

# 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  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

ADDRESS (number and street) 7575 E FULTON ROAD 56-2U  
 Check if different than previously reported. (ACC)  
ADA MI 49355

2. **FEC IDENTIFICATION NUMBER** C00034884  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIPCODE

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 01 01 2008 through 03 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 Scott E Smoes

Signature of Treasurer Electronically Filed by Scott E Smoes Date 04 07 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									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

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		38653.18
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	38653.18									
(c) Total Receipts (from Line 19) .....	1241.92	1241.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	39895.10	39895.10								
7. Total Disbursements (from Line 31) .....	20500.00	20500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19395.10	19395.10								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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  
**ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC**

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

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	1006.14	1006.14
(i) Itemized (use Schedule A) .....	235.78	235.78
(ii) Unitemized .....	1241.92	1241.92
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1241.92	1241.92
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
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	0.00
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)) .....	1241.92	1241.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1241.92	1241.92

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	20500.00
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))..	20500.00	20500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20500.00	20500.00

**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 .....	1241.92	1241.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1241.92	1241.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 14  
(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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

**A.** Full Name (Last, First, Middle Initial)  
Dirk C. Bloemendaal

Mailing Address 7575 Fulton Street East

City State Zip Code  
Ada MI 49355

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

Name of Employer Alticor Occupation Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 120.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2008

**Transaction ID:** SA11AI.4455

Amount of Each Receipt this Period  
120.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Dornan

Mailing Address 7575 East Fulton Street

City State Zip Code  
Ada MI 49355

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

Name of Employer Alticor Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 120.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2008

**Transaction ID:** SA11AI.4454

Amount of Each Receipt this Period  
120.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Robert W. Hamilton

Mailing Address 7575 Fulton Street East

City State Zip Code  
Ada MI 49355

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

Name of Employer Alticor Occupation Industry Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 115.38

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2008

**Transaction ID:** SA11AI.4453

Amount of Each Receipt this Period  
115.38

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **355.38**

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

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

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

FOR LINE NUMBER: PAGE 7 / 14  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

**A.** Full Name (Last, First, Middle Initial)  
James E. Siewertsen  
 Mailing Address 1738 Secretariat Drive SE  
 City State Zip Code  
 Grand Rapids MI 49546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alticor Occupation VP - Global Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00  
 Date of Receipt 03 / 31 / 2008  
**Transaction ID:** SA11AI.4452  
 Amount of Each Receipt this Period 60.00  
 Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Craig V. Witcher  
 Mailing Address 6840 Bridgewater Drive SE  
 City State Zip Code  
 Grand Rapids MI 49546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alticor Occupation VP - Tax & General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76  
 Date of Receipt 03 / 31 / 2008  
**Transaction ID:** SA11AI.4456  
 Amount of Each Receipt this Period 230.76  
 Paryoll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Michael J. Zarrelli  
 Mailing Address 7575 Fulton Street East  
 City State Zip Code  
 Ada MI 49355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alticor Occupation Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00  
 Date of Receipt 03 / 31 / 2008  
**Transaction ID:** SA11AI.4457  
 Amount of Each Receipt this Period 240.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 530.76  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 14	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Zeigler		Date of Receipt
	Mailing Address 7575 East Fulton Street		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ada	MI	49355
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Alticor	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="120.00"/>	Transaction ID: SA11AI.4451
			Amount of Each Receipt this Period <input type="text" value="120.00"/>
			Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="120.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1006.14"/>



