

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
Tom McMillin for Congress

ADDRESS (number and street) 2843 E. Grand River Ave.
#252
 Check if different than previously reported. (ACC) East Lansing MI 48823

2. **FEC IDENTIFICATION NUMBER** C C00561860 CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A) MI 08

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
07 / 17 / 2014 through 09 / 30 / 2014

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 Jean Kordenbrock
Signature of Treasurer Jean Kordenbrock [Electronically Filed] Date M M / D D / Y Y Y Y
10 / 08 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Tom McMillin 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))	36815.00	242287.98
(b) Total Contribution Refunds (from Line 20(d))	7800.00	7800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	29015.00	234487.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	93706.07	243866.58
(b) Total Offsets to Operating Expenditures (from Line 14)	625.00	1293.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	93081.07	242572.98
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
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)	0.00	

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

Tom McMillin for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 17 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

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).....	32403.00	205773.98
(ii) Unitemized.....	3412.00	22964.00
(iii) TOTAL of contributions from individuals ▶	35815.00	228737.98
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	13550.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	36815.00	242287.98
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	5360.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5360.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	625.00	1293.60
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	37440.00	248941.58

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	93706.07	243866.58
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	5200.00	5200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2600.00	2600.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	7800.00	7800.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	101506.07	251666.58

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	64066.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	37440.00
25. SUBTOTAL (add Line 23 and Line 24).....	101506.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	101506.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 5 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
John Amash

Mailing Address 3707 Roger B Chaffee Dr

City State Zip Code
Grand Rapids MI 49548

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

Name of Employer Occupation
Michigan Industrial Tools Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.5472

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Kara Amash

Mailing Address PO Box 2997

City State Zip Code
Grand Rapids MI 49501

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.5353

Amount of Each Receipt this Period
1000.00

Direct contribution

C. Full Name (Last, First, Middle Initial)
Ruth Anderson

Mailing Address 2070 Graland St.

City State Zip Code
Sylvan Lake MI 48320

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11AI.5306

Amount of Each Receipt this Period
1000.00

Direct Contribution

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 6 OF 41
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

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

Mailing Address 6447 Shagbark Dr.

City State Zip Code
Troy MI 48098

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

Name of Employer Occupation
Whitehall Group, LLC President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11AI.5412

Amount of Each Receipt this Period
500.00

Direct contribution

B. Full Name (Last, First, Middle Initial)
Thomas Burke

Mailing Address 1879 Knoll Ct.

City State Zip Code
Troy MI 48098

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

Name of Employer Occupation
Plante & Moran CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2014

Transaction ID : SA11AI.5155

Amount of Each Receipt this Period
1000.00

Direct contribution

C. Full Name (Last, First, Middle Initial)
Francis Cameron

Mailing Address 2750 Drahner Rd.

City State Zip Code
Oxford MI 48370

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

Name of Employer Occupation
Dr. Francis Cameron Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11AI.5625

Amount of Each Receipt this Period
1000.00

Reattribute:

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

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

2500.00

**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 41
	<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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
Gwendolyn Cameron

Mailing Address 2750 Drahner RD.

City Oxford State MI Zip Code 48370

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

Name of Employer Pillar Law and Advocacy Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11AI.5308

Amount of Each Receipt this Period
2500.00

Direct Contribution

B. Full Name (Last, First, Middle Initial)
Gwendolyn Cameron

Mailing Address 2750 Drahner RD.

City Oxford State MI Zip Code 48370

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

Name of Employer Pillar Law and Advocacy Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11AI.5624

Amount of Each Receipt this Period
-1000.00

Reattribute: Direct Contribution

C. Full Name (Last, First, Middle Initial)
FIRST PRINCIPLES FUND

Mailing Address 133 SOUTH HARBOR DRIVE

City VENICE State FL Zip Code 34285

FEC ID number of contributing federal political committee. **C** C00531822

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11AI.5357

Amount of Each Receipt this Period
1000.00

Direct contribution

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

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

2500.00

**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 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Jay Greer		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2014
Mailing Address 1472 Mill Race		Transaction ID : SA11AI.5159
City Rochester Hills	State MI	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 1000.00
Name of Employer Cardinal Health	Occupation V.P.	Direct contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00	

