

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

Paul Mitchell for Congress

ADDRESS (number and street)

PO Box 430

Check if different than previously reported. (ACC)

DeWitt

MI

48820

2. FEC IDENTIFICATION NUMBER ▼

C C00561423

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MI

04

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

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Randall Rupp

Signature of Treasurer Randall Rupp

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Paul Mitchell 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))....	10786.00	10786.00
(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)).....	10786.00	10786.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1521772.26	1521772.26
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1521772.26	1521772.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	400124.95	
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).....	1911081.21	

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

Paul Mitchell for Congress

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).....	10250.00	10250.00
(ii) Unitemized.....	536.00	536.00
(iii) TOTAL of contributions from individuals ▶	10786.00	10786.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10786.00	10786.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	1911081.21	1911081.21
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1911081.21	1911081.21
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	30.00	30.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1921897.21	1921897.21

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1521772.26	1521772.26
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) ▶	1521772.26	1521772.26

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1921897.21
25. SUBTOTAL (add Line 23 and Line 24).....	1921897.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1521772.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	400124.95

**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 81
	<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)
Paul Mitchell for Congress

A. Full Name (Last, First, Middle Initial)
Decider PAC

Mailing Address 455 Eisenhower Pkwy

City Ann Arbor State MI Zip Code 48108

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Steven Futrell

Mailing Address 32320 5 Mile Rd

City Livonia State MI Zip Code 48154

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

Name of Employer Occupation
 Technology Solutions CEO/Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.4336

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 999 S Washington

City Saginaw State MI Zip Code 48601

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

Name of Employer Occupation
 Garber Management Group President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.4343

Amount of Each Receipt this Period
 2600.00

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

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

4100.00

**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 81
	<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)
Paul Mitchell for Congress

A. Full Name (Last, First, Middle Initial)
Joseph Kennedy

Mailing Address 201 43rd Street

City Virginia Beach State VA Zip Code 23451

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

Name of Employer Delta Education Systems Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.4315

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Edmund King III

Mailing Address 333 Sunset Rd

City Winnetka State IL Zip Code 60039

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

Name of Employer Lazzard Middle Market Occupation Investment Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.4321

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Robert Mossburg

Mailing Address 131 E Bay St

City Harbor Springs State MI Zip Code 49740

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

Name of Employer Cottage Co of Harbor Springs Occupation Devel/Consul/Interior Design

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2014

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period
 250.00

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

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

1500.00

**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 81
	<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)
Paul Mitchell for Congress

A. Full Name (Last, First, Middle Initial)
Randall Norton

Mailing Address 6980 Pierce Rd

City Freeland State MI Zip Code 48623

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

Name of Employer Norton Accounting & Consulting Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.4325

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Fred Rollins

Mailing Address 55 Touraine Rd

City Grosse Pointe Farms State MI Zip Code 48236

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

Name of Employer Otsi Keta Capital Occupation Financial Services

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.4334

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Randall Rupp

Mailing Address PO Box 430

City DeWitt State MI Zip Code 48820

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

Name of Employer Rehmann Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 15 / 2014

Transaction ID : SA11AI.4329

Amount of Each Receipt this Period
 500.00

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

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

1750.00

**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 81
	<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)
Paul Mitchell for Congress

A. Full Name (Last, First, Middle Initial)
Bill Schwarz

Mailing Address 1025 North Riverside Ave

City State Zip Code
St Clair MI 48079

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

Name of Employer Occupation
Schwarz Consulting LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Bill Smith

Mailing Address 22013 M 82

City State Zip Code
Howard City MI 49329

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

Name of Employer Occupation
Reynolds Township Official

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.4313

Amount of Each Receipt this Period
300.00

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).....

2900.00

10250.00

**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 9 OF 81
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Paul Mitchell for Congress

A. Full Name (Last, First, Middle Initial)
Paul Mitchell III

Mailing Address 1760 Glencairn Dr

City State Zip Code
Saginaw MI 48609

FEC ID number of contributing federal political committee. **C H4MI04118**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8105.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA13A.4111

Amount of Each Receipt this Period
8105.00

B. Full Name (Last, First, Middle Initial)
Paul Mitchell III

Mailing Address 1760 Glencairn Dr

City State Zip Code
Saginaw MI 48609

FEC ID number of contributing federal political committee. **C H4MI04118**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
58105.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA13A.4109

Amount of Each Receipt this Period
50000.00

C. Full Name (Last, First, Middle Initial)
Paul Mitchell III

Mailing Address 1760 Glencairn Dr

City State Zip Code
Saginaw MI 48609

FEC ID number of contributing federal political committee. **C H4MI04118**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
204642.50

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA13A.4113

Amount of Each Receipt this Period
146537.50

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

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

204642.50

**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 10 OF 81
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Paul Mitchell III		Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 1760 Glencairn Dr		Transaction ID : SA13A.4346	
City State Zip Code Saginaw MI 48609	Amount of Each Receipt this Period 3462.50		
FEC ID number of contributing federal political committee. C H4MI04118	Name of Employer Occupation Retired Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 208105.00		

Full Name (Last, First, Middle Initial) B. Paul Mitchell III		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address 1760 Glencairn Dr		Transaction ID : SA13A.4110	
City State Zip Code Saginaw MI 48609	Amount of Each Receipt this Period 175000.00		
FEC ID number of contributing federal political committee. C H4MI04118	Name of Employer Occupation Retired Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 383105.00		

Full Name (Last, First, Middle Initial) C. Paul Mitchell III		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 1760 Glencairn Dr		Transaction ID : SA13A.4124	
City State Zip Code Saginaw MI 48609	Amount of Each Receipt this Period 1600.00		
FEC ID number of contributing federal political committee. C H4MI04118	Name of Employer Occupation Retired Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 384705.00		

SUBTOTAL of Receipts This Page (optional).....	180062.50
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 11 OF 81
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Paul Mitchell III		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 1760 Glencairn Dr		Transaction ID : SA13A.4347	
City Saginaw	State MI	Zip Code 48609	
FEC ID number of contributing federal political committee. C H4MI04118		Amount of Each Receipt this Period 58.68	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 384763.68		

Full Name (Last, First, Middle Initial) B. Paul Mitchell III		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 1760 Glencairn Dr		Transaction ID : SA13A.4348	
City Saginaw	State MI	Zip Code 48609	
FEC ID number of contributing federal political committee. C H4MI04118		Amount of Each Receipt this Period 404.70	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 385168.38		

Full Name (Last, First, Middle Initial) C. Paul Mitchell III		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 1760 Glencairn Dr		Transaction ID : SA13A.4114	
City Saginaw	State MI	Zip Code 48609	
FEC ID number of contributing federal political committee. C H4MI04118		Amount of Each Receipt this Period 4033.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 389201.38		

