

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Newaygo County Democratic Executive Committee

ADDRESS (number and street) P.O. Box 146  
 Check if different than previously reported. (ACC)  
Newaygo MI 49337

2. **FEC IDENTIFICATION NUMBER** C00452854  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 10 01 2008 through 12 31 2008

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 Charles Benham

Signature of Treasurer Electronically Filed by Charles Benham Date 12 30 2008

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 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Newaygo County Democratic Executive Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	8									
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">9736.56</td></tr></table>	9736.56										
9736.56												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">4600.50</td></tr></table>	4600.50	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">77783.23</td></tr></table>	77783.23								
4600.50												
77783.23												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">14337.06</td></tr></table>	14337.06	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">77783.23</td></tr></table>	77783.23								
14337.06												
77783.23												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">6401.23</td></tr></table>	6401.23	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">69847.40</td></tr></table>	69847.40								
6401.23												
69847.40												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">7935.83</td></tr></table>	7935.83	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">7935.83</td></tr></table>	7935.83								
7935.83												
7935.83												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Newyago County Democratic Executive Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3040.50	62866.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3040.50	62866.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	3040.50	62866.50
12. Transfers From Affiliated/Other Party Committees .....	1560.00	14916.21
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.52
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4600.50	77783.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4600.50	77783.23

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6401.23	69847.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	6401.23	69847.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6401.23	69847.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6401.23	69847.40

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	3040.50	62866.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3040.50	62866.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6401.23	69847.40
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6401.23	69847.40

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

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

FOR LINE NUMBER: PAGE 6 / 23  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
Newaygo County Democratic Executive Committee

**A.** Full Name (Last, First, Middle Initial)  
Allegan County Democratic Party  
Mailing Address P.O. Box 85

City State Zip Code  
Saugatuck MI 49453

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2664.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 8  
**Transaction ID:** SA12.4507  
 Amount of Each Receipt this Period  
 624.00  
 signs

**B.** Full Name (Last, First, Middle Initial)  
Mecosta County Democratic Party  
Mailing Address 521 Mecosta . Ave

City State Zip Code  
Big Rapids MI 49307

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 822.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 8  
**Transaction ID:** SA12.4508  
 Amount of Each Receipt this Period  
 312.00  
 signs

**C.** Full Name (Last, First, Middle Initial)  
Ottawa County Democratic Party  
Mailing Address P.O. Box 1792

City State Zip Code  
Holland MI 49422-1792

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3224.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 8  
**Transaction ID:** SA12.4509  
 Amount of Each Receipt this Period  
 624.00  
 signs

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1560.00

**TOTAL** This Period (last page this line number only) ..... ► 1560.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Newaygo County Democratic Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Att Mailing Address City State MI Zip Code Purpose of Disbursement Phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4420 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 168.14
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>B.</b> Full Name (Last, First, Middle Initial) Att Mailing Address City State MI Zip Code Purpose of Disbursement Phones ck 1131 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4459 Date of Disbursement 10 / 30 / 2008
	Amount of Each Disbursement this Period 168.14
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>C.</b> Full Name (Last, First, Middle Initial) Att Mailing Address City State MI Zip Code Purpose of Disbursement phones ck1141 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4499 Date of Disbursement 11 / 26 / 2008
	Amount of Each Disbursement this Period 168.14
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	504.42
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Charles Benham	Transaction ID: SB21B.4445 Date of Disbursement 10 / 17 / 2008
	Mailing Address 625 W. Main St	Amount of Each Disbursement this Period 40.00
	City Newaygo State MI Zip Code 49337	
	Purpose of Disbursement pickup sign money dep	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Charles Benham	Transaction ID: SB21B.4457 Date of Disbursement 10 / 29 / 2008
	Mailing Address 625 W. Main St	Amount of Each Disbursement this Period 21.59
	City Newaygo State MI Zip Code 49337	
	Purpose of Disbursement lunch supplies pickup dep	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Charles Benham	Transaction ID: SB21B.4495 Date of Disbursement 11 / 11 / 2008
	Mailing Address 625 W. Main St	Amount of Each Disbursement this Period 57.05
	City Newaygo State MI Zip Code 49337	
	Purpose of Disbursement Grommet tool, helium tank coffee ck1138	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	118.64
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Newyago County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Blue Dog ink	Transaction ID: SB21B.4425
	Mailing Address	Date of Disbursement 10 / 06 / 2008
	City State Zip Code FL	Amount of Each Disbursement this Period 315.85
	Purpose of Disbursement Toner	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Blue Dog ink	Transaction ID: SB21B.4440
	Mailing Address	Date of Disbursement 10 / 10 / 2008
	City State Zip Code FL	Amount of Each Disbursement this Period 217.28
	Purpose of Disbursement toner dep	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Buttommakers	Transaction ID: SB21B.4442
	Mailing Address	Date of Disbursement 10 / 17 / 2008
	City State Zip Code WA	Amount of Each Disbursement this Period 342.72
	Purpose of Disbursement Buttons dep	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>875.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 23