Full Name (Last, First, Middle Initial) B. Bruce Henderson		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 3730 Buringtree Dr.		Transaction ID : SA11AI.5626
City Bloomfield Hills	State MI	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 500.00
Name of Employer Oakland Orthopedic Partners	Occupation Physician	Direct Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00	

Full Name (Last, First, Middle Initial) C. Joan Johnson		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 2735 Popple Lane		Transaction ID : SA11AI.5429
City Howell	State MI	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 100.00
Name of Employer Homemaker	Occupation Homemaker	Direct Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00	

SUBTOTAL of Receipts This Page (optional).....	_____ 1600.00
TOTAL This Period (last page this line number only).....	_____

**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 41
	<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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
Eric Jones

Mailing Address 6847 Hubbard Circle

City Clarkston State MI Zip Code 48348

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

Name of Employer Kelly Services Occupation Strategic Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.5544

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Kamille Karlson

Mailing Address 5221 Gallagher Blvd.

City Whitmore Lake State MI Zip Code 48189

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.5433

Amount of Each Receipt this Period
 100.00
 direct Contribution

C. Full Name (Last, First, Middle Initial)
Peggy Ann Kresge

Mailing Address 1071 Lake Angelus Rd.

City Lake Angelus State MI Zip Code 48326

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.5325

Amount of Each Receipt this Period
 2600.00
 Direct contribution

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

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

2950.00

**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 10 OF 41
	<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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
James Kress

Mailing Address 7630 Salem woods Dr.

City Northville State MI Zip Code 48168

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

Name of Employer Self Occupation Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **993.49**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 20 / 2014

Transaction ID : SA11AI.5154

Amount of Each Receipt this Period
503.00

Direct contribution

B. Full Name (Last, First, Middle Initial)
Anne Kuhn

Mailing Address 22474 N. Nottingham

City Beverly Hills State MI Zip Code 48025

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11AI.5416

Amount of Each Receipt this Period
100.00

Direct Contribution

C. Full Name (Last, First, Middle Initial)
Diana Lorenzine

Mailing Address 540 N State St
Apt 2104

City Chicago State IL Zip Code 60654

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

Name of Employer Baxter International Occupation Quality Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.5554

Amount of Each Receipt this Period
300.00

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

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

903.00

**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 11 OF 41
	<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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
Megan Nini

Mailing Address 7638 Devons Ridge

City Clarkston State MI Zip Code 48348

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 20 / 2014

Transaction ID : SA11AI.5157

Amount of Each Receipt this Period
 1000.00

Direct Contribution

B. Full Name (Last, First, Middle Initial)
Edward Nowokunski

Mailing Address 9207 Whisting Straits Dr.

City Fort Mill State SC Zip Code 29707

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

Name of Employer Integraphx, Inc. Occupation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 05 / 2014

Transaction ID : SA11AI.5443

Amount of Each Receipt this Period
 500.00

Direct contribution

C. Full Name (Last, First, Middle Initial)
Philip O'Halloran

Mailing Address 1000 Joanne Ct.

City Bloomfield State MI Zip Code 48302

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

Name of Employer St. John Hospital Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11AI.5417

Amount of Each Receipt this Period
 500.00

Direct contribution

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

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

2000.00

**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 12 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
Bonne Posma

Mailing Address 12946 Kedleston Cir

City State Zip Code
Fort Meyers FL 33912

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

Name of Employer Occupation
Saminco, Inc. President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2014

Transaction ID : SA11AI.5349

Amount of Each Receipt this Period
1000.00

Direct Contribution

B. Full Name (Last, First, Middle Initial)
RAUL LABRADOR FOR IDAHO

Mailing Address PO BOX 1616

City State Zip Code
BOISE ID 83701

FEC ID number of contributing federal political committee. **C** C00470948

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2014

Transaction ID : SA11AI.5438

Amount of Each Receipt this Period
500.00

Direct contribution

C. Full Name (Last, First, Middle Initial)
James Rodney

Mailing Address 19100 West 8 Mile RD.