SUBTOTAL of Receipts This Page (optional).....	4496.38
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 12 OF 81
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Paul Mitchell for Congress

A. Full Name (Last, First, Middle Initial)
Paul Mitchell III

Mailing Address 1760 Glencairn Dr

City State Zip Code
Saginaw MI 48609

FEC ID number of contributing federal political committee. **C H4MI04118**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
389341.61

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA13A.4349

Amount of Each Receipt this Period
140.23

B. Full Name (Last, First, Middle Initial)
Paul Mitchell III

Mailing Address 1760 Glencairn Dr

City State Zip Code
Saginaw MI 48609

FEC ID number of contributing federal political committee. **C H4MI04118**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
514341.61

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA13A.4115

Amount of Each Receipt this Period
125000.00

C. Full Name (Last, First, Middle Initial)
Paul Mitchell III

Mailing Address 1760 Glencairn Dr

City State Zip Code
Saginaw MI 48609

FEC ID number of contributing federal political committee. **C H4MI04118**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
514828.89

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA13A.4350

Amount of Each Receipt this Period
487.28

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

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

125627.51

**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 13 OF 81
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Paul Mitchell III		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 1760 Glencairn Dr		Transaction ID : SA13A.4116	
City State Zip Code Saginaw MI 48609	Amount of Each Receipt this Period 150000.00		
FEC ID number of contributing federal political committee. C H4MI04118	Name of Employer Occupation Retired Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 664828.89		

Full Name (Last, First, Middle Initial) B. Paul Mitchell III		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 1760 Glencairn Dr		Transaction ID : SA13A.4117	
City State Zip Code Saginaw MI 48609	Amount of Each Receipt this Period 7302.32		
FEC ID number of contributing federal political committee. C H4MI04118	Name of Employer Occupation Retired Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 9	Election Cycle-to-Date 672131.21		

Full Name (Last, First, Middle Initial) C. Paul Mitchell III		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address 1760 Glencairn Dr		Transaction ID : SA13A.4118	
City State Zip Code Saginaw MI 48609	Amount of Each Receipt this Period 100000.00		
FEC ID number of contributing federal political committee. C H4MI04118	Name of Employer Occupation Retired Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 772131.21		

SUBTOTAL of Receipts This Page (optional).....	257302.32
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 14 OF 81
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Paul Mitchell III		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address 1760 Glencairn Dr		Transaction ID : SA13A.4119	
City State Zip Code Saginaw MI 48609	Amount of Each Receipt this Period 175000.00		
FEC ID number of contributing federal political committee. C H4MI04118	Name of Employer Occupation Retired Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 947131.21		

Full Name (Last, First, Middle Initial) B. Paul Mitchell III		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 1760 Glencairn Dr		Transaction ID : SA13A.4120	
City State Zip Code Saginaw MI 48609	Amount of Each Receipt this Period 150000.00		
FEC ID number of contributing federal political committee. C H4MI04118	Name of Employer Occupation Retired Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1097131.21		

Full Name (Last, First, Middle Initial) C. Paul Mitchell III		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address 1760 Glencairn Dr		Transaction ID : SA13A.4121	
City State Zip Code Saginaw MI 48609	Amount of Each Receipt this Period 300000.00		
FEC ID number of contributing federal political committee. C H4MI04118	Name of Employer Occupation Retired Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1397131.21		

SUBTOTAL of Receipts This Page (optional).....	625000.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 15 OF 81
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Paul Mitchell for Congress

A. Full Name (Last, First, Middle Initial)
Paul Mitchell III

Mailing Address 1760 Glencairn Dr

City State Zip Code
Saginaw MI 48609

FEC ID number of contributing federal political committee. **C H4MI04118**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1547131.21

Date of Receipt
 M M / D D / Y Y Y Y
 06 27 2014

Transaction ID : SA13A.4122

Amount of Each Receipt this Period
150000.00

B. Full Name (Last, First, Middle Initial)
Paul Mitchell III

Mailing Address 1760 Glencairn Dr

City State Zip Code
Saginaw MI 48609

FEC ID number of contributing federal political committee. **C H4MI04118**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1911081.21

Date of Receipt
 M M / D D / Y Y Y Y
 06 27 2014

Transaction ID : SA13A.4312

Amount of Each Receipt this Period
363950.00

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).....

513950.00

1911081.21

**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 16 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. 1205 Building LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014		
Mailing Address 1205 S Mission St			Amount of Each Disbursement this Period 5450.00		
City Mount Pleasant	State MI	Zip Code 48854	Transaction ID : SB17.4211		
Purpose of Disbursement Rent		001 Category/ Type			
Candidate Name					
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. Anedot			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014		
Mailing Address 5555 Hilton			Amount of Each Disbursement this Period 238.32		
City Baton Rouge	State LA	Zip Code 70808	Transaction ID : SB17.4351		
Purpose of Disbursement Credit card processing fees		001 Category/ Type			
Candidate Name					
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) c. Samantha Artley			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014		
Mailing Address 500 W Lake Lansing Rd			Amount of Each Disbursement this Period 1850.48		
City East Lansing	State MI	Zip Code 48823	Transaction ID : SB17.4144		
Purpose of Disbursement Salary		001 Category/ Type			
Candidate Name					
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:					

SUBTOTAL of Disbursements This Page (optional).....	7538.80
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 17 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Samantha Artley			Date of Disbursement MM / DD / YYYY 05 / 28 / 2014	
Mailing Address 500 W Lake Lansing Rd			Amount of Each Disbursement this Period 81.44	
City East Lansing	State MI	Zip Code 48823	Transaction ID : SB17.4179	
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002		
Candidate Name				
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. Samantha Artley			Date of Disbursement MM / DD / YYYY 05 / 29 / 2014	
Mailing Address 500 W Lake Lansing Rd			Amount of Each Disbursement this Period 1850.48	
City East Lansing	State MI	Zip Code 48823	Transaction ID : SB17.4183	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
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) c. Samantha Artley			Date of Disbursement MM / DD / YYYY 06 / 04 / 2014	
Mailing Address 500 W Lake Lansing Rd			Amount of Each Disbursement this Period 912.04	
City East Lansing	State MI	Zip Code 48823	Transaction ID : SB17.4197	
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002		
Candidate Name				
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: _____			