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

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NAME OF COMMITTEE (In Full)  
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Consumers Power	Transaction ID: SB21B.4444
	Mailing Address	Date of Disbursement 10 / 18 / 2008
	City State MI Zip Code	Amount of Each Disbursement this Period 146.37
	Purpose of Disbursement Ele ck1130	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Consumers Power	Transaction ID: SB21B.4498
	Mailing Address	Date of Disbursement 11 / 12 / 2008
	City State MI Zip Code	Amount of Each Disbursement this Period 30.36
	Purpose of Disbursement Ele ck1140	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Consumers Power	Transaction ID: SB21B.4501
	Mailing Address	Date of Disbursement 12 / 01 / 2008
	City State MI Zip Code	Amount of Each Disbursement this Period 70.53
	Purpose of Disbursement Heat #A ck1143	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	247.26
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Newaygo County Democratic Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Consumers Power Mailing Address City State Zip Code MI Purpose of Disbursement Ele #C ck1144 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4502 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 85.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>B.</b> Full Name (Last, First, Middle Initial) Dallas Dean Mailing Address 2531 W. 140th City State Zip Code Grant MI 49327 Purpose of Disbursement ink,cups timer ck1137 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4494 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 92.78
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>C.</b> Full Name (Last, First, Middle Initial) Dallas Dean Mailing Address 2531 W. 140th City State Zip Code Grant MI 49327 Purpose of Disbursement Cent, Frames ck1146 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4503 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 142.39
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	320.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Newyago County Democratic Executive Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dems Store Mailing Address 5125 MacArthur Blvd N.W. Suite 14 City Washington State DC Zip Code 20016 Purpose of Disbursement signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4511 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8	Amount of Each Disbursement this Period 521.00
<b>B.</b>	Full Name (Last, First, Middle Initial) DKH Services Debbie Hooker Mailing Address City Fremont State MI Zip Code 49412 Purpose of Disbursement setup Quickbooks Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4460 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	Amount of Each Disbursement this Period 227.50
<b>C.</b>	Full Name (Last, First, Middle Initial) Hi Lites Mailing Address City State MI Zip Code Purpose of Disbursement Ad dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4458 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 66.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>814.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Newyago County Democratic Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Klub Sports Mailing Address City State Zip Code MI 49337 Purpose of Disbursement Tee Shirts ck1133 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4462 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 425.06
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>B.</b> Full Name (Last, First, Middle Initial) Officemax Mailing Address City State Zip Code MI Purpose of Disbursement folders dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4427 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 68.32
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>C.</b> Full Name (Last, First, Middle Initial) Office Supplies Mailing Address City State Zip Code CA Purpose of Disbursement ink dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4426 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5.29
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	498.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Newyago County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Pat Brissette	Transaction ID: SB21B.4421
	Mailing Address	Date of Disbursement 10 / 01 / 2008
	City State Zip Code MI	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement Rent	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Plumbs Foes	Transaction ID: SB21B.4424
	Mailing Address	Date of Disbursement 10 / 04 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 10.39
	Purpose of Disbursement coffee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Plumbs Foes	Transaction ID: SB21B.4428
	Mailing Address	Date of Disbursement 10 / 08 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 17.58
	Purpose of Disbursement food vol dep	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	777.97
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Newyago County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Plumbs Foes	Transaction ID: SB21B.4441
	Mailing Address	Date of Disbursement 10 / 10 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 126.67
	Purpose of Disbursement Deli dep	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Plumbs Foes	Transaction ID: SB21B.4447
	Mailing Address	Date of Disbursement 10 / 20 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 17.39
	Purpose of Disbursement pop,water vol dep	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Plumbs Foes	Transaction ID: SB21B.4469
	Mailing Address	Date of Disbursement 11 / 01 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 98.71
	Purpose of Disbursement Deli Trays open house dep	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>242.77</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Newaygo County Democratic Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Plumbs Foes <hr/> Mailing Address <hr/> City State Zip Code MI 49337 <hr/> Purpose of Disbursement Supplies for Vol dep Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4471 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 13.99
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>B.</b> Full Name (Last, First, Middle Initial) Plumbs Foes <hr/> Mailing Address <hr/> City State Zip Code MI 49337 <hr/> Purpose of Disbursement Deli trays for Vol dep Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4472 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 41.75
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>C.</b> Full Name (Last, First, Middle Initial) Plumbs Foes <hr/> Mailing Address <hr/> City State Zip Code MI 49337 <hr/> Purpose of Disbursement food dep Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4473 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 3.79
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	59.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Newaygo County Democratic Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Plumbs Foes Mailing Address City State Zip Code MI 49337 Purpose of Disbursement markwe for office dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4475 Date of Disbursement 11 / 04 / 2008
	Amount of Each Disbursement this Period 7.39
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>B.</b> Full Name (Last, First, Middle Initial) Plumbs Foes Mailing Address City State Zip Code MI 49337 Purpose of Disbursement marker for office dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4476 Date of Disbursement 11 / 04 / 2008
	Amount of Each Disbursement this Period 13.83
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>C.</b> Full Name (Last, First, Middle Initial) Plumbs Foes Mailing Address City State Zip Code MI 49337 Purpose of Disbursement water for Vol dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4477 Date of Disbursement 11 / 04 / 2008
	Amount of Each Disbursement this Period 9.98
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	31.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Newaygo County Democratic Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Plumbs Foes Mailing Address City State Zip Code MI 49337 Purpose of Disbursement deli Trays for vol party dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4490 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 224.46
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>B.</b> Full Name (Last, First, Middle Initial) Staples Mailing Address City State Zip Code MI Purpose of Disbursement office supplies paper dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4455 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 60.96
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>C.</b> Full Name (Last, First, Middle Initial) Stone Lodge Mailing Address City State Zip Code Fremont MI 49412 Purpose of Disbursement rent ck1139 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4496 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	535.42
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) U.S Postage service	Transaction ID: SB21B.4422
	Mailing Address	Date of Disbursement 10 / 03 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 80.55
	Purpose of Disbursement postmaster	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) U.S Postage service	Transaction ID: SB21B.4423
	Mailing Address	Date of Disbursement 10 / 03 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 11.81
	Purpose of Disbursement Postmaster	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) U.S Postage service	Transaction ID: SB21B.4437
	Mailing Address	Date of Disbursement 10 / 08 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 237.10
	Purpose of Disbursement postmaster	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>329.46</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 23