City State Zip Code
Southfield MI 48075

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11AI.5311

Amount of Each Receipt this Period
1000.00

Direct contribution

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

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

2500.00

**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 13 OF 41
	<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)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Leslie Rose		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2014
Mailing Address 330 S. Ocean Blvd. Apt 3B		Transaction ID : SA11AI.5361
City Palm Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	Direct Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Lynn Scharf		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2014
Mailing Address 5770 Dora Ln.		Transaction ID : SA11AI.5649
City Clarkston	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
Name of Employer	Occupation	Reattribute:
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 175.00	

Full Name (Last, First, Middle Initial) C. Melvin Scharf		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2014
Mailing Address 5770 Dora Ln.		Transaction ID : SA11AI.5329
City Clarkston	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2425.00
Name of Employer 5 Star Services LLC	Occupation Owner	Direct contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	

**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 41
	<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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
Melvin Scharf

Mailing Address 5770 Dora Ln.

City Clarkston State MI Zip Code 48348

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

Name of Employer 5 Star Services LLC Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2775.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.5330

Amount of Each Receipt this Period
175.00

Direct contribution

B. Full Name (Last, First, Middle Initial)
Melvin Scharf

Mailing Address 5770 Dora Ln.

City Clarkston State MI Zip Code 48348

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

Name of Employer 5 Star Services LLC Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.5648

Amount of Each Receipt this Period
-175.00

Reattribute: Direct contribution

C. Full Name (Last, First, Middle Initial)
Troy Schrock

Mailing Address 710 Rollingwood Ln

City Fort Wayne State IN Zip Code 46845

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

Name of Employer Advisor Catalyst Inc. Occupation Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.5476

Amount of Each Receipt this Period
500.00

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

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

500.00

**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 15 OF 41
	<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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
G.K. Simmons

Mailing Address 38155 St Mary

City State Zip Code
Clinton Twp. MI 48036

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

Name of Employer Occupation
Downriver Maintenance Corp. President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11AI.5568

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Aubrey Simons

Mailing Address 11605 Olive St.

City State Zip Code
Romulus MI 48174

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2014

Transaction ID : SA11AI.5411

Amount of Each Receipt this Period
500.00

Direct Contribution

C. Full Name (Last, First, Middle Initial)
Joseph Slavik

Mailing Address 32500 Telegraph Rd.

City State Zip Code
Bingham Farms MI 48025

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

Name of Employer Occupation
Fourmidable Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11AI.5424

Amount of Each Receipt this Period
250.00

Direct Contribution

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

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

1000.00

**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 16 OF 41
	<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)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Eapen Thampy		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 121 South 10th St Apt 102		Transaction ID : SA11AI.5458
City Columbia	State MO	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 500.00
Name of Employer American's for Forfeiture Refo	Occupation Executive Director	Amount of Each Receipt this Period _____ 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00	

Full Name (Last, First, Middle Initial) B. Eapen Thampy		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 121 South 10th St Apt 102		Transaction ID : SA11AI.5457
City Columbia	State MO	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 500.00
Name of Employer American's for Forfeiture Refo	Occupation Executive Director	Amount of Each Receipt this Period _____ 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00	

Full Name (Last, First, Middle Initial) C. THOMAS MASSIE FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address PO BOX 1444		Transaction ID : SA11AI.5321
City FLORENCE	State KY	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 2000.00
Name of Employer	Occupation	Direct Contribution _____ 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00	

SUBTOTAL of Receipts This Page (optional).....	_____ 3000.00
TOTAL This Period (last page this line number only).....	_____

**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 17 OF 41
	<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)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) Steven Underwood		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 6858 Maplecrest Dr. SE		Transaction ID : SA11AI.5434
City Grand Rapids	State MI	Zip Code 49546
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Price Heneveld	Occupation Attorney	Direct Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Harry Veryser		Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 44523 Patricia Dr.		Transaction ID : SA11AI.5569
City Sterling Heights	State MI	Zip Code 48314
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer University of Detroit	Occupation Professor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

Full Name (Last, First, Middle Initial) Craig Vlassis		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2014
Mailing Address 4949 Elmgate Dr.		Transaction ID : SA11AI.5150
City Orchard Lake	State MI	Zip Code 48324
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Franklin Enterprises	Occupation Developer	Direct contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	2850.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 18 OF 41
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
Nancy Vlassis

Mailing Address 4949 Elmgate Dr.

