

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TROTT FOR CONGRESS, INC.

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1478980.00	3165351.79
(b) Total Contribution Refunds (from Line 20(d))	0.00	2400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1478980.00	3162951.79
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1302589.42	1945087.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	48.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1302589.42	1945039.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1467911.94	
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).....	305570.07	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

TROTT FOR CONGRESS, INC.

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	96480.00	948900.15
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	96480.00	948900.15
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	17500.00	43050.00
(d) The Candidate.....	1365000.00	2173401.64
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1478980.00	3165351.79
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	250000.00	250000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	250000.00	250000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	48.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1728980.00	3415399.79

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1302589.42	1945087.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2400.00
(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 20(a), (b), and (c)).....	0.00	2400.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1302589.42	1947487.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1041521.36
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1728980.00
25. SUBTOTAL (add Line 23 and Line 24).....	2770501.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1302589.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1467911.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
DENISE ALEXANDER

Mailing Address 600 SOUTH ADAMS ROAD
SUITE 100

City BIRMINGHAM State MI Zip Code 48009

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

Name of Employer ALEXANDER, EISENBERG & SPILMAN Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.6713

Amount of Each Receipt this Period
250.00

PARTNERSHIP ATTRIBUTION - ALEXANDER, EISENBERG & SPILMAN
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ALEXANDER, EISENBERG & SPILMAN

Mailing Address 600 SOUTH ADAMS ROAD
SUITE 100

City BIRMINGHAM State MI Zip Code 48009

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.6708

Amount of Each Receipt this Period
250.00

PARTNERSHIP CONTRIBUTION - SEE ATTRIBUTION

C. Full Name (Last, First, Middle Initial)
HENRY J ANDRIES

Mailing Address 1776 WINTHROP LANE

City BIRMINGHAM State MI Zip Code 48009

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

Name of Employer STROBL & SHARP PC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.6558

Amount of Each Receipt this Period
500.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
ROBERT JOSEPH BARDEN

Mailing Address 311 NORTH MAIN

City State Zip Code
ANN ARBOR MI 48104

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

Name of Employer Occupation
ANN ARBOR CREDIT BUREAU INCORPORAT EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.6737

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
TERRENCE A. BARR

Mailing Address 2779 INDIAN MOUND S.

City State Zip Code
BLOOMFIELD MI 48301

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

Name of Employer Occupation
TERRY BARR SALES SALES/OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11AI.6638

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CARL F BERRY

Mailing Address 45000 GOV. BRADFORD

City State Zip Code
PLYMOUTH MI 48170

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

Name of Employer Occupation
SELF SECURITY CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6782

Amount of Each Receipt this Period
75.00

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

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

1275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
GREGORY D BILL

Mailing Address 1441 SAINT ANTOINE ST
STE 701

City State Zip Code
DETROIT MI 48226-2363

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

Name of Employer Occupation
BEST EFFORTS ATTEMPTED BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
75.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6784

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
BARBARA J. BREINING

Mailing Address 7610 WISTFUL VISTA DRIVE
UNIT 1302

City State Zip Code
WEST DES MOINES IA 50266

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
20.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.6814

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
MALCOLM D BROWN

Mailing Address BUTZEL LONG
41000 WOODWARD AVE, STONERIDGE WES

City State Zip Code
BLOOMFIELD HILLS MI 48304

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

Name of Employer Occupation
BEST EFFORTS ATTEMPTED BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11AI.6740

Amount of Each Receipt this Period
200.00

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

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

295.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
RICHARD BURKE

Mailing Address 10128 CHANNEL ISLAND DR

City State Zip Code
AUSTIN TX 78747

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

Name of Employer Occupation
BEST EFFORTS ATTEMPTED BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6820

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
DELBERT K CHENAULT

Mailing Address 1026 NORTHLAWN AVE

City State Zip Code
EAST LANSING MI 48823

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

Name of Employer Occupation
CLARK HILL PLC DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11AI.6598

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JUSTIN A CIALELLA

Mailing Address 1265 LEGACY CT

City State Zip Code
CANTON MI 48187

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

Name of Employer Occupation
SELF EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
75.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6786

Amount of Each Receipt this Period
75.00

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

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

335.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
JAMES V CLARKE

Mailing Address 2731 W HICKORY GROVE RD

City State Zip Code
BLOOMFIELD HILLS MI 48302

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

Name of Employer Occupation
ROBERTSON BROS. BUILDER AND DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11A1.6570

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
SOLOMON L COGAN

Mailing Address 24100 DRAKE ROAD

City State Zip Code
FARMINGTON MI 48335

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

Name of Employer Occupation
HEALTH QUEST CHIROPRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11A1.6661

Amount of Each Receipt this Period
500.00

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

Mailing Address 2205 WINDSOR ROAD

City State Zip Code
ALEXANDRIA VA 22307

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

Name of Employer Occupation
NAVIGATORS GLOBAL LLC PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11A1.6670

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 10 OF 161
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MARGARET CURRIER

Mailing Address 19670 BEVERLY RD

City State Zip Code
BEVERLY HILLS MI 48025

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

Name of Employer Occupation
BANK OF BIRMINGHAM BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11AI.6677

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
GARY D'ALESSANDRO

Mailing Address 28135 GROESBECK HWY

City State Zip Code
ROSEVILLE MI 48066

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

Name of Employer Occupation
LANZO HOLDING CO. CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.6587

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GREGORY D DEGRAZIA

Mailing Address 2534 PEMBROKE ROAD

City State Zip Code
BIRMINGHAM MI 48009

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

Name of Employer Occupation
WARNER, NORCROSS AND JUDD ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11AI.6563

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. W PATRICK DEISIG		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 5556 CRABTREE		Transaction ID : SA11AI.6744	
City BLOOMFIELD HILLS	State MI	Zip Code 48301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer BEST EFFORTS ATTEMPTED	Occupation BEST EFFORTS ATTEMPTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00		

Full Name (Last, First, Middle Initial) B. TERENCE B DESMOND		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 2232 SUDBURY WAY		Transaction ID : SA11AI.6604	
City BLOOMFIELD HILLS	State MI	Zip Code 48304	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer A.J. DESMOND	Occupation FUNERAL DIRECTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. DAVID DEVINE		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 1047 MADISON		Transaction ID : SA11AI.6742	
City BIRMINGHAM	State MI	Zip Code 48009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer BUTZEL LONG	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00		

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
ELAINE DICKERSON

Mailing Address 527 S LYNNWOOD TRAIL

City CEDAR PARK State TX Zip Code 78613

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

Name of Employer BEST EFFORTS ATTEMPTED Occupation BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6807

Amount of Each Receipt this Period
25.00

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

Mailing Address 527 S LYNNWOOD TRAIL

City CEDAR PARK State TX Zip Code 78613

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

Name of Employer BEST EFFORTS ATTEMPTED Occupation BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6808

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
GORDON W DIDIER

Mailing Address 13060 BEACON HILL DR

City PLYMOUTH State MI Zip Code 48170

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

Name of Employer BUTZEL LONG Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.6647

Amount of Each Receipt this Period
250.00

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) ROBERT FARR		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address 22518 FIDDLERS COVE		Transaction ID : SA11AI.6566
City BEVERLY HILLS	State MI Zip Code 48025	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer BANK OF BIRMINGHAM	Occupation BANKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) MICHAEL FEIWELL		Date of Receipt MM / DD / YYYY 05 / 20 / 2014
Mailing Address 15444 HIDDEN OAKS LANE		Transaction ID : SA11AI.6555
City CARMEL	State IN Zip Code 46033	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer FEIWELL HANNOY P.C.	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) MICHAEL FEIWELL		Date of Receipt MM / DD / YYYY 05 / 20 / 2014
Mailing Address 15444 HIDDEN OAKS LANE		Transaction ID : SA11AI.6556
City CARMEL	State IN Zip Code 46033	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer FEIWELL HANNOY P.C.	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
JAY S FELDMAN

Mailing Address 633 HARMON STREET

City State Zip Code
BIRMINGHAM MI 48009

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

Name of Employer Occupation
FELDMAN AUTOMOTIVE AUTO DEALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.6565

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY J FORRESTER

Mailing Address 4366 RISDON CT

City State Zip Code
BLOOMFIELD HILLS MI 48302

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

Name of Employer Occupation
BEST EFFORTS ATTEMPTED BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.6689

Amount of Each Receipt this Period
500.00

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

Mailing Address 14955 SHERWOOD PARK DRIVE

City State Zip Code
SHELBY TOWNSHIP MI 48315

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

Name of Employer Occupation
DETROIT LEGAL NEWS COMPANY CHIEF FINANCIAL OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11AI.6590

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
DAVID FRENKEL

Mailing Address 53 GIBSON STREET

City State Zip Code
BAY SHORE NY 11706

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

Name of Employer Occupation
FENKEL LAMBERT ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.6710

Amount of Each Receipt this Period
2600.00

PARTNERSHIP ATTRIBUTION - FRENKEL LAMBERT WEISS WEISMAN & GORDON, LLP
[MEMO ITEM]

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

Mailing Address 53 GIBSON STREET

City State Zip Code
BAY SHORE NY 11706

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

Name of Employer Occupation
FENKEL LAMBERT ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.6711

Amount of Each Receipt this Period
2400.00

PARTNERSHIP ATTRIBUTION - FRENKEL LAMBERT WEISS WEISMAN & GORDON, LLP
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FRENKEL LAMBERT WEISS WEISMAN & GORDON, LLP

Mailing Address 53 GIBSON STREET

City State Zip Code
BAY SHORE NY 11706

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.6705

Amount of Each Receipt this Period
2600.00

PARTNERSHIP CONTRIBUTION - SEE ATTRIBUTION

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
FRENKEL LAMBERT WEISS WEISMAN & GORDON, LLP

Mailing Address 53 GIBSON STREET

City State Zip Code
BAY SHORE NY 11706

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.6706

Amount of Each Receipt this Period
2400.00
PARTNERSHIP CONTRIBUTION - SEE ATTRIBUTION

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

Mailing Address 11100 ANDENWOOD DR

City State Zip Code
AUSTIN TX 78726-1344

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

Name of Employer Occupation
BEST EFFORTS ATTEMPTED BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6812

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
JAMES O FUTTERKNECHT

Mailing Address 2911 HEATHER CT.