SUBTOTAL of Disbursements This Page (optional).....	2843.96
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 18 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Samantha Artley		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 500 W Lake Lansing Rd		Amount of Each Disbursement this Period 1850.48 Transaction ID : SB17.4234
City East Lansing	State MI	
Zip Code 48823	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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. Samantha Artley		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 500 W Lake Lansing Rd		Amount of Each Disbursement this Period 125.49 Transaction ID : SB17.4267
City East Lansing	State MI	
Zip Code 48823	Purpose of Disbursement Reimbursement	Category/ Type 002
Candidate Name	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) c. Samantha Artley		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 500 W Lake Lansing Rd		Amount of Each Disbursement this Period 1850.48 Transaction ID : SB17.4281
City East Lansing	State MI	
Zip Code 48823	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	3826.48
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 19 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address PO Box 5014		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4223
City Carol Stream	State IL	
Zip Code 60197-5014	Purpose of Disbursement Phone deposit	Category/ Type 001
Candidate Name	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. Becky Shires Photography		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 8035 Deerwood Rd		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.4136
City Clarkston	State MI	
Zip Code 48348	Purpose of Disbursement Photography	Category/ Type 004
Candidate Name	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) c. Bingham Insurance Services		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address PO Box 318		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4209
City Charlevoix	State MI	
Zip Code 49720	Purpose of Disbursement Liability Insurance	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	4900.00
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 20 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. George Blichar			Date of Disbursement MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 2215 Sunnyside Ave			Amount of Each Disbursement this Period 3095.34	
City Lansing	State MI	Zip Code 48910	Transaction ID : SB17.4146	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
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. George Blichar			Date of Disbursement MM / DD / YYYY 05 / 29 / 2014	
Mailing Address 2215 Sunnyside Ave			Amount of Each Disbursement this Period 2018.70	
City Lansing	State MI	Zip Code 48910	Transaction ID : SB17.4184	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
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) c. George Blichar			Date of Disbursement MM / DD / YYYY 05 / 29 / 2014	
Mailing Address 2215 Sunnyside Ave			Amount of Each Disbursement this Period 1009.98	
City Lansing	State MI	Zip Code 48910	Transaction ID : SB17.4190	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	6124.02
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 21 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. George Blichar		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 2215 Sunnyside Ave		Amount of Each Disbursement this Period 2018.70 Transaction ID : SB17.4235
City Lansing	State MI	
Zip Code 48910	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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. George Blichar		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 2215 Sunnyside Ave		Amount of Each Disbursement this Period 2011.74 Transaction ID : SB17.4282
City Lansing	State MI	
Zip Code 48910	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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) c. George Blichar		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 2215 Sunnyside Ave		Amount of Each Disbursement this Period 627.76 Transaction ID : SB17.4304
City Lansing	State MI	
Zip Code 48910	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	4658.20
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 22 OF 81	
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Bobby Van's Steakhouse		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 809 15th Street		Amount of Each Disbursement this Period 487.28 Transaction ID : SB17.4402
City Washington State DC Zip Code 20005	Purpose of Disbursement Food 001 Category/Type	
Candidate Name	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. Langston Bowens		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1604 W Sugnet		Amount of Each Disbursement this Period 1196.27 Transaction ID : SB17.4148
City Midland State MI Zip Code 48640	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name	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) c. Langston Bowens		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1604 W Sugnet		Amount of Each Disbursement this Period 560.00 Transaction ID : SB17.4158
City Midland State MI Zip Code 48640	Purpose of Disbursement Mileage Reimbursement 002 Category/Type	
Candidate Name	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:		

SUBTOTAL of Disbursements This Page (optional).....	2243.55
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 23 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Langston Bowens		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1604 W Sugnet		Amount of Each Disbursement this Period 1121.50
City Midland	State MI	
Zip Code 48640	Purpose of Disbursement Salary	Transaction ID : SB17.4185
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. Langston Bowens		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 1604 W Sugnet		Amount of Each Disbursement this Period 29.60
City Midland	State MI	
Zip Code 48640	Purpose of Disbursement Mileage Reimbursement	Transaction ID : SB17.4208
Candidate Name	002 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) c. Langston Bowens		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 1604 W Sugnet		Amount of Each Disbursement this Period 75.00
City Midland	State MI	
Zip Code 48640	Purpose of Disbursement Mileage Reimbursement	Transaction ID : SB17.4227
Candidate Name	002 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:		

SUBTOTAL of Disbursements This Page (optional).....	1226.10
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 24 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Langston Bowens		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 1604 W Sugnet		Amount of Each Disbursement this Period 1121.50 Transaction ID : SB17.4236
City Midland	State MI	
Zip Code 48640	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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. Langston Bowens		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1604 W Sugnet		Amount of Each Disbursement this Period 1121.50 Transaction ID : SB17.4283
City Midland	State MI	
Zip Code 48640	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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) c. Langston Bowens		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1604 W Sugnet		Amount of Each Disbursement this Period 237.44 Transaction ID : SB17.4405
City Midland	State MI	
Zip Code 48640	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	2480.44
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 25 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Langston Bowens		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1604 W Sugnet		Amount of Each Disbursement this Period 544.32
City Midland	State MI	
Zip Code 48640		
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002
Candidate Name		
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. Amy Carl		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 559 Franconian Dr E		Amount of Each Disbursement this Period 1682.25
City Frankenmuth	State MI	
Zip Code 48734		
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name		
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) c. Amy Carl		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 559 Franconian Dr E		Amount of Each Disbursement this Period 1682.25
City Frankenmuth	State MI	
Zip Code 48734		
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name		
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: _____	

SUBTOTAL of Disbursements This Page (optional).....	3908.82
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 26 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Amy Carl			Date of Disbursement MM / DD / YYYY 06 / 09 / 2014	
Mailing Address 559 Franconian Dr E			Amount of Each Disbursement this Period 498.36	
City Frankenmuth	State MI	Zip Code 48734	Transaction ID : SB17.4219	
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002		
Candidate Name				
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. Amy Carl			Date of Disbursement MM / DD / YYYY 06 / 12 / 2014	
Mailing Address 559 Franconian Dr E			Amount of Each Disbursement this Period 75.00	
City Frankenmuth	State MI	Zip Code 48734	Transaction ID : SB17.4231	
Purpose of Disbursement Reimbursement		Category/ Type 002		
Candidate Name				
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) c. Amy Carl			Date of Disbursement MM / DD / YYYY 06 / 12 / 2014	
Mailing Address 559 Franconian Dr E			Amount of Each Disbursement this Period 1682.25	
City Frankenmuth	State MI	Zip Code 48734	Transaction ID : SB17.4237	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	2255.61
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 27 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Amy Carl		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 559 Franconian Dr E		Amount of Each Disbursement this Period 355.77 Transaction ID : SB17.4273
City Frankenmuth	State MI	
Purpose of Disbursement Mileage Reimbursement	Category/ Type 002	
Candidate Name		
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. Amy Carl		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 559 Franconian Dr E		Amount of Each Disbursement this Period 1682.25 Transaction ID : SB17.4284
City Frankenmuth	State MI	
Purpose of Disbursement Salary	Category/ Type 001	
Candidate Name		
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) c. Amy Carl		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 559 Franconian Dr E		Amount of Each Disbursement this Period 115.37 Transaction ID : SB17.4303
City Frankenmuth	State MI	
Purpose of Disbursement Reimbursement - supplies	Category/ Type 001	
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....	2153.39
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 28 OF 81	
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Combat Data		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2199 Longwoods		Amount of Each Disbursement this Period 14591.68
City DeWitt	State MI Zip Code 48820	
Purpose of Disbursement Robo calls and consulting - inhouse	006	Transaction ID : SB17.4305
Candidate Name	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. DBI		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 516 N Larch		Amount of Each Disbursement this Period 5408.68
City Lansing	State MI Zip Code 48912	
Purpose of Disbursement Office Furniture	001	Transaction ID : SB17.4213
Candidate Name	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) C. DBI		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 516 N Larch		Amount of Each Disbursement this Period 3479.20
City Lansing	State MI Zip Code 48912	
Purpose of Disbursement Office Furniture	001	Transaction ID : SB17.4254
Candidate Name	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:		