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

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NAME OF COMMITTEE (In Full)  
Newaygo County Democratic Executive Committee

<b>A.</b> Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address City State Zip Code MI 49337 Purpose of Disbursement postmaster ck1136 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4483 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 92.88
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>B.</b> Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State Zip Code MI Purpose of Disbursement pop vol dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4439 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 13.05
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>C.</b> Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State Zip Code MI Purpose of Disbursement office cleaning supplies dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4456 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 45.94
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	151.87
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Newaygo County Democratic Executive Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State MI Zip Code Purpose of Disbursement pop,water,wine,beer Indigo dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4468 Date of Disbursement 11 / 02 / 2008 Amount of Each Disbursement this Period 76.21 Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State MI Zip Code Purpose of Disbursement Food,supplies Vol party dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4485 Date of Disbursement 11 / 07 / 2008 Amount of Each Disbursement this Period 91.86 Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State MI Zip Code Purpose of Disbursement Snow shovel,door mats dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4504 Date of Disbursement 12 / 07 / 2008 Amount of Each Disbursement this Period 27.88 Category/Type

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

195.95

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Wesco Mailing Address City State Zip Code MI MI 49337 Purpose of Disbursement water for vol dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4446 Date of Disbursement 10 / 20 / 2008 Amount of Each Disbursement this Period 5.40
B.	Full Name (Last, First, Middle Initial) Wesco Mailing Address City State Zip Code MI MI 49337 Purpose of Disbursement Donuts dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4464 Date of Disbursement 11 / 01 / 2008 Amount of Each Disbursement this Period 10.79
C.	Full Name (Last, First, Middle Initial) Wesco Mailing Address City State Zip Code MI MI 49337 Purpose of Disbursement Gas cards for vol dep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4470 Date of Disbursement 11 / 03 / 2008 Amount of Each Disbursement this Period 100.00

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

116.19

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 23

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

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NAME OF COMMITTEE (In Full)  
Newaygo County Democratic Executive Committee

A.

Full Name (Last, First, Middle Initial)

Wesco

Mailing Address

City

State  
MI

Zip Code  
49337

Purpose of Disbursement

Donuts Vol dep

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Transaction ID: SB21B.4474

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.79

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

10.79

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

5830.66