City State Zip Code
BLOOMFIELD HILLS MI 48302

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

Name of Employer Occupation
BEST EFFORTS ATTEMPTED BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : SA11AI.6703

Amount of Each Receipt this Period
250.00

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

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

2675.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
STEVEN GANTZ

Mailing Address 3081 BAYSHORE DRIVE

City ORCHARD LAKE State MI Zip Code 48324

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

Name of Employer BEST EFFORTS ATTEMPTED Occupation BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.6685

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
J. ROBERT GILLETTE

Mailing Address 6755 TELEGRAPH ROAD, SUITE 330

City BLOOMFIELD HILLS State MI Zip Code 48301

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

Name of Employer BEST EFFORTS ATTEMPTED Occupation BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11AI.6691

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MAZY E GILLIS

Mailing Address 13114 ELGIN AVE

City HUNTINGTON WOODS State MI Zip Code 48070

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

Name of Employer GUARDIAN INDUST Occupation PSYCHOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6775

Amount of Each Receipt this Period
100.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
THOMAS A GITTER

Mailing Address **816 LAKE ANGELUS SHORES**

City **ANGELUS SHORES** State **MI** Zip Code **48326**

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

Name of Employer **RALCO INDUSTRIES INC.** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11AI.6583

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
HARRY J GLANZ

Mailing Address **17170 W. 12 MILE ROAD**

City **SOUTHFIELD** State **MI** Zip Code **48076**

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

Name of Employer **IMAGINE THEATRES** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.6665

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GEORGE D GOSTIAS ESQ

Mailing Address **32437 FIVE MILE RD**

City **LIVONIA** State **MI** Zip Code **48154**

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

Name of Employer **LAW OFFICES OF GEORGE D GOSTIAS** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **75.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6793

Amount of Each Receipt this Period
75.00

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

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

3175.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) BETH S GOTTHELF		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 550 CHESTER ST		Transaction ID : SA11AI.6649	
City BIRMINGHAM	State MI	Zip Code 48009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer BUTZEL LONG	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) H. S GREENAWALT		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 3954 MOSELLE DRIVE		Transaction ID : SA11AI.6752	
City WEST BLOOMFIELD	State MI	Zip Code 48323	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 850.00		

Full Name (Last, First, Middle Initial) STEVEN R. GUIDOS		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 4601 ARDMORE DRIVE		Transaction ID : SA11AI.6623	
City BLOOMFIELD HILLS	State MI	Zip Code 48302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer CUNNINGHAM LIMP CONSTRUCTION	Occupation PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
CHARLES HAHN

Mailing Address 9125 BLUE RIDGE DRIVE

City BRIGHTON State MI Zip Code 48116

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

Name of Employer TROTT & TROTT, P.C. Occupation LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11AI.6800

Amount of Each Receipt this Period
 50.00

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

Mailing Address 5920 SNOWSHOE CIRCLE

City BLOOMFIELD HILLS State MI Zip Code 48301

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

Name of Employer O2 INVESTMENT PARTNERS Occupation PRIVATE EQUITY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.6632

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 6740 COMMERCE ROAD

City WEST BLOOMFIELD State MI Zip Code 48324

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

Name of Employer MICHIGAN CHAMBER OF COMMERCE Occupation SMALL BUSINESSS ADVOCATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.6642

Amount of Each Receipt this Period
 2100.00

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

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

3150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
WILLIAM P HAYDEN

Mailing Address **747 E. WHITCOMB AVE**

City **MADISON HTS.** State **MI** Zip Code **48071**

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

Name of Employer **BEST EFFORTS ATTEMPTED** Occupation **BEST EFFORTS ATTEMPTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.6687

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
J. C. HUIZENGA

Mailing Address **3755 36TH STREET SE
SUITE 100**

City **GRAND RAPIDS** State **MI** Zip Code **49512**

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

Name of Employer **HUIZENGA GROUP** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.6602

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KENDRA M. HURD

Mailing Address **3975 S. SHORE DRIVE**

City **COMMERCE TOWNSHIP** State **MI** Zip Code **48382**

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

Name of Employer **COLDWELL BANKER WEIR MANUEL** Occupation **REALTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11AI.6634

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
EARL D ISHBIA

Mailing Address 4406 S. BAY

City ORCHARD LAKE State MI Zip Code 48323

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

Name of Employer SHERWOOD FOODS Occupation BUSINESSMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.6575

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1106 CHARRINGTON

City BLOOMFIELD HILLS State MI Zip Code 48301

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.6640

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 1106 CHARRINGTON

City BLOOMFIELD HILLS State MI Zip Code 48301

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.6641

Amount of Each Receipt this Period
 2600.00

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MATTHEW R ISHBI

Mailing Address 1465 QUARTON RIDGE CIRCLE

City State Zip Code
BLOOMFIELD HILLS MI 48301

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

Name of Employer Occupation
UNITED SHORE FINANCIAL SERVICES, LLC PRESIDENT AND CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.6630

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3856 PINE LAKE KNOLL

City State Zip Code
WEST BLOOMFIELD MI 48324

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

Name of Employer Occupation
CONGRESS COLLECTION CORPORATION SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 11 / 2014

Transaction ID : SA11AI.6779

Amount of Each Receipt this Period
 75.00

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

Mailing Address 816 SPRINGFIELD DR

City State Zip Code
NORTHVILLE MI 48167-1054

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

Name of Employer Occupation
BUTZEL LONG ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.6545

Amount of Each Receipt this Period
 250.00

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

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

1325.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
KAVEN KASHEF

Mailing Address **576 LAKE SHORE LANE**

City **GROSSE POINTE WOODS** State **MI** Zip Code **48236**

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

Name of Employer **BEST EFFORTS ATTEMPTED** Occupation **BEST EFFORTS ATTEMPTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11AI.6763

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
RAAD S. KATHAWA

Mailing Address **1224 HIDDEN LAKE DRIVE**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48302**

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

Name of Employer **RYANS FOODS** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.6738

Amount of Each Receipt this Period
200.00

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

Mailing Address **PO BOX 510436**

City **MILWAUKEE** State **WI** Zip Code **53203**

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

Name of Employer **KEELEY COMPANY LLC** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **30.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.6805

Amount of Each Receipt this Period
25.00

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

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

325.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
JEFF KIRKPATRICK

Mailing Address 401 S. JACKSON STREET

City JACKSON State MI Zip Code 49201

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

Name of Employer AMERICAN FIDELITY GROUP Occupation INSURANCE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 10 / 2014

Transaction ID : SA11AI.6606

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JUSTIN G KLIMKO

Mailing Address 990 SOUTH OXFORD

City GROSSE POINTE WOODS State MI Zip Code 48236

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

Name of Employer BUTZEL LONG Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.6651

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROBERT KURNICK JR

Mailing Address 2555 TELEGRAPH ROAD

City BLOOMFIELD HILLS State MI Zip Code 48302

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

Name of Employer PENSKE CORPORATION Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.6626

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
GREGORY KIM LAYCOCK

Mailing Address 1144 E FOREST AVE

City YPSILANTI State MI Zip Code 48198-3910

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

Name of Employer WASHTENAW COMMUNITY COLLEGE Occupation BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6774

Amount of Each Receipt this Period
 100.00

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

Mailing Address 3684 EMBARCADERO

City WATERFORD State MI Zip Code 48329

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

Name of Employer TROTT RECOVERY SERVICES, PLLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11AI.6802

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
MARK R. LEZOTTE

Mailing Address 150 W. JEFFERSON SUITE 100

City DETROIT State MI Zip Code 48226

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

Name of Employer BUTZEL LONG Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.6541

Amount of Each Receipt this Period
 250.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
DANA M LOCHISKAR

Mailing Address 2600 W. BIG BEAVER ROAD, SUITE 500

City State Zip Code
TROY MI 48084

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

Name of Employer Occupation
MERRILL LYNCH MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.6616

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBIN LUCE HERRMANN

Mailing Address 4682 ROLLING RIDGE ROAD

City State Zip Code
WEST BLOOMFIELD MI 48323

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

Name of Employer Occupation
BUTZEL LONG ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.6543

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
J. THOMAS MACFARLANE

Mailing Address 3165 TUCKAHOE ROAD

City State Zip Code
BLOOMFIELD MI 48301

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

Name of Employer Occupation
CLARK HILL PLC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6548

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
JEFFREY M. MACKINNON

Mailing Address 3753 OLIVER STREET NW

City WASHINGTON State DC Zip Code 20015

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

Name of Employer BEST EFFORTS ATTEMPTED Occupation BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.6693

Amount of Each Receipt this Period
 500.00

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

Mailing Address 313 EAST HUDSON AVE

City ROYAL OAK State MI Zip Code 48067

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

Name of Employer ROYAL OAK RECYCLING Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6666

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER T MAZUR

Mailing Address 5165 LONGMEADOW ROAD

City BLOOMFIELD HILLS State MI Zip Code 48034

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

Name of Employer LIBERTY UNION LIFE Occupation BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11AI.6679

Amount of Each Receipt this Period
 500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
RICHARD P. MAZUR

Mailing Address 30451 LINCOLNSHIRE E.

City State Zip Code
BEVERLY HILLS MI 48025

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

Name of Employer Occupation
BEST EFFORTS ATTEMPTED BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.6695

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MICHAEL D MCKENNA

Mailing Address 2080 RHINE

City State Zip Code
WEST BLOOMFIELD MI 48323

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

Name of Employer Occupation
M.D. MCKENNA REALTY, LLC LANDLORD

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.6612

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PATRICK M MCQUEEN

Mailing Address 38505 WOODWARD AVENUE
SUITE 1300

City State Zip Code
BLOOMFIELD HILLS MI 48304

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

Name of Employer Occupation
MCQUEEN FINANCIAL CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11AI.6592

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
JOEL MECKLENBURG

Mailing Address 1199 BANNOCK

City DENVER State CO Zip Code 80204

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

Name of Employer ASSOCIATION PROTECTION SERVICES, LLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11AI.6537

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 1199 BANNOCK

City DENVER State CO Zip Code 80204

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

Name of Employer ASSOCIATION PROTECTION SERVICES, LLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11AI.6538

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 8429 GERHARDT STREET

City SHELBY TOWNSHIP State MI Zip Code 48317

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

Name of Employer BANK OF BIRMINGHAM Occupation EXECUTIVE VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11AI.6600

Amount of Each Receipt this Period
 500.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
DANIEL P MEYER

Mailing Address 2506 DUXBURY PLACE

City State Zip Code
ALEXANDRIA VA 22308

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

Name of Employer Occupation
THE DUBERSTEIN GROUP, INC. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA11AI.6628

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JASON A. MOON

Mailing Address 6211 BROMLEY COURT

City State Zip Code
WEST BLOOMFIELD MI 48322

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

Name of Employer Occupation
STUDENT STUDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
15.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.6816

Amount of Each Receipt this Period
15.00

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

Mailing Address 269 ARLINGTON

City State Zip Code
BIRMINGHAM MI 48009

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

Name of Employer Occupation
MAX BROOCK REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.6751

Amount of Each Receipt this Period
100.00

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

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

615.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
ABE A MUNFAKH

Mailing Address 9335 SADDLEBROOK COURT

City State Zip Code
PLYMOUTH MI 48170

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

Name of Employer Occupation
MUNFAKH & ASSOCIATES CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6578

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CHARLES E MURPHY

Mailing Address 913 BLOOMFIELD KNOLL

City State Zip Code
BLOOMFIELD HILLS MI 48304

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

Name of Employer Occupation
CLARK HILL PLC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6550

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROBERT J MYLOD JR

Mailing Address 538 LOST DISTRICT DRIVE

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
ANNOX CAPITAL MANAGEMENT LLC INVESTMENT PROFESSIONAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6608

Amount of Each Receipt this Period
2600.00

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
CHAD A NEEL

Mailing Address 1251 BILTMORE DRIVE

City SOUTHLAKE State TX Zip Code 76092

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

Name of Employer MCCARTHY HOLTHUS, LLP Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11A1.6767