SUBTOTAL of Disbursements This Page (optional).....	23479.56
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 29 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. DBI		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 516 N Larch		Amount of Each Disbursement this Period 1118.48
City Lansing	State MI	
Zip Code 48912	Purpose of Disbursement Office Furniture	Transaction ID : SB17.4277
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. Decider Strategies		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 2420 Mulberry Ct		Amount of Each Disbursement this Period 462.50
City Ann Arbor	State MI	
Zip Code 48104	Purpose of Disbursement Consulting - inhouse	Transaction ID : SB17.4398
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) c. Decider Strategies		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 2420 Mulberry Ct		Amount of Each Disbursement this Period 3000.00
City Ann Arbor	State MI	
Zip Code 48104	Purpose of Disbursement Consulting - inhouse	Transaction ID : SB17.4404
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:		

SUBTOTAL of Disbursements This Page (optional).....	4580.98
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 30 OF 81	
	<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)
Paul Mitchell for Congress

A. Decider Strategies

Full Name (Last, First, Middle Initial)
Mailing Address 2420 Mulberry Ct

City Ann Arbor State MI Zip Code 48104

Purpose of Disbursement Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 37677.99

Transaction ID : SB17.4247

Category/Type: 001

B. Decider Strategies

Full Name (Last, First, Middle Initial)
Mailing Address 2420 Mulberry Ct

City Ann Arbor State MI Zip Code 48104

Purpose of Disbursement Consulting - inhouse

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 30 / 2014

Amount of Each Disbursement this Period: 15000.00

Transaction ID : SB17.4399

Category/Type: 001

c. Haley Dunnigan

Full Name (Last, First, Middle Initial)
Mailing Address 14755 Abbey Ln

City Bath State MI Zip Code 48808

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 1028.04

Transaction ID : SB17.4238

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 53706.03

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 31 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Haley Dunnigan		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 14755 Abbey Ln		Amount of Each Disbursement this Period 469.36 Transaction ID : SB17.4272
City Bath	State MI	
Purpose of Disbursement Mileage Reimbursement	Candidate Name	Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Haley Dunnigan		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 14755 Abbey Ln		Amount of Each Disbursement this Period 1542.07 Transaction ID : SB17.4285
City Bath	State MI	
Purpose of Disbursement Salary	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Haley Dunnigan		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 14755 Abbey Ln		Amount of Each Disbursement this Period 220.37 Transaction ID : SB17.4302
City Bath	State MI	
Purpose of Disbursement Mileage Reimbursement	Candidate Name	Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2231.80
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 32 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Eyde Family LLC		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 4660 S Hagadorn Rd		Amount of Each Disbursement this Period 7317.91 Transaction ID : SB17.4193
City East Lansing	State MI	
Zip Code 48823	Purpose of Disbursement Rent	Category/ Type 001
Candidate Name	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. Eyde Family LLC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 4660 S Hagadorn Rd		Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.4295
City East Lansing	State MI	
Zip Code 48823	Purpose of Disbursement Utilities	Category/ Type 001
Candidate Name	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) c. First Class Flight Services LLC		Date of Disbursement MM / DD / YYYY 05 / 23 / 2014
Mailing Address 616 Edison Blvd		Amount of Each Disbursement this Period 5012.72 Transaction ID : SB17.4176
City Port Huron	State MI	
Zip Code 48060	Purpose of Disbursement Travel	Category/ Type 002
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	12429.63
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 33 OF 81	
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. First Class Flight Services LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 616 Edison Blvd		Amount of Each Disbursement this Period 2289.60
City Port Huron	State MI	
Zip Code 48060	Purpose of Disbursement Travel	Transaction ID : SB17.4178
Candidate Name	Category/Type 002	
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. First Merit Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 295 FirstMerit Circle		Amount of Each Disbursement this Period 207.45
City Akron	State OH	
Zip Code 44307	Purpose of Disbursement Bank Fee	Transaction ID : SB17.4164
Candidate Name	Category/Type 001	
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) C. First Merit Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 295 FirstMerit Circle		Amount of Each Disbursement this Period 30.00
City Akron	State OH	
Zip Code 44307	Purpose of Disbursement Bank Fee	Transaction ID : SB17.4201
Candidate Name	Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2527.05
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 34 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. First Merit Bank		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 295 FirstMerit Circle		Amount of Each Disbursement this Period 8972.72 Transaction ID : SB17.4253
City Akron	State OH Zip Code 44307	
Purpose of Disbursement Credit Card payment	Category/Type 001	
Candidate Name		
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. Best Buy		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 5216 W Saginaw Hwy		Amount of Each Disbursement this Period 772.92 Transaction ID : SB17.4253.0 [MEMO ITEM]
City Lansing Twp	State MI Zip Code 48917	
Purpose of Disbursement Office equipment	Category/Type 001	
Candidate Name		
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) c. Office Max		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 5503 W Saginaw Hwy		Amount of Each Disbursement this Period 334.32 Transaction ID : SB17.4253.1 [MEMO ITEM]
City Lansing Twp	State MI Zip Code 48917	
Purpose of Disbursement Office supplies	Category/Type 001	
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....	8972.72
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 35 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Best Buy		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 5216 W Saginaw Hwy		Amount of Each Disbursement this Period 283.84
City Lansing Twp	State MI	
Zip Code 48917	Purpose of Disbursement Office supplies	Transaction ID : SB17.4253.2
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement MM / DD / YYYY 05 / 24 / 2014
Mailing Address 2713 Preyde Blvd		Amount of Each Disbursement this Period 300.97
City Lansing Twp	State MI	
Zip Code 48912	Purpose of Disbursement Equipment	Transaction ID : SB17.4253.3
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Walmart		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 3225 Towne Centre		Amount of Each Disbursement this Period 1570.35
City Lansing	State MI	
Zip Code 48917	Purpose of Disbursement Cell Phones/plans/cards	Transaction ID : SB17.4253.4
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 36 OF 81	
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Detroit Regional Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1 Woodward Ave		Amount of Each Disbursement this Period 5550.00
City Detroit	State MI	
Zip Code 48226	Purpose of Disbursement Conference Registration	Transaction ID : SB17.4253.5
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. First Merit Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 295 FirstMerit Circle		Amount of Each Disbursement this Period 2107.05
City Akron	State OH	
Zip Code 44307	Purpose of Disbursement Credit Card payment	Transaction ID : SB17.4266
Candidate Name	Category/Type 001	
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) c. Omni Shoreham		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 2500 Calvert St NW		Amount of Each Disbursement this Period 749.08
City Washington	State DC	
Zip Code 20008	Purpose of Disbursement Hotel	Transaction ID : SB17.4266.0
Candidate Name	Category/Type 002	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2107.05
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 37 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Walmart		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 3225 Towne Centre		Amount of Each Disbursement this Period 486.20
City Lansing	State MI	