City Orchard Lake State MI Zip Code 48324

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2014

Transaction ID : SA11AI.5152

Amount of Each Receipt this Period
 2500.00

Direct Contribution

B. Full Name (Last, First, Middle Initial)
James VonHer

Mailing Address 3510 Tree Trunk Trail

City Richardson State TX Zip Code 75082

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

Name of Employer Zyvex Corp. Occupation chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11AI.5627

Amount of Each Receipt this Period
 500.00

Direct contribution

C. Full Name (Last, First, Middle Initial)
Brandon Wong

Mailing Address 2330 cascade pt Ct se

City Grand Rapids State MI Zip Code 49546

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

Name of Employer Brandon Wong, MD Occupation Anesthesiology

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2014

Transaction ID : SA11AI.5558

Amount of Each Receipt this Period
 250.00

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

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

3250.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 19 OF 41

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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
Raymond Zehring

Mailing Address 52 Laxalt Dr.

City Mound House State NV Zip Code 89706

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

Name of Employer Tri Odyssey Occupation Inventor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11AI.5309

Amount of Each Receipt this Period
 1000.00

Direct Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

32403.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 20 OF 41	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address **942 SOUTH SHADY GROVE ROAD**

City **MEMPHIS** State **TN** Zip Code **38120**

FEC ID number of contributing federal political committee. **C C00068692**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11C.5338

Amount of Each Receipt this Period
 1000.00

Direct contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

1000.00

**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 21 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) THOMAS MCMILLIN		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2014	
Mailing Address 2843 E. Grand River Ave. #252		Transaction ID : SA14.5446	
City East Lansing State MI Zip Code 48823	Amount of Each Receipt this Period 500.00 Computers sold		
FEC ID number of contributing federal political committee. C H8MI09050	Name of Employer State of Michigan Occupation Representative		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5860.00		

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

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

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Bellwether Strategies			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014		
Mailing Address 4154 Lakeview			Amount of Each Disbursement this Period 16386.93		
City Attica	State MI	Zip Code 48412	Transaction ID : SB17.5370		
Purpose of Disbursement Printing and Mailing		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Allied Printing			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014		
Mailing Address 22438 Woodward			Amount of Each Disbursement this Period 4065.93		
City Ferndale	State MI	Zip Code 48220	Transaction ID : SB17.5370.0		
Purpose of Disbursement Printing		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014		
Mailing Address 2960 Auburn Rd.			Amount of Each Disbursement this Period 12231.00		
City Auburn Hills	State MI	Zip Code 48326	Transaction ID : SB17.5370.1		
Purpose of Disbursement Postage		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	16386.93
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 41			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Bellwether Strategies		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 4154 Lakeview		Amount of Each Disbursement this Period 9066.31 Transaction ID : SB17.5380
City Attica State MI Zip Code 48412	Purpose of Disbursement Printing, mailing and consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Targeted Victory		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 1033 N. Fairfax St. suite 40		Amount of Each Disbursement this Period 1150.00 Transaction ID : SB17.5380.0 [MEMO ITEM]
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Video Pre-Roll	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Allied Media		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 240 N. Fenway Dr.		Amount of Each Disbursement this Period 1286.00 Transaction ID : SB17.5380.1 [MEMO ITEM]
City Fenton State MI Zip Code 48430	Purpose of Disbursement Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9066.31
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 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 2960 Auburn Rd.		Amount of Each Disbursement this Period 2613.46
City Auburn Hills	State MI	
Purpose of Disbursement Postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Full Name (Last, First, Middle Initial) B. Allied Media

Full Name (Last, First, Middle Initial) B. Allied Media		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 240 N. Fenway Dr.		Amount of Each Disbursement this Period 2401.85
City Fenton	State MI	
Purpose of Disbursement Printing		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Full Name (Last, First, Middle Initial) C. Bellwether Strategies

Full Name (Last, First, Middle Initial) C. Bellwether Strategies		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 4154 Lakeview		Amount of Each Disbursement this Period 1614.82
City Attica	State MI	
Purpose of Disbursement Design Work		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	SUBTOTAL of Disbursements This Page (optional).....