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
JAMES A. NICHOLS III

Mailing Address 490 MARTELL DRIVE

City BLOOMFIELD HILLS State MI Zip Code 48304

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

Name of Employer BEST EFFORTS ATTEMPTED Occupation BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11A1.6697

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
JOSEPH J O'CONNOR

Mailing Address 803 WEST BIG BEARER ROAD SUITE 203

City TROY State MI Zip Code 48084

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

Name of Employer KALPA SYSTEMS, INC. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11A1.6624

Amount of Each Receipt this Period
 1000.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) PEGGY O'NEILL		Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2014	
Mailing Address 1429 GRAYTON		Transaction ID : SA11Al.6795	
City GROSSE POINT PARK	State MI	Zip Code 48230	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer CHE TRINITY HEALTH	Occupation PROGRAM MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00		

Full Name (Last, First, Middle Initial) THOMAS OLDANI		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2014	
Mailing Address 1618 HARBAL DRIVE		Transaction ID : SA11Al.6759	
City ANN ARBOR	State MI	Zip Code 48105	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer ANN ARBOR CREDIT BUREAU, INC.	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

Full Name (Last, First, Middle Initial) TOM PARKER		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014	
Mailing Address 356 N. CLIFTON		Transaction ID : SA11Al.6643	
City BLOOMFIELD HILLS	State MI	Zip Code 48301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer INSURANCE EXECUTIVE	Occupation UNIVERSAL F&C INSURANCE CO.		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
BRUCE PATTERSON

Mailing Address 42479 REDFERN STREET

City CANTON State MI Zip Code 48187

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

Name of Employer STATE OF MICHIGAN Occupation STATE SENATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.6675

Amount of Each Receipt this Period
250.00

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

Mailing Address 42479 REDFERN STREET

City CANTON State MI Zip Code 48187

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

Name of Employer STATE OF MICHIGAN Occupation STATE SENATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6749

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
PAUL J PEREIRA

Mailing Address 543 HENRIETTA STREET

City BIRMINGHAM State MI Zip Code 48009

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

Name of Employer MINOWITZ MANUFACTURING Occupation EXECUTIVE/OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.6663

Amount of Each Receipt this Period
2000.00

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

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

2375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
ROBERT V PETERSON

Mailing Address 550 HERITAGE DRIVE

City ANN ARBOR State MI Zip Code 48105

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

Name of Employer DICKINSON WRIGHT PLLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.6553

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MEGAN J. PIWOWAR

Mailing Address P.O. BOX 1128

City WALLED LAKE State MI Zip Code 48390

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

Name of Employer TROTT FOR CONGRESS, INC. Occupation CAMPAIGN MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.6804

Amount of Each Receipt this Period
 25.00

C. Full Name (Last, First, Middle Initial)
RICHARD POLING JR

Mailing Address 5455 CORPORATE DRIVE SUITE 104

City TROY State MI Zip Code 48098

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

Name of Employer POLING MCGAW & POLING PC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6772

Amount of Each Receipt this Period
 100.00

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

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

375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
DAVID W POTTS

Mailing Address 600 S ADAMS
STE 100

City BIRMINGHAM State MI Zip Code 48009

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

Name of Employer DAVID W. POTTS, PLLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.6769

Amount of Each Receipt this Period
100.00

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

Mailing Address 33 BLOOMFIELD HILLS PKWY

City BLOOMFIELD HILLS State MI Zip Code 48301

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

Name of Employer PULTE CAPITAL PARTNERS Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 20 / 2014

Transaction ID : SA11AI.6580

Amount of Each Receipt this Period
2550.00

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

Mailing Address 33 BLOOMFIELD HILLS PKWY

City BLOOMFIELD HILLS State MI Zip Code 48301

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

Name of Employer PULTE CAPITAL PARTNERS Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5150.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 20 / 2014

Transaction ID : SA11AI.6581

Amount of Each Receipt this Period
1850.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
THOMAS RADOM

Mailing Address 2924 LONG WINTER LANE

City OAKLAND State MI Zip Code 48363

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

Name of Employer BUTZEL LONG Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.6653

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
ABDUL K RAHAL

Mailing Address 8 WOODBIRDGE CT

City DEARBORN State MI Zip Code 48124

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

Name of Employer UNITED SHORE FINANCIAL SERVICES Occupation VICE CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.6645

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
JOHN RAKOLTA JR.

Mailing Address 1876 RATHMOR ROAD

City BLOOMFIELD HILLS State MI Zip Code 48304

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

Name of Employer WALBRIDGE Occupation CHAIRMAN & FOUNDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6589

Amount of Each Receipt this Period
 2600.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) TERRY L. RAKOLTA		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1876 RATHMOR ROAD		Transaction ID : SA11AI.6636	
City BLOOMFIELD HILLS	State MI	Zip Code 48304	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) PATRICK J. REDDY		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 47441 EDINBURGH		Transaction ID : SA11AI.6765	
City PLYMOUTH	State MI	Zip Code 48170	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer BEST EFFORTS ATTEMPTED	Occupation BEST EFFORTS ATTEMPTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

Full Name (Last, First, Middle Initial) PETER G REMINGTON		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 777 PURDY		Transaction ID : SA11AI.6594	
City BIRMINGHAM	State MI	Zip Code 48009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer THE REMINGTON GROUP	Occupation CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	2950.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MICHAEL J RIORDAN

Mailing Address 12516 LOCHNESS COURT

City State Zip Code
PLYMOUTH MI 48170

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

Name of Employer Occupation
STATE OF MICHIGAN MICHIGAN COURT OF APPEALS JUDGE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.6761

Amount of Each Receipt this Period
100.00

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

Mailing Address 779 S. BATES STREET

City State Zip Code
BIRMINGHAM MI 48009

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

Name of Employer Occupation
ROBERTSON BROTHERS BUILDER/DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.6571

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BARBARA A RODEN

Mailing Address 39551 LEGEND COURT

City State Zip Code
NORTHVILLE MI 48167

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

Name of Employer Occupation
SENIOR HELPERS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2014

Transaction ID : SA11AI.6621

Amount of Each Receipt this Period
500.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) MARLA M RONDO		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2337 CLAYMONT DRIVE		Transaction ID : SA11Al.6798
City TROY	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer TROTT & TROTT, P.C.	Occupation EXECUTIVE ASSISTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00	

Full Name (Last, First, Middle Initial) JAMES ROSENFELD		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 25132 PARKWOOD DRIVE		Transaction ID : SA11Al.6748
City HUNTINGTON WOODS	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer BUTZEL LONG	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 125.00	

Full Name (Last, First, Middle Initial) ANTHONY RUGIERO		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1866 KINMORE ST		Transaction ID : SA11Al.6674
City DEARBORN HEIGHTS	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ANTONIO'S CUCINA ITALIANA	Occupation RESTAURANT OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
JOHN N SANTIEU

Mailing Address 1139 INKSTER RD

City State Zip Code
GARDEN CITY MI 48135-3042

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

Name of Employer Occupation
BEST EFFORTS ATTEMPTED BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
75.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6789

Amount of Each Receipt this Period
75.00

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

Mailing Address 6025 NORTHFIELD

City State Zip Code
WEST BLOOMFIELD MI 48322

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

Name of Employer Occupation
SCHAFER DEVELOPMENT DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.6596

Amount of Each Receipt this Period
250.00

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

Mailing Address 599 HIDDEN FOREST TRAIL

City State Zip Code
TRAVERSE CITY MI 49686

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

Name of Employer Occupation
COLDWELL BANKER SCHMIDT REALTORS CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.6577

Amount of Each Receipt this Period
500.00

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

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

825.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GREGORY J SCHWARTZ JR.		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 1753 PINE STREET		Transaction ID : SA11AI.6618	
City BIRMINGHAM	State MI	Zip Code 48009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer SCHWARTZ & CO.	Occupation DIRECTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. GREGORY J SCHWARTZ JR.		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 1753 PINE STREET		Transaction ID : SA11AI.6619	
City BIRMINGHAM	State MI	Zip Code 48009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer SCHWARTZ & CO.	Occupation DIRECTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) C. PETER F SCHWARTZ		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 3707 W. MAPLE		Transaction ID : SA11AI.6610	
City BLOOMFIELD HILLS	State MI	Zip Code 48301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SCHWARTZ & CO.	Occupation PRINCIPAL		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
ROBERT H SCHWARTZ

Mailing Address **6449 PINECROFT**

City **WEST BLOOMFIELD** State **MI** Zip Code **48322**

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

Name of Employer **BEST EFFORTS ATTEMPTED** Occupation **BEST EFFORTS ATTEMPTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **150.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11AI.6746

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
ROY C. SGROI

Mailing Address **12414 WHITE TAIL COURT**

City **PLYMOUTH** State **MI** Zip Code **48170-2875**

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

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : SA11AI.6754

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
GLENN SHAW JR

Mailing Address **38110 EXECUTIVE DRIVE
SUITE 100**

City **WESTLAND** State **MI** Zip Code **48185**

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

Name of Employer **GLENN SHAW & ASSOC.** Occupation **CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6585

Amount of Each Receipt this Period
1000.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
JOANN SHEKERUK

Mailing Address 18763 SAN DIEGO BOULEVARD

City LATHRUP VILLAGE State MI Zip Code 48076

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

Name of Employer JOBRUCE TRAINING ASSOCIATES Occupation CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.6757

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JAMES J SIMONE

Mailing Address 43 BURNIAH LANE

City LAKE ORION State MI Zip Code 48362

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

Name of Employer BANK OF BIRMINGHAM Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.6568

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DOMINIC M. SIWIK

Mailing Address 10787 STONEY POINT DRIVE

City SOUTH LYON State MI Zip Code 48178

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

Name of Employer FIRST AMERICAN SECURITIES Occupation INVESTMENT BANKING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
75.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.6781

Amount of Each Receipt this Period
75.00

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

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

675.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CHRIS SOWERS		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 5347 BRISTOL PARKE DRIVE		Transaction ID : SA11AI.6699
City CLARKSTON	State MI	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
Name of Employer BEST EFFORTS ATTEMPTED	Occupation BEST EFFORTS ATTEMPTED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. CHARLES SPIES		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 736 N COLUMBUS ST.		Transaction ID : SA11AI.6551
City ALEXANDRIA	State VA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer CLARK HILL PLC	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) C. DAVID STANISLAW		Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 485 HARMON		Transaction ID : SA11AI.6573
City BIRMINGHAM	State MI	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer STANISLAW CONSULTING, LLC	Occupation BUSINESS CONSULTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
ROBERT STEWART

Mailing Address 16250 NORTHLAND DRIVE #325

City State Zip Code
SOUHTFIELD MI 48075

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

Name of Employer Occupation
ADVANCE STEEL PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.6668

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 567 CHESTER

City State Zip Code
BIRMINGHAM MI 48009

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

Name of Employer Occupation
HALL & HUNTER REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.6672

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
THOMAS L STROUP

Mailing Address 44540 BIRCHWOOD CT

City State Zip Code
NORTHVILLE MI 48168

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

Name of Employer Occupation
VALASET SERVICES LLC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6787