Zip Code 48917	Purpose of Disbursement Equipment and office supplies	Transaction ID : SB17.4266.1
Candidate Name	Category/ Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 2713 Preyde Blvd		Amount of Each Disbursement this Period 183.00
City Lansing Twp	State MI	
Zip Code 48912	Purpose of Disbursement Equipment	Transaction ID : SB17.4266.2
Candidate Name	Category/ Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. First Merit Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 295 FirstMerit Circle		Amount of Each Disbursement this Period 12366.00
City Akron	State OH	
Zip Code 44307	Purpose of Disbursement Credit Card payment	Transaction ID : SB17.4368
Candidate Name	Category/ Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....	12366.00
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 38 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Cision		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 332 S Michigan Ave		Amount of Each Disbursement this Period 4000.00
City Chicago	State IL Zip Code 60604	
Purpose of Disbursement Consulting	Candidate Name	Transaction ID : SB17.4368.0
Category/Type 001		
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 519.17
City Framingham	State MA Zip Code 01702	
Purpose of Disbursement Copies	Candidate Name	Transaction ID : SB17.4368.1
Category/Type 001		
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Meijer		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 5125 W Saginaw Hwy		Amount of Each Disbursement this Period 235.12
City Lansing Twp	State MI Zip Code 48912	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : SB17.4368.2
Category/Type 001		
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 39 OF 81	
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. FedEx		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 5930 Enterprise r		Amount of Each Disbursement this Period 278.06
City Lansing Twp	State MI	
Zip Code 48912	Purpose of Disbursement Shipping	Transaction ID : SB17.4368.3
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Walmart		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 3225 Towne Centre		Amount of Each Disbursement this Period 695.17
City Lansing	State MI	
Zip Code 48917	Purpose of Disbursement Office supplies/phones	Transaction ID : SB17.4368.4
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address PO Box 5014		Amount of Each Disbursement this Period 2523.04
City Carol Stream	State IL	
Zip Code 60197-5014	Purpose of Disbursement Telephone	Transaction ID : SB17.4368.5
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 40 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. FaceBook		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 1091.96
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Ads	Transaction ID : SB17.4368.6
Candidate Name	004 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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Marriott		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 775 12th St NW		Amount of Each Disbursement this Period 1221.66
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Hotel	Transaction ID : SB17.4368.7
Candidate Name	002 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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. First Merit Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 295 FirstMerit Circle		Amount of Each Disbursement this Period 3054.42
City Akron	State OH	
Zip Code 44307	Purpose of Disbursement Credit Card payment	Transaction ID : SB17.4373
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:		

SUBTOTAL of Disbursements This Page (optional).....	3054.42
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 41 OF 81	
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. FedEx		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 5930 Enterprise r		Amount of Each Disbursement this Period 230.96
City Lansing Twp	State MI	
Zip Code 48912	Purpose of Disbursement Shipping	Transaction ID : SB17.4373.0
Candidate Name	Category/ Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Meijer		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 5125 W Saginaw Hwy		Amount of Each Disbursement this Period 176.49
City Lansing Twp	State MI	
Zip Code 48912	Purpose of Disbursement Office supplies	Transaction ID : SB17.4373.1
Candidate Name	Category/ Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. FaceBook		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 264.53
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Ads	Transaction ID : SB17.4373.2
Candidate Name	Category/ Type 004	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 42 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Survey Monkey		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 101 Lytton Ave		Amount of Each Disbursement this Period 277.47
City Palo Alto	State CA	
Zip Code 94301	Purpose of Disbursement Survey	Transaction ID : SB17.4373.3 [MEMO ITEM]
Candidate Name	005 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. FaceBook		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 620.53
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Ads	Transaction ID : SB17.4373.4 [MEMO ITEM]
Candidate Name	004 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) c. Best Buy		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 5216 W Saginaw Hwy		Amount of Each Disbursement this Period 1200.22
City Lansing Twp	State MI	
Zip Code 48917	Purpose of Disbursement Equipment	Transaction ID : SB17.4373.5 [MEMO ITEM]
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 43 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Brian Frey		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address Requested		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4174
City Requested	State MI Zip Code 48917	
Purpose of Disbursement Design Service	Category/Type 004	
Candidate Name		
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. Gratiot County Republicans		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address PO Box 163		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4161
City Ithica	State MI Zip Code 48847	
Purpose of Disbursement Dinner Tickets	Category/Type 001	
Candidate Name		
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) c. Lisa Jankowski		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 48598 Celebrity Woods Ct		Amount of Each Disbursement this Period 523.37 Transaction ID : SB17.4286
City Shelby Twp	State MI Zip Code 48317	
Purpose of Disbursement Salary	Category/Type 001	
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....	1723.37
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 44 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Julie Young CPA PLLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 166 E Main St		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.4156
City DeWitt	State MI	
Zip Code 48820	Purpose of Disbursement Professional fee	Category/ Type 001
Candidate Name	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. Julie Young CPA PLLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 166 E Main St		Amount of Each Disbursement this Period 184.25 Transaction ID : SB17.4187
City DeWitt	State MI	
Zip Code 48820	Purpose of Disbursement Professional fee	Category/ Type 001
Candidate Name	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) c. Jason Kreucher		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 2255 Jordans Way		Amount of Each Disbursement this Period 392.53 Transaction ID : SB17.4240
City Midland	State MI	
Zip Code 48640	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	801.78
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 45 OF 81		
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Jason Kreucher		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 2255 Jordans Way		Amount of Each Disbursement this Period 458.08 Transaction ID : SB17.4274
City Midland	State MI	
Zip Code 48640	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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. Jason Kreucher		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 2255 Jordans Way		Amount of Each Disbursement this Period 841.13 Transaction ID : SB17.4288
City Midland	State MI	
Zip Code 48640	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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) c. Mark Lewis		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 9426 Billwood Hwy		Amount of Each Disbursement this Period 790.00 Transaction ID : SB17.4255
City Dimondale	State MI	
Zip Code 48821	Purpose of Disbursement Sign Delivery	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	2089.21
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 46 OF 81			
	<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)
Paul Mitchell for Congress

