

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

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

ADDRESS (number and street) P.O. Box 183370

Check if different than previously reported. (ACC) Shelby Township MI 48318 337

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00488155

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 04 01 2011 through 06 30 2011

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 Robert Leslie

Signature of Treasurer Electronically Filed by Robert Leslie Date 07 13 2011

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

Write or Type Committee Name

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		28286.65
(b) Cash on Hand at Beginning of Reporting Period	9952.45	
(c) Total Receipts (from Line 19)	10300.00	23000.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20252.45	51286.65
7. Total Disbursements (from Line 31)	10662.31	41696.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9590.14	9590.14
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

Report Covering the Period: From: To:

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)	2500.00	2500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2500.00	2500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	7800.00	20500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10300.00	23000.00
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))	10300.00	23000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10300.00	23000.00

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.....	9662.31	16696.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9662.31	16696.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	1000.00	25000.00
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))..	10662.31	41696.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10662.31	41696.51

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)	10300.00	23000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10300.00	23000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9662.31	16696.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9662.31	16696.51

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 18
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
 Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A.	Full Name (Last, First, Middle Initial) Candice Miller for Congress		Date of Receipt
	Mailing Address P.O. Box 182152		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	FEC ID number of contributing federal political committee.		C C00365593
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 10708.C42 Amount of Each Receipt this Period <input type="text" value="100.00"/> In-Kind Computer&Office Equip. Rental	
Aggregate Year-to-Date ▼		<input type="text" value="400.00"/>	

B.	Full Name (Last, First, Middle Initial) Candice Miller for Congress		Date of Receipt
	Mailing Address P.O. Box 182152		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	FEC ID number of contributing federal political committee.		C C00365593
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 10708.C45 Amount of Each Receipt this Period <input type="text" value="100.00"/> In-Kind Computer & Office Equip. Usage	
Aggregate Year-to-Date ▼		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Candice Miller for Congress		Date of Receipt
	Mailing Address P.O. Box 182152		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	FEC ID number of contributing federal political committee.		C C00365593
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 10708.C46 Amount of Each Receipt this Period <input type="text" value="100.00"/> In-Kind Computer&Office Equipment Use	
Aggregate Year-to-Date ▼		<input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 7 / 18
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A.	Full Name (Last, First, Middle Initial) Ford Motor Company Civic Action Fund		Date of Receipt
	Mailing Address The American Road		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Dearborn	MI	48121
	FEC ID number of contributing federal political committee.		Transaction ID: 10708.C44
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
		<input type="text" value="2500.00"/>	Receipt

B.	Full Name (Last, First, Middle Initial) General Dynamics Voluntary PAC		Date of Receipt
	Mailing Address 2941 Fairview Park Dr. #100		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Falls Church	VA	22042
	FEC ID number of contributing federal political committee.		Transaction ID: 10411.C41
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
		<input type="text" value="2500.00"/>	Receipt

C.	Full Name (Last, First, Middle Initial) National Marine Manf. Assoc.- BOAT PAC		Date of Receipt
	Mailing Address 444 North Capitol St. NW, STE 645		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee.		Transaction ID: 10708.C43
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
		<input type="text" value="5000.00"/>	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="7800.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 18	
	(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"/> 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)
Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A. Full Name (Last, First, Middle Initial)
The Chickasaw Nation

Mailing Address P.O. Box 1548

City State Zip Code
Ada OK 74820

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: 10711.C47

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

**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)
Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: 10708.E78 Date of Disbursement 04 / 05 / 2011
	Mailing Address 29065 Cabot Drive	Amount of Each Disbursement this Period 13.00
	City: Novi State: MI Zip Code: 48377- Purpose of Disbursement: Payroll Service Fee 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) ▼	PAYROLL SERVICE FEE
B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: 10708.E77 Date of Disbursement 04 / 05 / 2011
	Mailing Address 29065 Cabot Drive	Amount of Each Disbursement this Period 111.00
	City: Novi State: MI Zip Code: 48377- Purpose of Disbursement: Payroll Service Fee 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) ▼	PAYROLL SERVICE FEE
C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: 10708.E79 Date of Disbursement 04 / 06 / 2011
	Mailing Address 29065 Cabot Drive	Amount of Each Disbursement this Period 111.00
	City: Novi State: MI Zip Code: 48377- Purpose of Disbursement: Payroll Service Fee 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) ▼	PAYROLL SERVICE FEE

