input type="text" value="575.78"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="575.78"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Honigman Miller Schwartz and Cohn LLP		Nature of Debt (Purpose): Legal Fees
Mailing Address 222 North Washington Square Suite 400		
City	State	Zip Code
Lansing	MI	48933

Outstanding Balance Beginning This Period	Transaction ID : SD10.4736	
<input type="text" value="2115.60"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="832.12"/>	<input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4736

(Current loan amount of 1283.48 from a balance of 1283.48 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

CASSIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jamestown Associates		Nature of Debt (Purpose): List Production
Mailing Address 5 Mapleton Road Suite 300		
City State	Zip Code	
Princeton NJ	08540	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4716	
<input type="text" value="628.73"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="628.73"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor David Mroz		Nature of Debt (Purpose): Salary
Mailing Address 10523 Pontiac Lake Road		
City State	Zip Code	
White Lake MI	48363	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4707	
<input type="text" value="4000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nathan Wurtzel		Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 600 Pennsylvania Avenue, SE Suite 330		
City State	Zip Code	
Washington DC	20003	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4708	
<input type="text" value="1000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1000.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5628.73"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="7628.73"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="200000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="207628.73"/>