A. Majority Strategies

Full Name (Last, First, Middle Initial)
Mailing Address 135 Professional Dr

City State Zip Code
Ponte Verde FL 32082

Purpose of Disbursement
Mailing

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 05 / 2014

Amount of Each Disbursement this Period
175000.00

Transaction ID : SB17.4202

Category/Type: 004

B. McGuire's Irish Pub

Full Name (Last, First, Middle Initial)
Mailing Address 600 E Gregory

City State Zip Code
Pensacola FL 32502

Purpose of Disbursement
Food

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 15 / 2014

Amount of Each Disbursement this Period
204.70

Transaction ID : SB17.4410

Category/Type: 001

c. Michigan Jobs & Labor Foundation

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 12355

City State Zip Code
Lansing MI 48901

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 18 / 2014

Amount of Each Disbursement this Period
1450.47

Transaction ID : SB17.4260

Category/Type: 002

SUBTOTAL of Disbursements This Page (optional)..... 176655.17

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 47 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Midland County Republicans			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 139 Ashman St			Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4308
City Midland	State MI	Zip Code 48640	
Purpose of Disbursement Dinner Tickets	Candidate Name		Category/ Type 001
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. Point Cleaning Service			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1268 Clark Rd			Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.4180
City DeWitt Twp	State MI	Zip Code 48820	
Purpose of Disbursement Office Cleaning	Candidate Name		Category/ Type 001
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) c. Pridnia Design			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 535 Glenmoor			Amount of Each Disbursement this Period 8105.00 Transaction ID : SB17.4130
City East Lansing	State MI	Zip Code 48823	
Purpose of Disbursement Printing	Candidate Name		Category/ Type 001
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: _____		

SUBTOTAL of Disbursements This Page (optional).....	8830.00
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 48 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Pridnia Design		Date of Disbursement MM / DD / YYYY 05 / 16 / 2014
Mailing Address 535 Glenmoor		Amount of Each Disbursement this Period 4033.00 Transaction ID : SB17.4160
City East Lansing	State MI	
Zip Code 48823	Purpose of Disbursement Printing	Category/ Type 001
Candidate Name	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. Pridnia Design		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 535 Glenmoor		Amount of Each Disbursement this Period 10181.00 Transaction ID : SB17.4259
City East Lansing	State MI	
Zip Code 48823	Purpose of Disbursement Signs and wires	Category/ Type 004
Candidate Name	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) c. Pridnia Design		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 535 Glenmoor		Amount of Each Disbursement this Period 5335.00 Transaction ID : SB17.4269
City East Lansing	State MI	
Zip Code 48823	Purpose of Disbursement Printing	Category/ Type 004
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	19549.00
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 49 OF 81	
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Primary Properties LLC		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address PO Box 532		Amount of Each Disbursement this Period 8000.00 Transaction ID : SB17.4138
City Midland	State MI	
Zip Code 48640	Purpose of Disbursement Rent	Category/ Type 001
Candidate Name	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. RWS Enterprise Leasing		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address Main Street		Amount of Each Disbursement this Period 4200.00 Transaction ID : SB17.4217
City Birch Run	State MI	
Zip Code 48415	Purpose of Disbursement Rent	Category/ Type 001
Candidate Name	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) c. Rachel Spradlin		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 1204 E Broomfield St		Amount of Each Disbursement this Period 747.67 Transaction ID : SB17.4242
City Mount Pleasant	State MI	
Zip Code 48858	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	12947.67
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 50 OF 81	
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Rachel Spradlin			Date of Disbursement MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 1204 E Broomfield St			Amount of Each Disbursement this Period 179.20	
City Mount Pleasant	State MI	Zip Code 48858	Transaction ID : SB17.4265	
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002		
Candidate Name				
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. Rachel Spradlin			Date of Disbursement MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 1204 E Broomfield St			Amount of Each Disbursement this Period 1121.50	
City Mount Pleasant	State MI	Zip Code 48858	Transaction ID : SB17.4289	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
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) c. Rachel Spradlin			Date of Disbursement MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 1204 E Broomfield St			Amount of Each Disbursement this Period 48.43	
City Mount Pleasant	State MI	Zip Code 48858	Transaction ID : SB17.4298	
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	1349.13
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 51 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Rachel Spradlin		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1204 E Broomfield St		Amount of Each Disbursement this Period 332.08
City Mount Pleasant	State MI	
Zip Code 48858	Purpose of Disbursement Mileage Reimbursement	Transaction ID : SB17.4301
Candidate Name	Category/ Type 002	
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. Staples		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 1326.20
City Framingham	State MA	
Zip Code 01702	Purpose of Disbursement Printing and copying	Transaction ID : SB17.4225
Candidate Name	Category/ Type 001	
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) c. State of Michigan		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address Capitol		Amount of Each Disbursement this Period 984.00
City Lansing	State MI	
Zip Code 48933	Purpose of Disbursement Maps	Transaction ID : SB17.4270
Candidate Name	Category/ Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2642.28
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 52 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Strategic Media Placement			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014		
Mailing Address 7669 Stagers Loop			Amount of Each Disbursement this Period 146537.50		
City Delaware	State OH	Zip Code 43015	Transaction ID : SB17.4131		
Purpose of Disbursement Media buy		Category/ Type 004			
Candidate Name					
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. Strategic Media Placement			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014		
Mailing Address 7669 Stagers Loop			Amount of Each Disbursement this Period 154250.00		
City Delaware	State OH	Zip Code 43015	Transaction ID : SB17.4134		
Purpose of Disbursement Media Buy		Category/ Type 001			
Candidate Name					
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) c. Strategic Media Placement			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014		
Mailing Address 7669 Stagers Loop			Amount of Each Disbursement this Period 20750.00		
City Delaware	State OH	Zip Code 43015	Transaction ID : SB17.4135		
Purpose of Disbursement Media Buy		Category/ Type 004			
Candidate Name					
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:				