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 25 OF 41		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. DMK Marketing		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address PO Box 71276		Amount of Each Disbursement this Period 5650.00 Transaction ID : SB17.5369
City Madison Heights	State MI	
Zip Code 48071	Purpose of Disbursement Printing and mailing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DMK Marketing		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address PO Box 71276		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.5385
City Madison Heights	State MI	
Zip Code 48071	Purpose of Disbursement Printing and mailing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 412.00 Transaction ID : SB17.5606
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	13562.00
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 26 OF 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. GoDaddy		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 1455 N. Hayden Rd. Suite 219		Amount of Each Disbursement this Period 63.47
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement Website	Transaction ID : SB17.5368
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ashley Hamilton		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 4237 Calumet Dr.		Amount of Each Disbursement this Period 900.00
City Rochester	State MI	
Zip Code 48306	Purpose of Disbursement Campaign Staff Services	Transaction ID : SB17.5409
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kelley Cawthorne		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 208 N. Capitol Ave. Floor 3		Amount of Each Disbursement this Period 1250.00
City Lansing	State MI	
Zip Code 48933	Purpose of Disbursement Book Keeping Services	Transaction ID : SB17.5384
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2213.47
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 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Kordenbrock & Associates, P.C.		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 4647 Meridian Rd.		Amount of Each Disbursement this Period 664.71 Transaction ID : SB17.5604
City Williamsotn State MI Zip Code 48895	Purpose of Disbursement Book Keeping	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lasercom		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 2230 Elliot Ave.		Amount of Each Disbursement this Period 11041.26 Transaction ID : SB17.5379
City Troy State MI Zip Code 48084	Purpose of Disbursement Printing and Mailing Distribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Lasercom		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 2230 Elliot Ave.		Amount of Each Disbursement this Period 18803.16 Transaction ID : SB17.5386
City Troy State MI Zip Code 48084	Purpose of Disbursement Printing and Mail Distribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	30509.13
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 28 OF 41			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Little Ceasars		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 6373 Sashabaw Rd.		Amount of Each Disbursement this Period 41.34
City Clarkston	State MI	
Zip Code 48346	Purpose of Disbursement Food for Volunteers	Transaction ID : SB17.5401
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jon Mieczkowski		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 7250 E. Baldwin Rd.		Amount of Each Disbursement this Period 3121.15
City Grand Blanc	State MI	
Zip Code 48439	Purpose of Disbursement Campaign Staff Services	Transaction ID : SB17.5405
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Oscars Grill		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 3575 S. Baldwin Rd.		Amount of Each Disbursement this Period 100.00
City Lake Orion	State MI	
Zip Code 48359	Purpose of Disbursement Food for Event	Transaction ID : SB17.5393
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3262.49
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 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Paypal		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 2211 N. First St.		Amount of Each Disbursement this Period 60.11
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Bank Fees	Transaction ID : SB17.5608
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014
Mailing Address 2211 N. First St.		Amount of Each Disbursement this Period 477.72
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement PayPal	Transaction ID : SB17.5603
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. David Rowe		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 10030 Arbor Lane		Amount of Each Disbursement this Period 600.00
City Goodrich	State MI	
Zip Code 48438	Purpose of Disbursement Campaign Staff Services	Transaction ID : SB17.5406
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1137.83
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 41			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Rudy's Market		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 9 S. Main St.		Amount of Each Disbursement this Period 635.16 Transaction ID : SB17.5371
City Clarkston	State MI	
Zip Code 48346	Purpose of Disbursement Food for Event	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Shane Trejo		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 299 Lake Meadow Dr.		Amount of Each Disbursement this Period 415.00 Transaction ID : SB17.5376
City Waterford	State MI	
Zip Code 48327	Purpose of Disbursement Campaign Staff services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Shane Trejo		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 299 Lake Meadow Dr.		Amount of Each Disbursement this Period 282.75 Transaction ID : SB17.5378
City Waterford	State MI	
Zip Code 48327	Purpose of Disbursement Mileage-multiple trips under \$50	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1332.91
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 41			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Voice Broadcasting Corp		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 1527 S. Cooper St.		Amount of Each Disbursement this Period 213.87 Transaction ID : SB17.5375
City Arlington	State TX	
Zip Code 76010	Purpose of Disbursement Robo Call	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Voice Broadcasting Corp		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 1527 S. Cooper St.		Amount of Each Disbursement this Period 156.14 Transaction ID : SB17.5383
City Arlington	State TX	
Zip Code 76010	Purpose of Disbursement Robo Call	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Voice Broadcasting Corp		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 1527 S. Cooper St.		Amount of Each Disbursement this Period 300.41 Transaction ID : SB17.5390
City Arlington	State TX	
Zip Code 76010	Purpose of Disbursement Robo Call	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	670.42
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 32 OF 41			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Voice Broadcasting Corp		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 1527 S. Cooper St.		Amount of Each Disbursement this Period 168.32
City Arlington	State TX	
Zip Code 76010	Purpose of Disbursement Robo Call	Transaction ID : SB17.5392
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Voice Broadcasting Corp		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 1527 S. Cooper St.		Amount of Each Disbursement this Period 303.33
City Arlington	State TX	
Zip Code 76010	Purpose of Disbursement Robo Call	Transaction ID : SB17.5399
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Voice Broadcasting Corp		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 1527 S. Cooper St.		Amount of Each Disbursement this Period 301.65
City Arlington	State TX	
Zip Code 76010	Purpose of Disbursement Robo Call	Transaction ID : SB17.5402
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	773.30
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 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Voice Broadcasting Corp		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 1527 S. Cooper St.		Amount of Each Disbursement this Period 73.08
City Arlington	State TX	
Zip Code 76010	Purpose of Disbursement Robo Call	Transaction ID : SB17.5403
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Winning Strategies		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 622 E. Main St.		Amount of Each Disbursement this Period 5200.00
City Flushing	State MI	
Zip Code 48433	Purpose of Disbursement Yard Signs	Transaction ID : SB17.5395
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Winning Strategies		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 622 E. Main St.		Amount of Each Disbursement this Period 9084.00
City Flushing	State MI	
Zip Code 48433	Purpose of Disbursement Printing and Mailing	Transaction ID : SB17.5396
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14357.08
TOTAL This Period (last page this line number only).....	93271.87