Amount of Each Receipt this Period
 75.00

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

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

2575.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
JANICE TANSEL

Mailing Address 1295 EASON

City WATERFORD State MI Zip Code 48328

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

Name of Employer TROTT & TROTT, P.C. Occupation SR. EXECUTIVE ASSISTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11AI.6803

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
DUANE L. TARNACKI

Mailing Address 39824 WOODSIDE DRIVE N

City NORTHVILLE State MI Zip Code 48168

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

Name of Employer CLARK HILL Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

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

Transaction ID : SA11AI.6546

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
AMBER R TAYLOR

Mailing Address 145 CHARRINGTON COURT

City BEVERLY HILLS State MI Zip Code 48025

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

Name of Employer BEST EFFORTS ATTEMPTED Occupation BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.6701

Amount of Each Receipt this Period
500.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
LOUIS THEROS

Mailing Address 333 CLOVERLY RD

City State Zip Code
GROSSE POINTE FARMS MI 48236-3305

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

Name of Employer Occupation
BUTZEL LONG ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.6655

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BRADLEY L THOMPSON II

Mailing Address 2001 W LAFAYETTE BLVD

City State Zip Code
DETROIT MI 48216-1852

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

Name of Employer Occupation
DETROIT LEGAL NEWS CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.6659

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PEGGY L TOMPKINS

Mailing Address 807 ST FRANCIS LANE

City State Zip Code
HOUSTON TX 77079

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

Name of Employer Occupation
BEST EFFORTS ATTEMPTED BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6810

Amount of Each Receipt this Period
25.00

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

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

525.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MINDA TURNBULL

Mailing Address 128 MAGPIE GOOSE LANE

City LEANDER State TX Zip Code 78641

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

Name of Employer BEST EFFORTS ATTEMPTED Occupation BEST EFFORTS ATTEMPTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **10.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6818

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
GEORGE L. VANANTWERP III

Mailing Address 27971 ROLLCREST ROAD
APT 15

City FARMINGTON HILLS State MI Zip Code 48334-4062

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

Name of Employer MUNIDEALS COMPUTING SOURCE Occupation ACCOUNT EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 20 / 2014

Transaction ID : SA11AI.6797

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR. THOMAS VAN DUSEN

Mailing Address 3811 OAKHILLS DR.

City BLOOMFIELD HILLS State MI Zip Code 48301

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

Name of Employer BODMAN PLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11AI.6539

Amount of Each Receipt this Period
1000.00

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

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

1060.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ADAM WAECHTER		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address 20144 WELLESLEY COURT		Transaction ID : SA11A1.6777	
City BEVERLY HILLS	State MI	Zip Code 48025	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer BEST EFFORTS ATTEMPTED	Occupation BEST EFFORTS ATTEMPTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

Full Name (Last, First, Middle Initial) B. MARSHALL C WATSON		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2014	
Mailing Address 1800 NW 49TH STREET SUITE 120		Transaction ID : SA11A1.6681	
City FORT LAUDERDALE	State FL	Zip Code 33309	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer BEST EFFORTS ATTEMPTED	Occupation BEST EFFORTS ATTEMPTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. SUZANNE WATSON		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2014	
Mailing Address 1800 NW 49TH STREET SUITE 120		Transaction ID : SA11A1.6683	
City FORT LAUDERDALE	State FL	Zip Code 33309	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer BEST EFFORTS ATTEMPTED	Occupation BEST EFFORTS ATTEMPTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	5300.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
PAUL F WELDAY

Mailing Address 26725 HOLLY HILL

City State Zip Code
FARMINGTON HILLS MI 48334

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

Name of Employer Occupation
SUPERIOR CAPITOL CONSULTING, L CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
75.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6791

Amount of Each Receipt this Period
75.00

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

Mailing Address 45800 IRVINE DRIVE

City State Zip Code
NOVI MI 48374

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

Name of Employer Occupation
GENERAL MOTORS ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11AI.6756

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DANA M WOTHE

Mailing Address 23291 TUMBLEWEED LN

City State Zip Code
BROWNSTOWN TWP MI 48183

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

Name of Employer Occupation
BUTZEL LONG COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.6771

Amount of Each Receipt this Period
100.00

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

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

275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. JOSEPH XUEREB		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 17527 FARMCREST LANE		Transaction ID : SA11AI.6564	
City NORTHVILLE	State MI	Zip Code 48168	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer XUEREB LAW GROUP	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

Full Name (Last, First, Middle Initial) B. RANDE K. YEAGER		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 427 FIELDSTONE DRIVE		Transaction ID : SA11AI.6579	
City VENICE	State FL	Zip Code 34292	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer OLD REPUBLIC NATIONAL TILE INSURANCE	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1250.00		

Full Name (Last, First, Middle Initial) C. DAVID N ZACKS		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address 284 WOODWIND DRIVE		Transaction ID : SA11AI.6614	
City BLOOMFIELD HILLS	State MI	Zip Code 48304	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer ISHBIA & GAGLEARD PC	Occupation LAWYER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1750.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 161
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MARK ZAUSMER

Mailing Address **2298 LOCKLIN STREET**

City **WEST BLOOMFIELD** State **MI** Zip Code **48324**

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

Name of Employer **ZAUSMER KAUFFMAN AUGUST CALDWEL** Occupation **ATTORNEY/PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : SA11Al.6657

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

96480.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
ACPAC ACA INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 509 2ND STREET, NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00034785**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 10 / 2014

Transaction ID : SA11C.6733

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
AMERICAN LAND TITLE ASSOCIATION TITLE INDUSTRY PAC (TIPAC)

Mailing Address 1828 L ST NW
SUITE 705

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00012914**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11C.6721

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 2300 WILSON BLVD.
SUITE 300

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C C00082917**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11C.6719

Amount of Each Receipt this Period
2500.00

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

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

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. BUSINESS-INDUSTRY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 888 16TH STREET, NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00001727**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.6729

Amount of Each Receipt this Period
 500.00

B. BUTZEL LONG FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 150 W JEFFERSON SUITE 100

City DETROIT State MI Zip Code 48226

FEC ID number of contributing federal political committee. **C C00375915**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.6731

Amount of Each Receipt this Period
 500.00

C. DETROIT REGIONAL CHAMBER FED PAC

Full Name (Last, First, Middle Initial)
Mailing Address ONE WOODWARD AVENUE, SUITE 1900

City DETROIT State MI Zip Code 48232

FEC ID number of contributing federal political committee. **C C00366872**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.6717

Amount of Each Receipt this Period
 3500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MCKESSON CORPORATION EMPLOYEES POLITICAL FUND

Mailing Address **ONE POST STREET
34TH FLOOR**

City **SAN FRANCISCO** State **CA** Zip Code **94104**

FEC ID number of contributing federal political committee. **C C00108035**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11C.6715

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
MI ASSOC OF COLLECTION AGENCIES PAC

Mailing Address **PO BOX 182190**

City **SHELBY TOWNSHIP** State **MI** Zip Code **48318**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : SA11C.6727

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
MICHIGAN FARM BUREAU POLITICAL ACTION COMMITTEE

Mailing Address **7373 W. SAGINAW HIGHWAY
P.O. BOX 30960**

City **LANSING** State **MI** Zip Code **48917**

FEC ID number of contributing federal political committee. **C C00096362**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11C.6723

Amount of Each Receipt this Period

1000.00

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
MORBANPAC

Mailing Address **PO BOX 182520**

City **SHELBY TOWNSHIP** State **MI** Zip Code **48318-2520**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11C.6735

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
SERVICE CORPORATION INTERNATIONAL POLITICAL ACTION COMMITTEE (SCI/PAC)

Mailing Address **1929 ALLEN PARKWAY**

City **HOUSTON** State **TX** Zip Code **77019**

FEC ID number of contributing federal political committee. **C C00173096**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11C.6725

Amount of Each Receipt this Period

1000.00

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

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

Amount of Each Receipt this Period

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

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

_____ **1250.00**

_____ **17500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 161
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
DAVID A. TROTT

Mailing Address 158 PARK LAKE DRIVE

City BIRMINGHAM State MI Zip Code 48009

FEC ID number of contributing federal political committee. **C H4MI11097**

Name of Employer TROTT & TROTT, P.C. Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1223401.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11D.7011

Amount of Each Receipt this Period
165000.00

B. Full Name (Last, First, Middle Initial)
DAVID A. TROTT

Mailing Address 158 PARK LAKE DRIVE

City BIRMINGHAM State MI Zip Code 48009

FEC ID number of contributing federal political committee. **C H4MI11097**

Name of Employer TROTT & TROTT, P.C. Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2423401.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11D.7009

Amount of Each Receipt this Period
1200000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1365000.00

1365000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 161
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
DAVID A. TROTT

Mailing Address 158 PARK LAKE DRIVE

City BIRMINGHAM State MI Zip Code 48009

FEC ID number of contributing federal political committee. **C H4MI11097**

Name of Employer TROTT & TROTT, P.C. Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1058401.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SA13A.7005

Amount of Each Receipt this Period
250000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