SUBTOTAL of Disbursements This Page (optional) ▶

235.00

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 10 / 18

<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)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: 10708.E80 Date of Disbursement
	Mailing Address 29065 Cabot Drive	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City Novi State MI Zip Code 48377-	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Taxes Candidate Name Category/Type	<input type="text" value="142.65"/>
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) ▼	EMPLOYEE TAXES
B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: 10708.E84 Date of Disbursement
	Mailing Address 29065 Cabot Drive	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Novi State MI Zip Code 48377-	Amount of Each Disbursement this Period
	Purpose of Disbursement Total Tax Liability Candidate Name Category/Type	<input type="text" value="275.84"/>
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) ▼	TOTAL TAX LIABILITY
C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: 10708.E83 Date of Disbursement
	Mailing Address 29065 Cabot Drive	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Novi State MI Zip Code 48377-	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Service Fee Candidate Name Category/Type	<input type="text" value="79.72"/>
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) ▼	PAYROLL SERVICE FEE

SUBTOTAL of Disbursements This Page (optional) ▶

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)
Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: 10708.E92 Date of Disbursement 05 / 13 / 2011
	Mailing Address 29065 Cabot Drive	Amount of Each Disbursement this Period 83.98
	City Novi State MI Zip Code 48377-	
	Purpose of Disbursement Payroll Service Fee	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) ▼
		PAYROLL SERVICE FEE

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: 10708.E91 Date of Disbursement 05 / 13 / 2011
	Mailing Address 29065 Cabot Drive	Amount of Each Disbursement this Period 812.27
	City Novi State MI Zip Code 48377-	
	Purpose of Disbursement Total Tax Liability	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) ▼
		TOTAL TAX LIABILITY

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: 10708.E99 Date of Disbursement 06 / 08 / 2011
	Mailing Address 29065 Cabot Drive	Amount of Each Disbursement this Period 271.54
	City Novi State MI Zip Code 48377-	
	Purpose of Disbursement Total Tax Liability	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) ▼
		TOTAL TAX LIABILITY

SUBTOTAL of Disbursements This Page (optional)	▶	1167.79
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)
Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: 10708.E100
	Mailing Address 29065 Cabot Drive	Date of Disbursement 06 / 08 / 2011
	City Novi State MI Zip Code 48377-	Amount of Each Disbursement this Period 83.98
	Purpose of Disbursement Payroll Service Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		PAYROLL SERVICE FEE
B.	Full Name (Last, First, Middle Initial) M.J. Chirco Family I, LLC	Transaction ID: 10411.E72
	Mailing Address 48641 Van Dyke Ave.	Date of Disbursement 04 / 05 / 2011
	City Shelby Township State MI Zip Code 48317-	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement April Office Rent Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		APRIL OFFICE RENT EXPENSE
C.	Full Name (Last, First, Middle Initial) M.J. Chirco Family I, LLC	Transaction ID: 10708.E86
	Mailing Address 48641 Van Dyke Ave.	Date of Disbursement 05 / 03 / 2011
	City Shelby Township State MI Zip Code 48317-	Amount of Each Disbursement this Period 80.00
	Purpose of Disbursement May Office Rent Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		MAY OFFICE RENT EXPENSE

SUBTOTAL of Disbursements This Page (optional)	243.98
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)

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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)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC

A.	Full Name (Last, First, Middle Initial) M.J. Chirco Family I, LLC Mailing Address 48641 Van Dyke Ave. City State Zip Code Shelby Township MI 48317- Purpose of Disbursement June Office Rent Expense 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: 10708.E95 Date of Disbursement 06 / 01 / 2011 Amount of Each Disbursement this Period 80.00 JUNE OFFICE RENT EXPENSE
B.	Full Name (Last, First, Middle Initial) Comcast Corp. Mailing Address P.O. Box 3005 City State Zip Code Southeastern PA 19398-3005 Purpose of Disbursement Phone Service 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: 10411.E74 Date of Disbursement 04 / 11 / 2011 Amount of Each Disbursement this Period 60.01 PHONE SERVICE
C.	Full Name (Last, First, Middle Initial) Comcast Corp. Mailing Address P.O. Box 3005 City State Zip Code Southeastern PA 19398-3005 Purpose of Disbursement Phone Service 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: 10708.E87 Date of Disbursement 05 / 12 / 2011 Amount of Each Disbursement this Period 59.95 PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)	199.96
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)

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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)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A.	Full Name (Last, First, Middle Initial) Comcast Corp. <hr/> Mailing Address P.O. Box 3005 <hr/> City Southeastern State PA Zip Code 19398-3005 <hr/> Purpose of Disbursement Phone Service 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) ▼	Transaction ID: 10708.E96 Date of Disbursement 06 / 06 / 2011 <hr/> Amount of Each Disbursement this Period 59.95 <hr/> PHONE SERVICE
B.	Full Name (Last, First, Middle Initial) Candice Miller for Congress <hr/> Mailing Address P.O. Box 182152 <hr/> City State Zip Code <hr/> Purpose of Disbursement Computer&Office Equip. Rental 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) ▼	Transaction ID: 10708.C42IK Date of Disbursement 04 / 30 / 2011 <hr/> Amount of Each Disbursement this Period 100.00 <hr/> IN KIND: COMPUTER&OFFICE EQUIP. RENTAL
C.	Full Name (Last, First, Middle Initial) Candice Miller for Congress <hr/> Mailing Address P.O. Box 182152 <hr/> City State Zip Code <hr/> Purpose of Disbursement Computer & Office Equip. Usage 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) ▼	Transaction ID: 10708.C45IK Date of Disbursement 05 / 31 / 2011 <hr/> Amount of Each Disbursement this Period 100.00 <hr/> IN KIND: COMPUTER & OFFICE EQUIP. USAGE

SUBTOTAL of Disbursements This Page (optional) ▶

259.95

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)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A.	Full Name (Last, First, Middle Initial) Candice Miller for Congress <hr/> Mailing Address P.O. Box 182152 <hr/> City State Zip Code <hr/> Purpose of Disbursement Computer&Office Equipment Use 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) ▼	Transaction ID: 10708.C46IK Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 100.00 <hr/> IN KIND: COMPUTER&OFFICE EQUIPMENT USE
B.	Full Name (Last, First, Middle Initial) Sean Moran <hr/> Mailing Address 2595 Chain Bridge Road <hr/> City State Zip Code Vienna VA 22181-5577 <hr/> Purpose of Disbursement Strategic Fundraising Services 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) ▼	Transaction ID: 10708.E81 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 1398.46 <hr/> STRATEGIC FUNDRAISING SERVICES
C.	Full Name (Last, First, Middle Initial) Sean Moran <hr/> Mailing Address 2595 Chain Bridge Road <hr/> City State Zip Code Vienna VA 22181-5577 <hr/> Purpose of Disbursement Strategic Fundraising Services 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) ▼	Transaction ID: 10708.E90 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 1398.46 <hr/> STRATEGIC FUNDRAISING SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

2896.92

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)

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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)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A.	Full Name (Last, First, Middle Initial) Sean Moran <hr/> Mailing Address 2595 Chain Bridge Road <hr/> City Vienna State VA Zip Code 22181-5577 <hr/> Purpose of Disbursement Strategic Fundraising Services Candidate Name Category/Type <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) ▼	Transaction ID: 10708.E97 Date of Disbursement 06 / 08 / 2011 <hr/> Amount of Each Disbursement this Period 1398.46 <hr/> STRATEGIC FUNDRAISING SERVICES
B.	Full Name (Last, First, Middle Initial) Trattoria Alberto Of Capitol Hill <hr/> Mailing Address 506 - 8th Street, SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Dinner Expense Candidate Name Category/Type <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) ▼	Transaction ID: 10708.E82 Date of Disbursement 04 / 11 / 2011 <hr/> Amount of Each Disbursement this Period 298.55 <hr/> DINNER EXPENSE
C.	Full Name (Last, First, Middle Initial) Adam Stachecki <hr/> Mailing Address 2846 Plymouth Drive <hr/> City Shelby Township State MI Zip Code 48316- <hr/> Purpose of Disbursement Financial & Bookkeeping Services Candidate Name Category/Type <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) ▼	Transaction ID: 10708.E89 Date of Disbursement 05 / 13 / 2011 <hr/> Amount of Each Disbursement this Period 1411.67 <hr/> FINANCIAL & BOOKEEPING SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

3108.68

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)

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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)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC

A.

Full Name (Last, First, Middle Initial)

Adam Stachecki

Mailing Address 2846 Plymouth Drive

City State Zip Code
Shelby Township MI 48316-

Purpose of Disbursement
Financial & Bookkeeping Services

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 10708.E98

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

177.50

FINANCIAL & BOOKKEEPING SERVICES

B.

Full Name (Last, First, Middle Initial)

Ruths Chris Steak House

Mailing Address 724 - 9th Street, NW

City State Zip Code
Washington DC 20001-

Purpose of Disbursement
Food Expense & Banquet Services

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 10708.E101

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

580.58

FOOD EXPENSE & BANQUET SERVICES

SUBTOTAL of Disbursements This Page (optional)

758.08

TOTAL This Period (last page this line number only)

9368.57

**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 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)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC

A. Full Name (Last, First, Middle Initial)
Jane Corwin for Congress Committee Inc

Mailing Address P.O. Box 15385

City Rochester State NY Zip Code 14615-

Purpose of Disbursement
SPECIAL NY-26

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 10411.E76

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SPECIAL NY-26

SUBTOTAL of Disbursements This Page (optional) ►

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