**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) MICHELE M BACHMANN</p> <p>Mailing Address 1801 JOHNSON DRIVE</p> <p>City STILLWATER State MN Zip Code 55082</p> <p>Purpose of Disbursement Support</p> <p>Candidate Name MICHELE M BACHMANN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4494</p> <p>Date of Disbursement 03 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PAUL COLLINS BROWN</p> <p>Mailing Address 1221 Knob Creek Drive</p> <p>City Athens State GA Zip Code 30606</p> <p>Purpose of Disbursement Support</p> <p>Candidate Name PAUL COLLINS BROWN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4461</p> <p>Date of Disbursement 03 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DAVID LEE CAMP</p> <p>Mailing Address 5901 Woodview Pass</p> <p>City Midland State MI Zip Code 48642</p> <p>Purpose of Disbursement Support</p> <p>Candidate Name DAVID LEE CAMP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4463</p> <p>Date of Disbursement 03 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO	Transaction ID: SB23.4465 Date of Disbursement
	Mailing Address 2 Comstock Place	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City Charleston State WV Zip Code 25314	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="1000.00"/>
	Candidate Name SHELLEY MOORE CAPITO	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN CORNYN	Transaction ID: SB23.4467 Date of Disbursement
	Mailing Address 6850 AUSTIN CENTER BLVD STE 180	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City AUSTIN State TX Zip Code 78731	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="1000.00"/>
	Candidate Name JOHN CORNYN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE (AKA CRNPAC)	Transaction ID: SB23.4485 Date of Disbursement
	Mailing Address 1828 L STREET NW SUITE 900	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="2000.00"/>
	Candidate Name SUSAN M COLLINS	<input type="text" value=""/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) VERNON J EHLERS	Transaction ID: SB23.4495 Date of Disbursement 03 / 18 / 2008
	Mailing Address PO BOX 3340	Amount of Each Disbursement this Period 1000.00
	City GRAND RAPIDS State MI Zip Code 49501	
	Purpose of Disbursement Support Candidate Name VERNON J EHLERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 03	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) JOHN G. GARD	Transaction ID: SB23.4496 Date of Disbursement 03 / 18 / 2008
	Mailing Address 481 AUBIN STREET	Amount of Each Disbursement this Period 1000.00
	City PESHTIGO State WI Zip Code 54157	
	Purpose of Disbursement Support Candidate Name JOHN G. GARD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) MELISSA A HART	Transaction ID: SB23.4471 Date of Disbursement 03 / 18 / 2008
	Mailing Address PO BOX 435 600 GRANT ST	Amount of Each Disbursement this Period 1000.00
	City WEXFORD State PA Zip Code 15090	
	Purpose of Disbursement Support Candidate Name MELISSA A HART Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) PETER HOEKSTRA	Transaction ID: SB23.4473 Date of Disbursement
	Mailing Address 1454 CIMARRON DRIVE	<input type="text" value="03"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City HOLLAND State MI Zip Code 49423	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="2000.00"/>
	Candidate Name PETER HOEKSTRA	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOSEPH K. KNOLLENBERG	Transaction ID: SB23.4475 Date of Disbursement
	Mailing Address 31000 Telegraph Road #110	<input type="text" value="03"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Bingham Farms State MI Zip Code 48025	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="1000.00"/>
	Candidate Name JOSEPH K. KNOLLENBERG	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) THADDEUS G MCCOTTER	Transaction ID: SB23.4497 Date of Disbursement
	Mailing Address 18430 GOLFVIEW	<input type="text" value="03"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City LIVONIA State MI Zip Code 48152	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="1000.00"/>
	Candidate Name THADDEUS G MCCOTTER	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 13 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) CANDICE S. MILLER	Transaction ID: SB23.4477 Date of Disbursement 03 / 18 / 2008
	Mailing Address 28840 Old North River Rd.	Amount of Each Disbursement this Period 1000.00
	City Harrison Township State MI Zip Code 48045	
	Purpose of Disbursement Support Candidate Name CANDICE S. MILLER Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SUE MYRICK	Transaction ID: SB23.4478 Date of Disbursement 03 / 18 / 2008
	Mailing Address P. O. Box 37091	Amount of Each Disbursement this Period 1000.00
	City CHARLOTTE State NC Zip Code 28237	
	Purpose of Disbursement Support Candidate Name SUE MYRICK Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) DAVE REICHERT	Transaction ID: SB23.4503 Date of Disbursement 03 / 18 / 2008
	Mailing Address P. O. Box 53322	Amount of Each Disbursement this Period 1000.00
	City Bellevue State WA Zip Code 98015	
	Purpose of Disbursement Support Candidate Name DAVE REICHERT Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL J ROGERS</p> <p>Mailing Address 6899 CORRIGAN DRIVE</p> <p>City BRIGHTON State MI Zip Code 48116</p> <p>Purpose of Disbursement Support Candidate Name MICHAEL J ROGERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4480 <b>Date of Disbursement:</b> 03 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AARON SCHOCK</p> <p>Mailing Address 1040 EAST MELBOURNE AVE</p> <p>City PEORIA State IL Zip Code 61603</p> <p>Purpose of Disbursement Support Candidate Name AARON SCHOCK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4505 <b>Date of Disbursement:</b> 03 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JOE WILSON</p> <p>Mailing Address 2825 Wilton Road</p> <p>City West Columbia State SC Zip Code 29170</p> <p>Purpose of Disbursement Support Candidate Name JOE WILSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4483 <b>Date of Disbursement:</b> 03 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

3000.00

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

20500.00