250000.00

250000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. A BREATH OF SPRING FLORIST		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 6636 TELEGRAPH ROAD		Amount of Each Disbursement this Period 68.90
City BLOOMFIELD HILLS State MI Zip Code 48301	Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: EVENT STAGING EXPENSE	
Candidate Name		Transaction ID : SB17.6877
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. A BREATH OF SPRING FLORIST		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 6636 TELEGRAPH ROAD		Amount of Each Disbursement this Period 58.30
City BLOOMFIELD HILLS State MI Zip Code 48301	Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: EVENT STAGING EXPENSE	
Candidate Name		Transaction ID : SB17.6880
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. A BREATH OF SPRING FLORIST		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 6636 TELEGRAPH ROAD		Amount of Each Disbursement this Period 58.30
City BLOOMFIELD HILLS State MI Zip Code 48301	Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: EVENT STAGING EXPENSE	
Candidate Name		Transaction ID : SB17.6881
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 222.24
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.6421
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 230.55
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.6422
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 70.05
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.6423
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	522.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 203.98 Transaction ID : SB17.6424
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 30.15 Transaction ID : SB17.6425
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 387.67 Transaction ID : SB17.6426
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	621.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 141.00 Transaction ID : SB17.6427
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 208 S. AKARD STREET		Amount of Each Disbursement this Period 102.14 Transaction ID : SB17.6428
City DALLAS	State TX	
Zip Code 75202	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 208 S. AKARD STREET		Amount of Each Disbursement this Period 76.65 Transaction ID : SB17.6429
City DALLAS	State TX	
Zip Code 75202	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	319.79
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 208 S. AKARD STREET		Amount of Each Disbursement this Period 910.70 Transaction ID : SB17.6430
City DALLAS State TX Zip Code 75202	Purpose of Disbursement UTILITIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 208 S. AKARD STREET		Amount of Each Disbursement this Period 443.11 Transaction ID : SB17.6431
City DALLAS State TX Zip Code 75202	Purpose of Disbursement UTILITIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 208 S. AKARD STREET		Amount of Each Disbursement this Period 365.45 Transaction ID : SB17.6432
City DALLAS State TX Zip Code 75202	Purpose of Disbursement UTILITIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	910.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. BILL BERTAKIS		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 2120 PARK CIRCLE		Amount of Each Disbursement this Period 400.00
City KEEGO HARBOUR	State MI	
Zip Code 48320		
Purpose of Disbursement PHOTOGRAPHY SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. BEST CHOICE PRINTING		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 27001 NORTHLINE RD		Amount of Each Disbursement this Period 1702.12
City TAYLOR	State MI	
Zip Code 48180		
Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: EVENT STAGING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. BICYCLE STREET INN		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 7416 MAIN ST		Amount of Each Disbursement this Period 208.80
City MACKINAC ISLAND	State MI	
Zip Code 49757		
Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: TRAVEL: LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. BICYCLE STREET INN		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 7416 MAIN ST		Amount of Each Disbursement this Period 754.00
City MACKINAC ISLAND	State MI Zip Code 49757	
Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: TRAVEL: LODGING		Transaction ID : SB17.6980
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. BLUE CROSS BLUE SHIELD		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 25 NORTH MICHIGAN AVENUE		Amount of Each Disbursement this Period 300.00
City CHICAGO	State IL Zip Code 60601	
Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: INSURANCE		Transaction ID : SB17.6934
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. BLUE CROSS BLUE SHIELD		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 25 NORTH MICHIGAN AVENUE		Amount of Each Disbursement this Period 300.00
City CHICAGO	State IL Zip Code 60601	
Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: INSURANCE		Transaction ID : SB17.6905
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. BLUE CROSS BLUE SHIELD		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 25 NORTH MICHIGAN AVENUE		Amount of Each Disbursement this Period 300.00
City CHICAGO	State IL Zip Code 60601	
Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: INSURANCE		Transaction ID : SB17.6993
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CHARLES L. BOGREN		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2015.76
City WALLED LAKE	State MI Zip Code 48390	
Purpose of Disbursement PAYROLL		Transaction ID : SB17.6343
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C. CHARLES L. BOGREN		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2015.77
City WALLED LAKE	State MI Zip Code 48390	
Purpose of Disbursement PAYROLL		Transaction ID : SB17.6344
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4031.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CHARLES L. BOGREN		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2015.76 Transaction ID : SB17.6345
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CHARLES L. BOGREN		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2015.76 Transaction ID : SB17.6346
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHARLES L. BOGREN		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2015.77 Transaction ID : SB17.6347
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6047.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CHARLES L. BOGREN		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2015.76 Transaction ID : SB17.6348
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CHARLES L. BOGREN		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2015.75 Transaction ID : SB17.6349
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BOYS AND GIRLS CLUB OF TROY		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 3670 JOHN R ROAD		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.6846 [MEMO ITEM]
City TROY	State MI	
Zip Code 48083	Purpose of Disbursement 4/14 TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4031.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ELENA N. BRENNAN		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.6352
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ELENA N. BRENNAN		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 106.00 Transaction ID : SB17.6351
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement TRAVEL: MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ELENA N. BRENNAN		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.6353
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2356.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ELENA N. BRENNAN		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.6354
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. KATHERINE A. CAMPBELL		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 587.11 Transaction ID : SB17.6359
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. KATHERINE A. CAMPBELL		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 587.12 Transaction ID : SB17.6360
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1924.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. KATHERINE A. CAMPBELL		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 664.28 Transaction ID : SB17.6357
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement TRAVEL: MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. KATHERINE A. CAMPBELL		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 65.02 Transaction ID : SB17.6358
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement REIMBURSEMENT - SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. KATHERINE A. CAMPBELL		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 587.10 Transaction ID : SB17.6361
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	664.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. KATHERINE A. CAMPBELL		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 587.12
City WALLED LAKE	State MI	Zip Code 48390
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name	Transaction ID : SB17.6362	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 300 FIRST STREET, SE		Amount of Each Disbursement this Period 44.13
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement RACHINSKY REIMBURSEMENT - MEETING EXPENSE: MEALS	Category/Type	
Candidate Name	Transaction ID : SB17.6434	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. CLARK HILL P.L.C.		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 601 PENNSYLVANIA AVE NW NORTH BUILDING, SUITE 1000		Amount of Each Disbursement this Period 157.50
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement LEGAL CONSULTING	Category/Type	
Candidate Name	Transaction ID : SB17.6442	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	744.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CLARK HILL P.L.C.			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 601 PENNSYLVANIA AVE NW NORTH BUILDING, SUITE 1000			Amount of Each Disbursement this Period 3289.73
City WASHINGTON	State DC	Zip Code 20004	
Purpose of Disbursement LEGAL CONSULTING		Category/ Type	Transaction ID : SB17.6443
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) B. CLARK HILL P.L.C.			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 601 PENNSYLVANIA AVE NW NORTH BUILDING, SUITE 1000			Amount of Each Disbursement this Period 725.00
City WASHINGTON	State DC	Zip Code 20004	
Purpose of Disbursement LEGAL CONSULTING		Category/ Type	Transaction ID : SB17.6444
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) C. CLAWSON CHAMBER OF COMMERCE			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 425 N MAIN STREET			Amount of Each Disbursement this Period 300.00
City CLAWSON	State MI	Zip Code 48017	
Purpose of Disbursement EVENT REGISTRATION FEE		Category/ Type	Transaction ID : SB17.6446
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	4314.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. COMBAT DATA		M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 13262 BLAISDELL DRIVE		Amount of Each Disbursement this Period	
City DEWITT State MI Zip Code 48820		2200.00	
Purpose of Disbursement DATA MANAGEMENT		Transaction ID : SB17.6447	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. COMBAT DATA		M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 13262 BLAISDELL DRIVE		Amount of Each Disbursement this Period	
City DEWITT State MI Zip Code 48820		2200.00	
Purpose of Disbursement DATA MANAGEMENT		Transaction ID : SB17.6448	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. COMMERCE PLACE		M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 2071 E. WEST MAPLE ROAD		Amount of Each Disbursement this Period	
City COMMERCE TOWNSHIP State MI Zip Code 48390		2100.00	
Purpose of Disbursement RENT		Transaction ID : SB17.6449	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. COMMERCE PLACE		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 2071 E. WEST MAPLE ROAD		Amount of Each Disbursement this Period 2100.00 Transaction ID : SB17.6450
City COMMERCE TOWNSHIP	State MI	
Zip Code 48390	Purpose of Disbursement RENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. COMMERCE PLACE		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 2071 E. WEST MAPLE ROAD		Amount of Each Disbursement this Period 2100.00 Transaction ID : SB17.6451
City COMMERCE TOWNSHIP	State MI	
Zip Code 48390	Purpose of Disbursement RENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. COMMERCE PLACE		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 2071 E. WEST MAPLE ROAD		Amount of Each Disbursement this Period 2100.00 Transaction ID : SB17.6452
City COMMERCE TOWNSHIP	State MI	
Zip Code 48390	Purpose of Disbursement RENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ZACHARY M. COMOS		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6364
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ZACHARY M. COMOS		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6365
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ZACHARY M. COMOS		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6366
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. COMPANY FOLDERS		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 3297 ORCHARD LAKE RD		Amount of Each Disbursement this Period 351.92
City KEEGO HARBOR	State MI	
Zip Code 48320	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.6940
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. COMPANY FOLDERS		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 3297 ORCHARD LAKE RD		Amount of Each Disbursement this Period 212.00
City KEEGO HARBOR	State MI	
Zip Code 48320	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.6963
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. CONNECTIVIST MEDIA		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 544 E. OGDEN AVENUE SUITE 700-161		Amount of Each Disbursement this Period 3599.00
City MILWAUKEE	State WI	
Zip Code 53202	Purpose of Disbursement WEB DEVELOPMENT	Transaction ID : SB17.6453
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3599.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CONNECTIVIST MEDIA			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014		
Mailing Address 544 E. OGDEN AVENUE SUITE 700-161			Amount of Each Disbursement this Period 3463.00		
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SB17.6454		
Purpose of Disbursement WEB DEVELOPMENT		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. CONNECTIVIST MEDIA			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014		
Mailing Address 544 E. OGDEN AVENUE SUITE 700-161			Amount of Each Disbursement this Period 4199.00		
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SB17.6455		
Purpose of Disbursement WEB DEVELOPMENT		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. CONSUMERS ENERGY			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014		
Mailing Address PO BOX 740786			Amount of Each Disbursement this Period 258.49		
City CINCINNATI	State OH	Zip Code 45274	Transaction ID : SB17.6456		
Purpose of Disbursement UTILITIES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	7920.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. COSTCO		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 3000 COMMERCE CROSSING		Amount of Each Disbursement this Period 76.55
City COMMERCE	State MI	
Zip Code 48382	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: OFFICE FURNITURE	Transaction ID : SB17.6912
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. COSTCO		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 3000 COMMERCE CROSSING		Amount of Each Disbursement this Period 62.04
City COMMERCE	State MI	
Zip Code 48382	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.6925
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. COSTCO		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 3000 COMMERCE CROSSING		Amount of Each Disbursement this Period 80.91
City COMMERCE	State MI	
Zip Code 48382	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.6947
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. COSTCO		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 3000 COMMERCE CROSSING		Amount of Each Disbursement this Period 163.98
City COMMERCE	State MI	
Zip Code 48382	Purpose of Disbursement 5/21 PIOWAR REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.6966
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. COSTCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 3000 COMMERCE CROSSING		Amount of Each Disbursement this Period 174.09
City COMMERCE	State MI	
Zip Code 48382	Purpose of Disbursement 6/25 PIOWAR REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.6986
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 43.95
City FARMINGTON HILLS	State MI	
Zip Code 48335	Purpose of Disbursement PAYROLL FEES	Transaction ID : SB17.6459
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	43.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 84 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 6144.88 Transaction ID : SB17.6460
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 43.95 Transaction ID : SB17.6461
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 4061.15 Transaction ID : SB17.6462
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10249.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 43.95 Transaction ID : SB17.6463
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 4048.03 Transaction ID : SB17.6464
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 47.45 Transaction ID : SB17.6465
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4139.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 4314.09 Transaction ID : SB17.6466
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 57.95 Transaction ID : SB17.6467
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 4314.00 Transaction ID : SB17.6468
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8686.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 54.95 Transaction ID : SB17.6469
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 4314.09 Transaction ID : SB17.6470
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 54.95 Transaction ID : SB17.6471
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4423.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 4314.09
City FARMINGTON HILLS	State MI Zip Code 48335	
Purpose of Disbursement PAYROLL TAXES	Category/Type	Transaction ID : SB17.6472
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. DAC PARKING GARAGE		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 241 MADISON ST		Amount of Each Disbursement this Period 8.00
City DETROIT	State MI Zip Code 48226	
Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: PARKING SERVICES	Category/Type	Transaction ID : SB17.6911 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. SARAH E. DAVIS		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1000.00
City WALLED LAKE	State MI Zip Code 48390	
Purpose of Disbursement PAYROLL	Category/Type	Transaction ID : SB17.6368
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5314.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 89 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. SARAH E. DAVIS		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6369
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. SARAH E. DAVIS		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6370
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. DECIDER STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 2420 MULBERRY CT		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB17.6473
City ANN ARBOR	State MI	
Zip Code 48104	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	16000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. DECIDER STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 2420 MULBERRY CT		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB17.6474
City ANN ARBOR	State MI	
Zip Code 48104	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DECIDER STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2420 MULBERRY CT		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB17.6475
City ANN ARBOR	State MI	
Zip Code 48104	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. DECIDER STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 2420 MULBERRY CT		Amount of Each Disbursement this Period 15600.00 Transaction ID : SB17.6476
City ANN ARBOR	State MI	
Zip Code 48104	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	45600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. DELTA		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 1444.00
City DELTA	State GA Zip Code 30354	
Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: TRAVEL: AIR		Transaction ID : SB17.6938
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DETROIT NEWS PARKING		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 99 W FORT ST		Amount of Each Disbursement this Period 9.00
City DETROIT	State MI Zip Code 48226	
Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: PARKING SERVICES		Transaction ID : SB17.6996
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DETROIT PARKING GARAGE		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 1206 WOODWARD AVE		Amount of Each Disbursement this Period 12.00
City DETROIT	State MI Zip Code 48226	
Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: PARKING SERVICES		Transaction ID : SB17.6936
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. DIETZ TROTT SPORTS & ENTERTAINMENT		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 31440 NORTHWESTERN HIGHWAY SUITE 320		Amount of Each Disbursement this Period 1000.00
City FARMINGTON HILLS State MI Zip Code 48334	Purpose of Disbursement APPEARANCE FEE	
Candidate Name	Category/Type	Transaction ID : SB17.6477
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DOLLAR TREE STORES, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 2425 HAGGERTY HIGHWAY		Amount of Each Disbursement this Period 13.78
City COMMERCE TOWNSHIP State MI Zip Code 48390	Purpose of Disbursement 6/12 CAMPBELL REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6829 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. DOWNTOWN PUBLICATIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 124 W MAPLE RD		Amount of Each Disbursement this Period 371.00
City BIRMINGHAM State MI Zip Code 48009	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: PRINT ADVERTISEMENT	
Candidate Name	Category/Type	Transaction ID : SB17.6999 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. COLIN E. DRISCOLL		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6373
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. COLIN E. DRISCOLL		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 185.60 Transaction ID : SB17.6372
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement TRAVEL: MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. COLIN E. DRISCOLL		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6374
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1685.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 94 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. COLIN E. DRISCOLL		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6375
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DROPBOX INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 185 BERRY STREET		Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.6479 [MEMO ITEM]
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement CAMPBELL REIMBURSEMENT - SOFTWARE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. DTE ENERGY		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address P.O. BOX 740786		Amount of Each Disbursement this Period 156.05 Transaction ID : SB17.6480
City CINCINNATI	State OH	
Zip Code 45274	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	656.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. DTE ENERGY		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address P.O. BOX 740786		Amount of Each Disbursement this Period 140.19 Transaction ID : SB17.6481
City CINCINNATI	State OH	
Zip Code 45274	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DTE ENERGY		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address P.O. BOX 740786		Amount of Each Disbursement this Period 122.36 Transaction ID : SB17.6482
City CINCINNATI	State OH	
Zip Code 45274	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. DTW PARKING GARAGE		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address E SRV RD		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.6957 [MEMO ITEM]
City ROMULUS	State MI	
Zip Code 48242	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: PARKING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	262.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. EFAQ PLUS SERVICE		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 6922 HOLLYWOOD BLVD 5TH FLOOR		Amount of Each Disbursement this Period 16.95
City LOS ANGELES State CA Zip Code 90028	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: NETWORK SERVICE	
Candidate Name		Transaction ID : SB17.6895
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. EFAQ PLUS SERVICE		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 6922 HOLLYWOOD BLVD 5TH FLOOR		Amount of Each Disbursement this Period 16.95
City LOS ANGELES State CA Zip Code 90028	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: NETWORK SERVICE	
Candidate Name		Transaction ID : SB17.6916
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. EFAQ PLUS SERVICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 6922 HOLLYWOOD BLVD 5TH FLOOR		Amount of Each Disbursement this Period 16.95
City LOS ANGELES State CA Zip Code 90028	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: NETWORK SERVICE	
Candidate Name		Transaction ID : SB17.6939
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. EFAK PLUS SERVICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 6922 HOLLYWOOD BLVD 5TH FLOOR		Amount of Each Disbursement this Period 16.95
City LOS ANGELES	State CA Zip Code 90028	
Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: NETWORK SERVICE	Category/Type	Transaction ID : SB17.6979
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. KATHLEEN A. EVANS		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1000.00
City WALLED LAKE	State MI Zip Code 48390	
Purpose of Disbursement PAYROLL	Category/Type	Transaction ID : SB17.6378
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. KATHLEEN A. EVANS		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 192.36
City WALLED LAKE	State MI Zip Code 48390	
Purpose of Disbursement TRAVEL: MILEAGE	Category/Type	Transaction ID : SB17.6377
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1192.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. KATHLEEN A. EVANS		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6379
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. KATHLEEN A. EVANS		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6380
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 15.24 Transaction ID : SB17.6886 [MEMO ITEM]
City SOUTHFIELD	State MI	
Zip Code 48034	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. FEDEX		M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		34.21
Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.6887
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FEDEX		M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		1.37
Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.6890
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FEDEX		M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		7.03
Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.6893
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 1.79
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6900 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 1.79
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6906 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 7.03
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6907 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. FEDEX		M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 7.03
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.6909
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FEDEX		M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 3.78
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.6865
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FEDEX		M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 38.26
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.6914
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. FEDEX		M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 1.79
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.6915
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FEDEX		M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 40.84
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.6920
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FEDEX		M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 1.79
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.6921
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 7.03
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6922 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 16.48
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6923 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 1.37
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6924 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. FEDEX		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>08</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		08		2014
M M	/	D D	/	Y Y Y Y								
04		08		2014								
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period										
City SOUTHFIELD State MI Zip Code 48034 Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES Candidate Name		<table border="1"> <tr> <td>1.37</td> </tr> </table> Transaction ID : SB17.6929 [MEMO ITEM]	1.37									
1.37												
Office Sought:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. FEDEX		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>08</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		08		2014
M M	/	D D	/	Y Y Y Y								
04		08		2014								
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period										
City SOUTHFIELD State MI Zip Code 48034 Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES Candidate Name		<table border="1"> <tr> <td>14.92</td> </tr> </table> Transaction ID : SB17.6930 [MEMO ITEM]	14.92									
14.92												
Office Sought:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. FEDEX		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		09		2014
M M	/	D D	/	Y Y Y Y								
04		09		2014								
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period										
City SOUTHFIELD State MI Zip Code 48034 Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES Candidate Name		<table border="1"> <tr> <td>0.94</td> </tr> </table> Transaction ID : SB17.6931 [MEMO ITEM]	0.94									
0.94												
Office Sought:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 39.50
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6932 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 21.15
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6933 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 1.79
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6942 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 7.06
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6952 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 7.06
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6971 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 21.47
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6983 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 7.06
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6985 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 1.79
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6989 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 7.06
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6991 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 7.06
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6994 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period 0.94
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.7002 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FINCH MULTIMEDIA		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 1577 SOUTH ALLEN ROAD		Amount of Each Disbursement this Period 125.00
City ST. CLAIR State MI Zip Code 48079	Purpose of Disbursement DIGITAL CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.6483
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. FINCH MULTIMEDIA		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1577 SOUTH ALLEN ROAD		Amount of Each Disbursement this Period 300.00
City ST. CLAIR	State MI Zip Code 48079	
Purpose of Disbursement DIGITAL CONSULTING	Category/Type	Transaction ID : SB17.6484
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GEPETTO CATERING, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 4505 QUEENSBURY ROAD		Amount of Each Disbursement this Period 421.87
City RIVERDALE	State MD Zip Code 20737	
Purpose of Disbursement RACHINSKY REIMBURSEMENT - CATERING SERVICES	Category/Type	Transaction ID : SB17.6486 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GOGO IN AIR		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 303 S TECHNOLOGY CT #A		Amount of Each Disbursement this Period 3.50
City BROOMFIELD	State CO Zip Code 80021	
Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: NETWORK SERVICE	Category/Type	Transaction ID : SB17.6954 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GOGO IN AIR		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 303 S TECHNOLOGY CT #A		Amount of Each Disbursement this Period 3.50
City BROOMFIELD	State CO Zip Code 80021	
Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: NETWORK SERVICE		Transaction ID : SB17.6955
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. GREAT DANE MARKETING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 5833 BINGHAM DRIVE		Amount of Each Disbursement this Period 6250.00
City TROY	State MI Zip Code 48085	
Purpose of Disbursement MARKETING CONSULTING		Transaction ID : SB17.6487
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C. GREAT DANE MARKETING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 5833 BINGHAM DRIVE		Amount of Each Disbursement this Period 6250.00
City TROY	State MI Zip Code 48085	
Purpose of Disbursement MARKETING CONSULTING		Transaction ID : SB17.6488
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GREAT DANE MARKETING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 5833 BINGHAM DRIVE		Amount of Each Disbursement this Period 6250.00
City TROY State MI Zip Code 48085	Purpose of Disbursement MARKETING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.6489
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. TROY W. HUDSON		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1151.77
City WALLED LAKE State MI Zip Code 48390	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.6382
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. TROY W. HUDSON		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1151.77
City WALLED LAKE State MI Zip Code 48390	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.6383
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	8553.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. TROY W. HUDSON		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 780.48 Transaction ID : SB17.6381
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement TRAVEL: MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. TROY W. HUDSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1151.78 Transaction ID : SB17.6384
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. TROY W. HUDSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 1151.77 Transaction ID : SB17.6385
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3084.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. TROY W. HUDSON			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014		
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 1151.79		
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.6386		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. TROY W. HUDSON			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014		
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 1151.78		
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.6387		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. TROY W. HUDSON			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014		
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 1151.77		
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.6388		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	3455.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. IKEA		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 41640 FORD RD		Amount of Each Disbursement this Period 19.06
City CANTON State MI Zip Code 48187	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6976 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. IMPACT MEDIA PROFESSIONALS, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 23715 NILAN DRIVE		Amount of Each Disbursement this Period 139.92
City NOVI State MI Zip Code 48375	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6903 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. IMPACT MEDIA PROFESSIONALS, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 23715 NILAN DRIVE		Amount of Each Disbursement this Period 1905.84
City NOVI State MI Zip Code 48375	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6908 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. IMPACT MEDIA PROFESSIONALS, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 23715 NILAN DRIVE		Amount of Each Disbursement this Period 646.50
City NOVI	State MI	
Zip Code 48375		Transaction ID : SB17.6918
Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) B. IMPACT MEDIA PROFESSIONALS, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 23715 NILAN DRIVE		Amount of Each Disbursement this Period 129.80
City NOVI	State MI	
Zip Code 48375		Transaction ID : SB17.6919
Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) C. IMPACT MEDIA PROFESSIONALS, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 23715 NILAN DRIVE		Amount of Each Disbursement this Period 6955.72
City NOVI	State MI	
Zip Code 48375		Transaction ID : SB17.6490
Purpose of Disbursement PRINTING & DESIGN SERVICES		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	6955.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. IMPACT MEDIA PROFESSIONALS, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 23715 NILAN DRIVE		Amount of Each Disbursement this Period 574.52
City NOVI State MI Zip Code 48375	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6943 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. IMPACT MEDIA PROFESSIONALS, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 23715 NILAN DRIVE		Amount of Each Disbursement this Period 858.50
City NOVI State MI Zip Code 48375	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6944 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. IMPACT MEDIA PROFESSIONALS, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 23715 NILAN DRIVE		Amount of Each Disbursement this Period 413.40
City NOVI State MI Zip Code 48375	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6972 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. IMPACT MEDIA PROFESSIONALS, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 23715 NILAN DRIVE		Amount of Each Disbursement this Period 636.00
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.6973
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. IMPACT MEDIA PROFESSIONALS, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 23715 NILAN DRIVE		Amount of Each Disbursement this Period 1086.50
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.6974
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. IMPACT MEDIA PROFESSIONALS, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 23715 NILAN DRIVE		Amount of Each Disbursement this Period 6335.20
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement PRINTING & DESIGN SERVICES	Transaction ID : SB17.6491
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6335.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. IMPACT MEDIA PROFESSIONALS, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2016
Mailing Address 23715 NILAN DRIVE		Amount of Each Disbursement this Period 367.82
City NOVI	State MI	
Zip Code 48375		Transaction ID : SB17.6968
Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES		
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) B. JIMMY JOHNS		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 32619 NORTHWESTERN HWY		Amount of Each Disbursement this Period 110.14
City FARMINGTON HILLS	State MI	
Zip Code 48334		Transaction ID : SB17.6949
Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEALS		
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) C. KK INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 508 WESTFORD ST		Amount of Each Disbursement this Period 168.00
City LOWELL	State MA	
Zip Code 01851		Transaction ID : SB17.6897
Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: INSURANCE		
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. LAKE ELECTRONICS GROUP, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1350 E. WEST MAPLE ROAD		Amount of Each Disbursement this Period 149.70
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement SECURITY SERVICES	Transaction ID : SB17.6492
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. LAKES AREA CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 305 N. PONTIAC TRAIL SUITE B		Amount of Each Disbursement this Period 30.00
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement 4/14 TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE	Transaction ID : SB17.6844
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. LASERCOMP, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 34013 SCHOOLCRAFT RD		Amount of Each Disbursement this Period 121.98
City LIVONIA	State MI	
Zip Code 48150	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: OFFICE EQUIPMENT	Transaction ID : SB17.6884
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	149.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. LASERCOMP, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 34013 SCHOOLCRAFT RD		Amount of Each Disbursement this Period 127.85
City LivONIA State MI Zip Code 48150	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: OFFICE EQUIPMENT	
Candidate Name	Category/Type	Transaction ID : SB17.6926 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. LASERCOMP, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 34013 SCHOOLCRAFT RD		Amount of Each Disbursement this Period 141.18
City LivONIA State MI Zip Code 48150	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: OFFICE EQUIPMENT	
Candidate Name	Category/Type	Transaction ID : SB17.6964 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. LASERCOMP, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 34013 SCHOOLCRAFT RD		Amount of Each Disbursement this Period 229.95
City LivONIA State MI Zip Code 48150	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: EQUIPMENT RENTAL	
Candidate Name	Category/Type	Transaction ID : SB17.6990 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

A. LEO'S CONEY ISLAND

Full Name (Last, First, Middle Initial)
Mailing Address 5076 HIGHLAND ROAD

City WATERFORD State MI Zip Code 48329

Purpose of Disbursement
4/14 TIETZ REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 05 / 2014

Amount of Each Disbursement this Period: 20.00

Transaction ID : SB17.6852

[MEMO ITEM]

B. LIVONIA CHAMBER OF COMMERCE

Full Name (Last, First, Middle Initial)
Mailing Address 33233 5 MILE ROAD

City LIVONIA State MI Zip Code 48154

Purpose of Disbursement
4/14 TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 20 / 2014

Amount of Each Disbursement this Period: 56.00

Transaction ID : SB17.6837

[MEMO ITEM]

C. LOONEY BAKER

Full Name (Last, First, Middle Initial)
Mailing Address 13931 FARMINGTON RD

City LIVONIA State MI Zip Code 48154

Purpose of Disbursement
5/21 PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 09 / 2014

Amount of Each Disbursement this Period: 7.20

Transaction ID : SB17.6959

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. LOWE'S		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2745 WEST MAPLE ROAD		Amount of Each Disbursement this Period 42.32
City COMMERCE TOWNSHIP	State MI	
Zip Code 48390	Purpose of Disbursement PAVLOV REIMBURSEMENT - OFFICE SUPPLIES	Transaction ID : SB17.6493 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. LOWE'S		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2745 WEST MAPLE ROAD		Amount of Each Disbursement this Period 2.09
City COMMERCE TOWNSHIP	State MI	
Zip Code 48390	Purpose of Disbursement 6/12 CAMPBELL REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.6831 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MADONNA UNIVERSITY		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 36600 SCHOOLCRAFT ROAD		Amount of Each Disbursement this Period 30.00
City LIVONIA	State MI	
Zip Code 48150	Purpose of Disbursement 4/14 TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE	Transaction ID : SB17.6842 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MAJORITY STRATEGIES, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 135 PROFESSIONAL DRIVE SUITE 104		Amount of Each Disbursement this Period 9930.18 Transaction ID : SB17.6495
City PONTE VEDRA BEACH State FL Zip Code 32082	Purpose of Disbursement DIRECT MAIL PRINTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 200 W BIG BEAVER RD		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6889
City TROY State MI Zip Code 48084	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: FACILITY RENTAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 200 W BIG BEAVER RD		Amount of Each Disbursement this Period 479.76 Transaction ID : SB17.6962
City TROY State MI Zip Code 48084	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: TRAVEL: LODGING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9930.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 200 W BIG BEAVER RD		Amount of Each Disbursement this Period 559.61
City TROY	State MI Zip Code 48084	
Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: TRAVEL: LODGING		Transaction ID : SB17.6992
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MARRIOTT HOUSTON AIRPORT		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 18700 JOHN F KENNEDY BLVD		Amount of Each Disbursement this Period 338.13
City HOUSTON	State TX Zip Code 77032	
Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: TRAVEL: LODGING		Transaction ID : SB17.6867
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MARSHALLS		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 31145 ORCHARD LAKE RD		Amount of Each Disbursement this Period 28.61
City FARMINGTON HILLS	State MI Zip Code 48334	
Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: MEDIA PRODUCTION		Transaction ID : SB17.6961
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MEIJER		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 1703 HAGGERTY		Amount of Each Disbursement this Period 160.05
City COMMERCE	State MI	
Zip Code 48390	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: TRAVEL: FUEL	Transaction ID : SB17.6891
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. MEIJER		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1703 HAGGERTY		Amount of Each Disbursement this Period 49.15
City COMMERCE	State MI	
Zip Code 48390	Purpose of Disbursement 6/12 CAMPBELL REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.6830
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. MICHIGAN OUTLAWS		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 5755 MAJESTIC OAKS DRIVE		Amount of Each Disbursement this Period 250.00
City COMMERCE	State MI	
Zip Code 48382	Purpose of Disbursement EVENT SPONSORSHIP	Transaction ID : SB17.6498
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. NATIONAL RESEARCH, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 146 STATE HIGHWAY 34 SUITE 250		Amount of Each Disbursement this Period 18000.00
City HOLMDEL State NJ Zip Code 07733	Purpose of Disbursement POLLING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6499
State: District:		