SUBTOTAL of Disbursements This Page (optional).....	321537.50
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 53 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Strategic Media Placement			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 7669 Stagers Loop			Amount of Each Disbursement this Period 148950.00	
City Delaware	State OH	Zip Code 43015	Transaction ID : SB17.4170	
Purpose of Disbursement Media buy		Category/ Type 004		
Candidate Name				
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. Strategic Media Placement			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 7669 Stagers Loop			Amount of Each Disbursement this Period 1050.00	
City Delaware	State OH	Zip Code 43015	Transaction ID : SB17.4171	
Purpose of Disbursement Media Buy		Category/ Type 004		
Candidate Name				
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) c. Strategic Media Placement			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 7669 Stagers Loop			Amount of Each Disbursement this Period 108205.00	
City Delaware	State OH	Zip Code 43015	Transaction ID : SB17.4205	
Purpose of Disbursement Media Buy		Category/ Type 004		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	258205.00
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 54 OF 81	
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Strategic Media Placement		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 7669 Stagers Loop		Amount of Each Disbursement this Period 19095.00 Transaction ID : SB17.4206
City Delaware	State OH	
Zip Code 43015	Purpose of Disbursement Media Buy	Category/ Type 004
Candidate Name	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. Strategic Media Placement		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 7669 Stagers Loop		Amount of Each Disbursement this Period 125300.00 Transaction ID : SB17.4257
City Delaware	State OH	
Zip Code 43015	Purpose of Disbursement Media Buy	Category/ Type 004
Candidate Name	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) C. Strategic Media Placement		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 7669 Stagers Loop		Amount of Each Disbursement this Period 109700.00 Transaction ID : SB17.4258
City Delaware	State OH	
Zip Code 43015	Purpose of Disbursement Media Buy	Category/ Type 004
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	254095.00
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 55 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Strategy Group for Media		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 7669 Stagers Loop		Amount of Each Disbursement this Period 6715.25
City Delaware	State OH	
Zip Code 43015	Purpose of Disbursement Phoning System - inhouse	Transaction ID : SB17.4172
Candidate Name	004 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. Strategy Group for Media		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 7669 Stagers Loop		Amount of Each Disbursement this Period 22700.00
City Delaware	State OH	
Zip Code 43015	Purpose of Disbursement Production	Transaction ID : SB17.4207
Candidate Name	004 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) c. Strategy Group for Media		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 7669 Stagers Loop		Amount of Each Disbursement this Period 54600.00
City Delaware	State OH	
Zip Code 43015	Purpose of Disbursement Production	Transaction ID : SB17.4222
Candidate Name	004 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:		

SUBTOTAL of Disbursements This Page (optional).....	84015.25
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 56 OF 81	
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Strategy Group for Media		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 7669 Stagers Loop		Amount of Each Disbursement this Period 65000.00 Transaction ID : SB17.4262
City Delaware	State OH	
Zip Code 43015	Purpose of Disbursement Production- inhouse	Category/ Type 004
Candidate Name	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. Target Point Consulting		Date of Disbursement MM / DD / YYYY 06 / 28 / 2014
Mailing Address 66 Canal Center Plaza		Amount of Each Disbursement this Period 100000.00 Transaction ID : SB17.4278
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Survey Research - inhouse	Category/ Type 001
Candidate Name	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) c. Jeff Timmer		Date of Disbursement MM / DD / YYYY 05 / 16 / 2014
Mailing Address 10018 E Grand River		Amount of Each Disbursement this Period 8408.25 Transaction ID : SB17.4152
City Portland	State MI	
Zip Code 48875	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	173408.25
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 57 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Jeff Timmer			Date of Disbursement MM / DD / YYYY 05 / 29 / 2014	
Mailing Address 10018 E Grand River			Amount of Each Disbursement this Period 8151.75	
City Portland	State MI	Zip Code 48875	Transaction ID : SB17.4188	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
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. Jeff Timmer			Date of Disbursement MM / DD / YYYY 06 / 12 / 2014	
Mailing Address 10018 E Grand River			Amount of Each Disbursement this Period 8073.75	
City Portland	State MI	Zip Code 48875	Transaction ID : SB17.4243	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
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) C. Jeff Timmer			Date of Disbursement MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 10018 E Grand River			Amount of Each Disbursement this Period 8073.75	
City Portland	State MI	Zip Code 48875	Transaction ID : SB17.4290	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	24299.25
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 58 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Jeff Timmer		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 10018 E Grand River		Amount of Each Disbursement this Period 1516.92 Transaction ID : SB17.4307
City Portland	State MI	
Zip Code 48875	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name	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. Brandon Wright		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 34 Lockwood		Amount of Each Disbursement this Period 841.13 Transaction ID : SB17.4244
City Gladwin	State MI	
Zip Code 48624	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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) c. Brandon Wright		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 34 Lockwood		Amount of Each Disbursement this Period 417.20 Transaction ID : SB17.4268
City Gladwin	State MI	
Zip Code 48624	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	2775.25
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 59 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Brandon Wright			Date of Disbursement MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 34 Lockwood			Amount of Each Disbursement this Period 841.13	
City Gladwin	State MI	Zip Code 48624	Transaction ID : SB17.4293	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
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. Brandon Wright			Date of Disbursement MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 34 Lockwood			Amount of Each Disbursement this Period 234.64	
City Gladwin	State MI	Zip Code 48624	Transaction ID : SB17.4299	
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002		
Candidate Name				
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) C. Mike Zakor			Date of Disbursement MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 205 Arbor Glen Dr			Amount of Each Disbursement this Period 299.07	
City East Lansing	State MI	Zip Code 48823	Transaction ID : SB17.4154	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	1374.84
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 60 OF 81	
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Mike Zakor		Date of Disbursement MM / DD / YYYY 05 / 29 / 2014
Mailing Address 205 Arbor Glen Dr		Amount of Each Disbursement this Period 1121.50 Transaction ID : SB17.4189
City East Lansing	State MI	
Zip Code 48823	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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. Mike Zakor		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 205 Arbor Glen Dr		Amount of Each Disbursement this Period 441.28 Transaction ID : SB17.4215
City East Lansing	State MI	
Zip Code 48823	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name	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) c. Mike Zakor		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 205 Arbor Glen Dr		Amount of Each Disbursement this Period 1121.50 Transaction ID : SB17.4246
City East Lansing	State MI	
Zip Code 48823	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	2684.28
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 61 OF 81			
	<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)
Paul Mitchell for Congress

Full Name (Last, First, Middle Initial) A. Mike Zakor		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 205 Arbor Glen Dr		Amount of Each Disbursement this Period 1121.50 Transaction ID : SB17.4294
City East Lansing	State MI	
Zip Code 48823	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	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. Mike Zakor		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 205 Arbor Glen Dr		Amount of Each Disbursement this Period 346.08 Transaction ID : SB17.4300
City East Lansing	State MI	
Zip Code 48823	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name	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) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	1467.58
TOTAL This Period (last page this line number only).....	1520064.39

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/10.4111

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary

General

Other (specify) ▼

Mailing Address

1760 Glencairn Dr

City

State

ZIP Code

Saginaw

MI

48609

Original Amount of Loan

8105.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8105.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

04

17

2014

1/1/2050

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)..... ▶

8105.00

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/10.4109

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary
 General
 Other (specify) ▼

Mailing Address
1760 Glencairn Dr

City State ZIP Code
Saginaw MI 48609

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 04 / D 23 / Y 2014 M M / D D / Y 1/1/2050 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)..... ▶ 50000.00
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/10.4113

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary

General

Other (specify) ▼

Mailing Address

1760 Glencairn Dr

City

State

ZIP Code

Saginaw

MI

48609

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

146537.50

0.00

146537.50

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

04

23

2014

1/1/2050

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)..... ▶

146537.50

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/10.4346

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary
 General
 Other (specify) ▼

Mailing Address
1760 Glencairn Dr

City State ZIP Code
Saginaw MI 48609

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
3462.50 0.00 3462.50

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 23 / Y 2014 M M / D D / Y 1/1/2050 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)..... 3462.50

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/10.4110

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary

General

Other (specify) ▼

Mailing Address

1760 Glencairn Dr

City

State

ZIP Code

Saginaw

MI

48609

Original Amount of Loan

175000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

175000.00

TERMS

Date Incurred

04 / 30 / 2014

Date Due

1/1/2050

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

175000.00

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/10.4124**

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary

General

Other (specify) ▼

Mailing Address

1760 Glencairn Dr

City

State

ZIP Code

Saginaw

MI

48609

Original Amount of Loan

1600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1600.00

TERMS

Date Incurred

M 05 / D 08 / Y 2014 Y

Date Due

M M / D D / Y 1/1/2050 Y

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

1600.00

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/10.4347

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary
 General
 Other (specify) ▼

Mailing Address
1760 Glencairn Dr

City State ZIP Code
Saginaw MI 48609

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
58.68 0.00 58.68

TERMS

Date Incurred Date Due Interest Rate Secured:
05 / 14 / 2014 M M / D D / 1/1/2050 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) ▶ 58.68
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/10.4348**

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary

General

Other (specify) ▼

Mailing Address

1760 Glencairn Dr

City

State

ZIP Code

Saginaw

MI

48609

Original Amount of Loan

404.70

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

404.70

TERMS

Date Incurred

M 05 /

D 15 /

Y 2014 Y

Date Due

M /

D /

Y 1/1/2050 Y

Interest Rate

0.00

% (apr)

Secured:

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)..... ▶

404.70

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/10.4114

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary

General

Other (specify) ▼

Mailing Address

1760 Glencairn Dr

City

State

ZIP Code

Saginaw

MI

48609

Original Amount of Loan

4033.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4033.00

TERMS

Date Incurred

05 / 16 / 2014

Date Due

1/1/2050

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

4033.00

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) **Paul Mitchell for Congress** Transaction ID : **SC/10.4349**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Paul Mitchell III** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
1760 Glencairn Dr

City State ZIP Code
Saginaw MI 48609

Original Amount of Loan 140.23	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 140.23
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TERMS

Date Incurred: M 05 / D 16 / Y 2014
Date Due: M / D / Y 1/1/2050
Interest Rate: 0.00 % (apr)
Secured: 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)..... ▶ 140.23

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) **Paul Mitchell for Congress** Transaction ID : **SC/10.4115**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Paul Mitchell III** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
1760 Glencairn Dr

City State ZIP Code
Saginaw MI 48609

Original Amount of Loan 125000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 125000.00
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TERMS

Date Incurred: M 05 / D 21 / Y 2014
Date Due: M / D / Y 1/1/2050
Interest Rate: 0.00 % (apr)
Secured: 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

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/10.4350**

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary

General

Other (specify) ▼

Mailing Address

1760 Glencairn Dr

City

State

ZIP Code

Saginaw

MI

48609

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

487.28

0.00

487.28

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

05

21

2014

1/1/2050

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)..... ▶

487.28

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/10.4116

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary
 General
 Other (specify) ▼

Mailing Address
1760 Glencairn Dr

City State ZIP Code
Saginaw MI 48609

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
150000.00 0.00 150000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 22 / Y 2014 M M / D D / Y 1/1/2050 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)..... 150000.00
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/10.4117

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary

General

Other (specify) ▼

Mailing Address
1760 Glencairn Dr

9

City State ZIP Code
Saginaw MI 48609

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
7302.32 0.00 7302.32

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 23 /

Y 2014 Y

M /

D /

Y 1/1/2050 Y

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)..... ▶ 7302.32

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4118**

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary

General

Other (specify) ▼

Mailing Address

1760 Glencairn Dr

City

State

ZIP Code

Saginaw

MI

48609

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

05

2014

1/1/2050

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)..... ▶

100000.00

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4119

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary

General

Other (specify) ▼

Mailing Address

1760 Glencairn Dr

City

State

ZIP Code

Saginaw

MI

48609

Original Amount of Loan

175000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

175000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 06 /

D 05 /

Y 2014 Y

M M /

D D /

Y 1/1/2050 Y

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)..... ▶

175000.00

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4120

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary

General

Other (specify) ▼

Mailing Address

1760 Glencairn Dr

City

State

ZIP Code

Saginaw

MI

48609

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

MM / DD / YYYY
06 / 06 / 2014

Date Due

MM / DD / YYYY
1/1/2050

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

150000.00

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4121

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary
 General
 Other (specify) ▼

Mailing Address
1760 Glencairn Dr

City State ZIP Code
Saginaw MI 48609

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
300000.00 0.00 300000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 16 / 2014 M M / D D / 1/1/2050 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)..... 300000.00
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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4122

Paul Mitchell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Paul Mitchell III

Primary
 General
 Other (specify) ▼

Mailing Address
1760 Glencairn Dr

City State ZIP Code
Saginaw MI 48609

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
150000.00 0.00 150000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 27 / 2014 M M / D D / 1/1/2050 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)..... 150000.00
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) **Paul Mitchell for Congress** Transaction ID : **SC/10.4312**

LOAN SOURCE Full Name (Last, First, Middle Initial) Paul Mitchell III	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1760 Glencairn Dr		

City	State	ZIP Code
Saginaw	MI	48609

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
363950.00	0.00	363950.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 27 / Y 2014 Y	M M / D D / Y 1/1/2050 Y	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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="363950.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="1911081.21"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	