**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 41	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Laura Jost		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 1500 Ocean Dr. #1105		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.5448
City Miami Beach	State FL	
Zip Code 33139	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Paul Jost		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 1600 Ocean Dr., #1105		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.5449
City Miami Beach	State FL	
Zip Code 33139	Purpose of Disbursement Refund of contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

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

SUBTOTAL of Disbursements This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 41	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. JUSTINPAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address PO BOX 2997		Amount of Each Disbursement this Period 2600.00
City GRAND RAPIDS	State MI Zip Code 49501	
Purpose of Disbursement Refund of contribution	Candidate Name	Transaction ID : SB20C.5451
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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

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

SUBTOTAL of Disbursements This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	2600.00

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/10.5140

Tom McMillin for Congress

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

THOMAS MCMILLIN

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

2843 E. Grand River Ave.
#252

City State ZIP Code
East Lansing MI 48823

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	0.00

TERMS

Date Incurred: M 04 / D 14 / Y 2014
 Date Due: M / D / Y 12/31/2014
 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).....	0.00
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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.5140

(Current loan amount of 1000.00 from a balance of 1000.00 has been forgiven)

Form/Schedule:

Transaction ID:

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/10.5141

Tom McMillin for Congress

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

THOMAS MCMILLIN

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

2843 E. Grand River Ave.
#252

City State ZIP Code
East Lansing MI 48823

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
360.00 0.00 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 19 / Y 2014 M M / D D / Y 12/31/2014 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)..... 0.00
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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.5141

(Current loan amount of 360.00 from a balance of 360.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Tom McMillin for Congress** Transaction ID : **SC/10.5088**

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

Mailing Address
 2843 E. Grand River Ave.
 #252

City State ZIP Code
 East Lansing MI 48823

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 0.00
------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 06 / D 28 / Y 2014
 Date Due: M / D / Y 12/31/2014
 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).....	[] 0.00
TOTALS This Period (last page in this line only).....	[] 0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.5088

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

Form/Schedule:

Transaction ID: