

RECEIVED  
FEC MAIL ROOM

2008 JAN 31 A 10:49

1/30/2008

Family For Good Government Federal PAC  
One Towne Square, Suite 1913  
Southfield MI 48076

Federal Election Commission  
999 E Street, N.W.  
Washington D.C. 20463

Please find the following items enclosed:

1 original of the FEC Form 3X for 7/01/07-12/31/07  
1 copy of the FEC Form 3X for 7/01/07-12/31/07

Thank you.

28039611678

2008 JAN 31 A 10:49

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
Family For Good Government Federal PAC

ADDRESS (number and street) One Towne Square, Suite 1913  
Southfield MI 48076  
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C 0 0 4 3 0 9 2 6

3. IS THIS REPORT NEW (N) OR AMENDED (A)  
X

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
April 15 Quarterly Report (Q1)  
July 15 Quarterly Report (Q2)  
October 15 Quarterly Report (Q3)  
X January 31 Year-End 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 (12S)  
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 0 7 / 0 1 2 0 0 7 through 1 2 / 3 1 2 0 0 7

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 Seth S. Meltzer

Signature of Treasurer  Date 0 1 / 3 0 2 0 0 8

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

28039611679

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Family For Good Government Federal PAC

Report Covering the Period: From: <sup>W</sup>0 <sup>M</sup>7 / <sup>D</sup>0 <sup>D</sup>1 / <sup>Y</sup>2 <sup>Y</sup>0 <sup>Y</sup>0 <sup>Y</sup>7 To: <sup>M</sup>1 <sup>M</sup>2 / <sup>D</sup>3 <sup>D</sup>1 / <sup>Y</sup>2 <sup>Y</sup>0 <sup>Y</sup>0 <sup>Y</sup>7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <sup>v</sup> <sup>v</sup> <sup>v</sup> <sup>v</sup> 2 0 0 7		, 4 5, 0 0 0.0 0
(b) Cash on Hand at Beginning of Reporting Period.....	, 3 0, 4 3 6.6 0	
(c) Total Receipts (from Line 19).....	, 4 0, 0 0 0.0 0	, 4 0, 0 0 0.0 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	, 7 0, 4 3 6.6 0	, 8 5, 0 0 0.0 0
7. Total Disbursements (from Line 31).....	, 3, 0 2 7.1 5	, 1 7, 5 9 0.5 5
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, 6 7, 4 0 9.4 5	, 6 7, 4 0 9.4 5
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	, , 0.0 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	, , 0.0 0	

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

28039611680

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Family For Good Government Federal PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 7 To: M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7

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		
(i) Itemized (use Schedule A).....	4 0,0 0 0.0 0	4 0,0 0 0 0.0 0
(ii) Unitemized.....	0.0 0	0.0 0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4 0, 0 0 0.0 0	4 0, 0 0 0.0 0
(b) Political Party Committees.....	0.0 0	0.0 0
(c) Other Political Committees (such as PACs).....	0.0 0	0.0 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	4 0,0 0 0.0 0	4 0, 0 0 0.0 0
12. Transfers From Affiliated/Other Party Committees.....	0.0 0	0.0 0
13. All Loans Received.....	0.0 0	0.0 0
14. Loan Repayments Received.....	0.0 0	0.0 0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.0 0	0.0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.0 0	0.0 0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.0 0	0.0 0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.0 0	0.0 0
(b) Levin Funds (from Schedule H5).....	0.0 0	0.0 0
(c) Total Transfers (add 18(a) and 18(b))..	0.0 0	0.0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	4 0, 0 0 0.0 0	4 0,0 0 0.0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4 0, 0 0 0.0 0	4 0,0 0 0.0 0

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0 . 0 0	0 . 0 0
(ii) Non-Federal Share.....	0 . 0 0	0 . 0 0
(b) Other Federal Operating Expenditures .....	1 , 5 2 7 . 1 5	1 3 , 9 9 0 . 5 5
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1 , 5 2 7 . 1 5	1 3 , 9 9 0 . 5 5
22. Transfers to Affiliated/Other Party Committees.....	0 . 0 0	0 . 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1 , 5 0 0 . 0 0	3 , 6 0 0 . 0 0
24. Independent Expenditures (use Schedule E) .....	0 . 0 0	0 . 0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0 . 0 0	0 . 0 0
26. Loan Repayments Made.....	0 . 0 0	0 . 0 0
27. Loans Made.....	0 . 0 0	0 . 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0 . 0 0	0 . 0 0
(b) Political Party Committees .....	0 . 0 0	0 . 0 0
(c) Other Political Committees (such as PACs).....	0 . 0 0	0 . 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0 . 0 0	0 . 0 0
29. Other Disbursements .....	0 . 0 0	0 . 0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0 . 0 0	0 . 0 0
(ii) "Levin" Share.....	0 . 0 0	0 . 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0 . 0 0	0 . 0 0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0 . 0 0	0 . 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3 , 0 2 7 . 1 5	1 7 , 5 9 0 . 5 5
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3 , 0 2 7 . 1 5	1 7 , 5 9 0 . 5 5

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	, 4 0,0 0 0 . 0 0	, 4 0,0 0 0 . 0 0
34. Total Contribution Refunds (from Line 28(d)) .....	, , 0 . 0 0	, , 0 . 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	, 4 0,0 0 0 . 0 0	, 4 0,0 0 0 . 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	, 1,5 2 7 . 1 5	, 1 3,9 9 0 . 5 5
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	, , 0 . 0 0	, , 0 . 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	, 1,5 2 7 . 1 5	, 1 3,9 9 0 . 5 5

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 13	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 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)  
**Family For Good Government Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Seligman, Scott J</b>		Date of Receipt
Mailing Address <b>One Towne Square, Suite 1913</b>		M M / D D / Y Y Y Y <b>0 9 / 1 0 / 2 0 0 7</b>
City <b>Southfield</b>	State <b>MI</b>	Zip Code <b>48076</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 5,000.00</b>
Name of Employer <b>Seligman &amp; Associates</b>	Occupation <b>President</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 5,000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Meltzer, Seth S</b>		Date of Receipt
Mailing Address <b>One Towne Square, Suite 1913</b>		M M / D D / Y Y Y Y <b>0 9 / 2 8 / 2 0 0 7</b>
City <b>Southfield</b>	State <b>MI</b>	Zip Code <b>48076</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 5,000.00</b>
Name of Employer <b>Seligman &amp; Associates</b>	Occupation <b>Executive V.P.</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 5,000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Seligman, Irving R.</b>		Date of Receipt
Mailing Address <b>One Towne Square, Suite 1913</b>		M M / D D / Y Y Y Y <b>0 9 / 2 8 / 2 0 0 7</b>
City <b>Southfield</b>	State <b>MI</b>	Zip Code <b>48076</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 5,000.00</b>
Name of Employer <b>Seligman &amp; Associates</b>	Occupation <b>Chairman</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 5,000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>, 15,000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>, ,</b>

28039611684

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 13	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 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)  
**Family For Good Government Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Seligman, Sandra</b>		Date of Receipt
Mailing Address <b>One Towne Square, Suite 1913</b>		M M / D D / Y Y Y Y <b>0 9 / 2 8 / 2 0 0 7</b>
City <b>Southfield</b>	State <b>MI</b>	Zip Code <b>48076</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 5,000.00</b>
Name of Employer <b>Seligman &amp; Associates</b>	Occupation <b>Director</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 5,000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Meltzer, Melissa R</b>		Date of Receipt
Mailing Address <b>One Towne Square, Suite 1913</b>		M M / D D / Y Y Y Y <b>1 0 / 1 1 / 2 0 0 7</b>
City <b>Southfield</b>	State <b>MI</b>	Zip Code <b>48076</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 5,000.00</b>
Name of Employer <b>None</b>	Occupation <b>None</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 5,000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Lowy, Rachel S</b>		Date of Receipt
Mailing Address <b>One Towne Square, Suite 1913</b>		M M / D D / Y Y Y Y <b>1 0 / 1 1 / 2 0 0 7</b>
City <b>Southfield</b>	State <b>MI</b>	Zip Code <b>48076</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 5,000.00</b>
Name of Employer <b>None</b>	Occupation <b>None</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 5,000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<b>, 15,000.00</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 13	
	<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	

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)  
**Family For Good Government Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Lowy, Jon W</b>		Date of Receipt
Mailing Address <b>One Towne Square, Suite 1913</b>		M M / D D / Y Y Y Y <b>1 0 / 1 1 / 2 0 0 7</b>
City <b>Southfield</b>	State <b>MI</b>	Zip Code <b>48076</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 5,000.00</b>
Name of Employer <b>Seligman &amp; Associates</b>	Occupation <b>Data Processing Technician</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 5,000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Seligman, Carol C.</b>		Date of Receipt
Mailing Address <b>One Towne Square, Suite 1913</b>		M M / D D / Y Y Y Y <b>1 0 / 2 9 / 2 0 0 7</b>
City <b>Southfield</b>	State <b>MI</b>	Zip Code <b>48076</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 5,000.00</b>
Name of Employer <b>None</b>	Occupation <b>None</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 5,000.00</b>	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>, 10,000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>, 40,000.00</b>

28039611686

**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 9 OF 13	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
**Family For Good Government Federal PAC**

Full Name (Last, First, Middle Initial) <b>Rubenstein Isaacs, P.C.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>0 7 / 2 5 / 2 0 0 7</b>	
Mailing Address <b>2000 Town Center, Suite 1360</b>		Amount of Each Disbursement this Period  <b>, 2 1 6 . 4 3</b>	
City <b>Southfield</b>	State <b>MI</b>		
Purpose of Disbursement <b>Professional Services</b>		0 0 1	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>Bell, McAndrews &amp; Hiltachk, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>0 9 / 0 7 / 2 0 0 7</b>	
Mailing Address <b>1321 Seventh Street, Suite 205</b>		Amount of Each Disbursement this Period  <b>, 7 6 3 . 7 9</b>	
City <b>Santa Monica</b>	State <b>CA</b>		
Purpose of Disbursement <b>Professional Services</b>		0 0 1	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>Bell, McAndrews &amp; Hiltachk, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>1 0 / 1 9 / 2 0 0 7</b>	
Mailing Address <b>1321 Seventh Street, Suite 205</b>		Amount of Each Disbursement this Period  <b>, 4 0 0 . 0 0</b>	
City <b>Santa Monica</b>	State <b>CA</b>		
Purpose of Disbursement <b>Professional Services</b>		0 0 1	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>1,380.22</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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**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 OF 13
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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)  
**Family For Good Government Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Rubenstein Isaacs, P.C.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>1 0 / 2 2 / 2 0 0 7</b>
Mailing Address <b>2000 Town Center, Suite 1360</b>		Amount of Each Disbursement this Period <b>1 0 5 . 0 0</b>
City <b>Southfield</b>	State <b>MI</b>	
Zip Code <b>48075</b>		Category/ Type <b>0 0 1</b>
Purpose of Disbursement <b>Professional Services</b>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>1 0 5 . 0 0</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1,5 2 7 . 1 5</b>

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**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 11 OF 13
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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)  
**Family For Good Government Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Friends of Max Baucus</b>			Date of Disbursement M M / D D / Y Y Y Y <b>0 8 / 2 0 / 2 0 0 7</b>		
Mailing Address <b>P O Box 586</b>			Amount of Each Disbursement this Period <b>, 5 0 0 . 0 0</b>		
City <b>Helena</b>	State <b>MT</b>	Zip Code <b>59624</b>			
Purpose of Disbursement <b>Contribution</b>		Category/ Type <b>0 1 1</b>			
Candidate Name <b>Max Baucus</b>					
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>2008</b>				
State: <b>MT</b> District:					

Full Name (Last, First, Middle Initial) <b>B. The Reed Committee</b>			Date of Disbursement M M / D D / Y Y Y Y <b>0 9 / 1 0 / 2 0 0 7</b>		
Mailing Address <b>P O Box 8628</b>			Amount of Each Disbursement this Period <b>, 5 0 0 . 0 0</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip Code <b>02920</b>			
Purpose of Disbursement <b>Contribution</b>		Category/ Type <b>0 1 1</b>			
Candidate Name <b>Jack Reed</b>					
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>2008</b>				
State: <b>RI</b> District:					

Full Name (Last, First, Middle Initial) <b>C. Lindsey Graham for Senate</b>			Date of Disbursement M M / D D / Y Y Y Y <b>1 1 / 0 1 / 2 0 0 7</b>		
Mailing Address <b>P O Box 1801</b>			Amount of Each Disbursement this Period <b>, 5 0 0 . 0 0</b>		
City <b>Columbia</b>	State <b>SC</b>	Zip Code <b>29202</b>			
Purpose of Disbursement <b>Contribution</b>		Category/ Type <b>0 1 1</b>			
Candidate Name <b>Lindsey Graham</b>					
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>2008</b>				
State: <b>SC</b> District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>1,500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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**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 12 OF 13	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
**Family For Good Government Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Friends of Dick Durbin Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>0 2 / 1 5 / 2 0 0 7</b>
Mailing Address <b>P O Box 1949</b>		Amount of Each Disbursement this Period  <b>, - 5 0 0 . 0 0</b>
City <b>Springfield</b>	State <b>IL</b>	
Zip Code <b>62705</b>		Amount of Each Disbursement this Period  <b>, - 5 0 0 . 0 0</b>
Purpose of Disbursement <b>Check Not Deposited</b>	Category/ Type <b>0 1 1</b>	
Candidate Name <b>Dick Durbin</b>		Amount of Each Disbursement this Period  <b>, - 5 0 0 . 0 0</b>
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ <b>2008</b>	
State: <b>IL</b> District:		

Full Name (Last, First, Middle Initial) <b>B. Nancy Pelose For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>1 1 / 0 1 / 2 0 0 7</b>
Mailing Address <b>430 South Capitol Street, SE 1st Floor</b>		Amount of Each Disbursement this Period  <b>, 5 0 0 . 0 0</b>
City <b>Washington DC</b>	State <b>DC</b>	
Zip Code <b>20003</b>		Amount of Each Disbursement this Period  <b>, 5 0 0 . 0 0</b>
Purpose of Disbursement <b>Contribution</b>	Category/ Type <b>0 1 1</b>	
Candidate Name		Amount of Each Disbursement this Period  <b>, 5 0 0 . 0 0</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
State: <b>CA</b> District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>0 . 0 0</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1 , 5 0 0 . 0 0</b>

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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

Family For Good Government Federal PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):  Professional Services
Rubenstein Isaacs, P.C.		
Mailing Address 2000 Town Center, Suite 1360		
City	State	Zip Code
Southfield	MI	48075

Outstanding Balance Beginning This Period		
, , 2 1 6.4 3		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , 0. 0 0	, , 2 1 6.4 3	, , 0. 0 0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period		
, , .		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period		
, , .		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

1) SUBTOTALS This Period This Page (optional)..... ▶	, , .
2) TOTALS This Period (last page this line number only)..... ▶	, , 0. 0 0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ▶	, , 0. 0 0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	, , 0. 0 0

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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

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*1/30/08*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*JWA*  
 PREPARER

*1/31/08*  
 DATE PREPARED

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