Full Name (Last, First, Middle Initial) B. NATIONAL RESEARCH, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 146 STATE HIGHWAY 34 SUITE 250		Amount of Each Disbursement this Period 12500.00
City HOLMDEL State NJ Zip Code 07733	Purpose of Disbursement POLLING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6500
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONWIDE CANDY, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address P.O. BOX 90153		Amount of Each Disbursement this Period 85.52
City ALBUQUERQUE State NM Zip Code 87199	Purpose of Disbursement TROTT REIMBURSEMENT - MEETING EXPENSE: MEALS	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6502 [MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	30500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. NATIONWIDE CANDY, LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address P.O. BOX 90153			Amount of Each Disbursement this Period -18.45	
City ALBUQUERQUE	State NM	Zip Code 87199	Transaction ID : SB17.6872 [MEMO ITEM]	
Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: REFUND: MEETING EXPENSE: MEALS		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. NOVI CHAMBER OF COMMERCE			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 41875 W. 11 MILE ROAD UNIT 201			Amount of Each Disbursement this Period 140.00	
City NOVI	State MI	Zip Code 48375	Transaction ID : SB17.6850 [MEMO ITEM]	
Purpose of Disbursement 4/14 TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. OAKLAND COUNTY CLERK			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014	
Mailing Address 1200 N TELEGRAPH RD			Amount of Each Disbursement this Period 46.00	
City PONTIAC	State MI	Zip Code 48341	Transaction ID : SB17.6863 [MEMO ITEM]	
Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: PRINTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. OAKLAND COUNTY CLERK			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 1200 N TELEGRAPH RD			Amount of Each Disbursement this Period 2.00	
City PONTIAC	State MI	Zip Code 48341	Transaction ID : SB17.6875	
Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: PRINTING		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. OAKLAND COUNTY CLERK			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014	
Mailing Address 1200 N TELEGRAPH RD			Amount of Each Disbursement this Period 54.00	
City PONTIAC	State MI	Zip Code 48341	Transaction ID : SB17.6878	
Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: PRINTING		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. OAKLAND COUNTY CLERK			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 1200 N TELEGRAPH RD			Amount of Each Disbursement this Period 44.00	
City PONTIAC	State MI	Zip Code 48341	Transaction ID : SB17.6879	
Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: PRINTING		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. OAKLAND COUNTY CLERK		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1200 N TELEGRAPH RD		Amount of Each Disbursement this Period 986.36
City PONTIAC	State MI	
Zip Code 48341	Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: PRINTING	Transaction ID : SB17.6882
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. OAKLAND COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 42611 WOODWARD AVENUE		Amount of Each Disbursement this Period 50.00
City BLOOMFIELD HILLS	State MI	
Zip Code 48304	Purpose of Disbursement 4/14 TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE	Transaction ID : SB17.6833
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. LINDSEY L. PAVLOV		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 986.36
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Transaction ID : SB17.6391
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	986.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. LINDSEY L. PAVLOV		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 49.88 Transaction ID : SB17.6389
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement TRAVEL: MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. LINDSEY L. PAVLOV		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 986.36 Transaction ID : SB17.6392
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. LINDSEY L. PAVLOV		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 986.35 Transaction ID : SB17.6393
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2022.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. LINDSEY L. PAVLOV		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 91.07 Transaction ID : SB17.6390
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement REIMBURSEMENT - SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. LINDSEY L. PAVLOV		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 986.34 Transaction ID : SB17.6394
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. LINDSEY L. PAVLOV		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 986.36 Transaction ID : SB17.6395
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2063.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 132 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. LINDSEY L. PAVLOV		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 986.35 Transaction ID : SB17.6396
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. LINDSEY L. PAVLOV		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 986.35 Transaction ID : SB17.6397
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PERFECT SETTINGS		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 1851 SOUTH CLUB DRIVE SUITE A		Amount of Each Disbursement this Period 460.53 Transaction ID : SB17.6504 [MEMO ITEM]
City LANDOVER	State MD	
Zip Code 20785	Purpose of Disbursement RACHINSKY REIMBURSEMENT - CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1972.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MEGAN J. PIWOWAR		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 5921.12 Transaction ID : SB17.6404
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MEGAN J. PIWOWAR		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 84.80 Transaction ID : SB17.6398
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement TRAVEL: MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MEGAN J. PIWOWAR		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 5582.91 Transaction ID : SB17.6399
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement REIMBURSEMENT - SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	11588.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MEGAN J. PIWOWAR		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2960.50 Transaction ID : SB17.6405
City WALLED LAKE	State MI	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MEGAN J. PIWOWAR		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2960.55 Transaction ID : SB17.6406
City WALLED LAKE	State MI	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MEGAN J. PIWOWAR		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2960.56 Transaction ID : SB17.6407
City WALLED LAKE	State MI	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8881.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 135 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MEGAN J. PIWOWAR			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 48.80	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.6400	
Purpose of Disbursement TRAVEL: MILEAGE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. MEGAN J. PIWOWAR			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 5676.52	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.6401	
Purpose of Disbursement REIMBURSEMENT - SEE MEMO ENTRIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. MEGAN J. PIWOWAR			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 2960.55	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.6408	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	8685.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 136 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MEGAN J. PIWOWAR		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2960.55 Transaction ID : SB17.6409
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MEGAN J. PIWOWAR		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2960.56 Transaction ID : SB17.6410
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MEGAN J. PIWOWAR		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 256.80 Transaction ID : SB17.6402
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement TRAVEL: MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6177.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MEGAN J. PIWOWAR		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 6833.94 Transaction ID : SB17.6403
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement REIMBURSEMENT - SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PORT ATWATER PARKING		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 200 BEAUBIEN ST		Amount of Each Disbursement this Period 14.00 Transaction ID : SB17.6988 [MEMO ITEM]
City DETROIT	State MI	
Zip Code 48226	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: PARKING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PROFORMA		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address PO BOX 640814		Amount of Each Disbursement this Period 384.25 Transaction ID : SB17.6506
City CINCINNATI	State OH	
Zip Code 45264	Purpose of Disbursement DONOR MEMENTOS: BASEBALL BATS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7218.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. JOE RACHINSKY			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014		
Mailing Address THE CATALYST GROUP 600 PENNSYLVANIA AVE. SE			Amount of Each Disbursement this Period 926.53		
City WASHINGTON State DC Zip Code 20003		Purpose of Disbursement REIMBURSEMENT - SEE MEMO ENTRIES	Transaction ID : SB17.6411		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014		
Mailing Address 500 CUMMINGS CENTER SUITE 4400			Amount of Each Disbursement this Period 836.55		
City BEVERLY State MA Zip Code 01915		Purpose of Disbursement COMPLIANCE CONSULTING	Transaction ID : SB17.6507		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014		
Mailing Address 500 CUMMINGS CENTER SUITE 4400			Amount of Each Disbursement this Period 2400.00		
City BEVERLY State MA Zip Code 01915		Purpose of Disbursement COMPLIANCE CONSULTING	Transaction ID : SB17.6508		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:		Category/Type			

SUBTOTAL of Disbursements This Page (optional).....	4163.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 139 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2442.90
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Transaction ID : SB17.6509
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2400.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Transaction ID : SB17.6510
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SHEPLER'S PARKING		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 556 E CENTRAL		Amount of Each Disbursement this Period 28.00
City MACKINAC ISLAND State MI Zip Code 49701	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: PARKING SERVICES	
Candidate Name		Transaction ID : SB17.6982
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	4842.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 140 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. SHOWSPAN, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 2121 CELEBRATION DRIVE NE		Amount of Each Disbursement this Period 900.00
City GRAND RAPIDS	State MI Zip Code 49525	
Purpose of Disbursement 4/14 TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE		Transaction ID : SB17.6839
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SOCIAL KITCHEN		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 225 E MAPLE RD		Amount of Each Disbursement this Period 37.80
City BIRMINGHAM	State MI Zip Code 48009	
Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEALS		Transaction ID : SB17.6928
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SPORTS SHOWS PROMOTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address P.O. BOX 404		Amount of Each Disbursement this Period 45.00
City MASON	State MI Zip Code 48854	
Purpose of Disbursement 4/14 TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE		Transaction ID : SB17.6835
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ST. EDITH CATHOLIC SCHOOL			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014	
Mailing Address 15089 NEWBURGH			Amount of Each Disbursement this Period 250.00	
City LIVONIA	State MI	Zip Code 48154	Transaction ID : SB17.6512	
Purpose of Disbursement EVENT REGISTRATION FEE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014	
Mailing Address 335 HAGGERTY			Amount of Each Disbursement this Period 122.93	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.6899	
Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: EVENT STAGING EXPENSE		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 335 HAGGERTY			Amount of Each Disbursement this Period 16.41	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.6840	
Purpose of Disbursement 4/14 TIETZ REIMBURSEMENT: OFFICE SUPPLIES		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 335 HAGGERTY		Amount of Each Disbursement this Period 48.75
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAVLOV REIMBURSEMENT - OFFICE SUPPLIES	Transaction ID : SB17.6513
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 335 HAGGERTY		Amount of Each Disbursement this Period 152.62
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.6965
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 335 HAGGERTY		Amount of Each Disbursement this Period 21.72
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.6997
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 143 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 2254 NORTHWESTERN HWY		Amount of Each Disbursement this Period 14.31
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.6951
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. STRATEGIC MEDIA PLACEMENT		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 198075.00
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PLACEMENT	
Candidate Name	Category/Type	Transaction ID : SB17.6515
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRATEGIC MEDIA PLACEMENT		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 14250.00
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PLACEMENT	
Candidate Name	Category/Type	Transaction ID : SB17.6516
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	212325.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)			Date of Disbursement								
A. STRATEGIC MEDIA PLACEMENT			<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>05 / 09 / 2014</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		05 / 09 / 2014				
M M / D D / Y Y Y Y											
05 / 09 / 2014											
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period								
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>DELAWARE</td> <td>OH</td> <td>43015</td> </tr> </table>			City	State	Zip Code	DELAWARE	OH	43015	<table border="1"> <tr> <td>204250.00</td> </tr> </table>		204250.00
City	State	Zip Code									
DELAWARE	OH	43015									
204250.00											
Purpose of Disbursement MEDIA PLACEMENT			Transaction ID : SB17.6517								
Candidate Name			Category/Type								
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014								
State: District:			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								

Full Name (Last, First, Middle Initial)			Date of Disbursement								
B. STRATEGIC MEDIA PLACEMENT			<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>05 / 23 / 2014</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		05 / 23 / 2014				
M M / D D / Y Y Y Y											
05 / 23 / 2014											
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period								
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>DELAWARE</td> <td>OH</td> <td>43015</td> </tr> </table>			City	State	Zip Code	DELAWARE	OH	43015	<table border="1"> <tr> <td>47500.00</td> </tr> </table>		47500.00
City	State	Zip Code									
DELAWARE	OH	43015									
47500.00											
Purpose of Disbursement MEDIA PLACEMENT			Transaction ID : SB17.6518								
Candidate Name			Category/Type								
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014								
State: District:			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								

Full Name (Last, First, Middle Initial)			Date of Disbursement								
C. STRATEGIC MEDIA PLACEMENT			<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>06 / 05 / 2014</td> <td></td> </tr> </table>		M M / D D / Y Y Y Y		06 / 05 / 2014				
M M / D D / Y Y Y Y											
06 / 05 / 2014											
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period								
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>DELAWARE</td> <td>OH</td> <td>43015</td> </tr> </table>			City	State	Zip Code	DELAWARE	OH	43015	<table border="1"> <tr> <td>100000.00</td> </tr> </table>		100000.00
City	State	Zip Code									
DELAWARE	OH	43015									
100000.00											
Purpose of Disbursement MEDIA PLACEMENT			Transaction ID : SB17.6519								
Candidate Name			Category/Type								
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014								
State: District:			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								

SUBTOTAL of Disbursements This Page (optional)	351750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. STRATEGIC MEDIA PLACEMENT		M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period
City DELAWARE State OH Zip Code 43015		104250.00
Purpose of Disbursement MEDIA PLACEMENT		Transaction ID : SB17.6520
Candidate Name		Category/Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. STRATEGIC MEDIA PLACEMENT		M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period
City DELAWARE State OH Zip Code 43015		204250.00
Purpose of Disbursement MEDIA PLACEMENT		Transaction ID : SB17.6521
Candidate Name		Category/Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. STRATEGIC NATIONAL LLC		M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 190 MONROE AVE NW 5TH FLOOR		Amount of Each Disbursement this Period
City GRAND RAPIDS State MI Zip Code 49503		20000.00
Purpose of Disbursement STRATEGY CONSULTING		Transaction ID : SB17.6522
Candidate Name		Category/Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	328500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 146 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STRATEGIC NATIONAL LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 190 MONROE AVE NW 5TH FLOOR		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.6523
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TARGET		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 495 HAGGERTY HWY		Amount of Each Disbursement this Period 34.66 Transaction ID : SB17.6946 [MEMO ITEM]
City COMMERCE TOWNSHIP State MI Zip Code 48390	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE STRATEGY GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.6524
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PRODUCTION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	17500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. THE STRATEGY GROUP			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014		
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 21579.09		
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SB17.6525		
Purpose of Disbursement MEDIA PRODUCTION		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. THE STRATEGY GROUP			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014		
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 7500.00		
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SB17.6526		
Purpose of Disbursement MEDIA PRODUCTION		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. THE STRATEGY GROUP			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014		
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 14500.00		
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SB17.6527		
Purpose of Disbursement MEDIA PRODUCTION		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	43579.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 148 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. THE STRATEGY GROUP		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.6528
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PRODUCTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. THE STRATEGY GROUP		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 17000.00 Transaction ID : SB17.6529
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PRODUCTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. THE STRATEGY GROUP		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 22500.00 Transaction ID : SB17.6530
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PRODUCTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	47000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. DOUG TIETZ		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 5833 BINGHAM DR.		Amount of Each Disbursement this Period 1427.41 Transaction ID : SB17.6412
City TROY State MI Zip Code 48085	Purpose of Disbursement REIMBURSEMENT - SEE MEMO ENTRIES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DOUG TIETZ		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 5833 BINGHAM DR.		Amount of Each Disbursement this Period 262.00 Transaction ID : SB17.6413
City TROY State MI Zip Code 48085	Purpose of Disbursement REIMBURSEMENT - SEE MEMO ENTRIES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DOUG TIETZ		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 5833 BINGHAM DR.		Amount of Each Disbursement this Period 71.04 Transaction ID : SB17.6414
City TROY State MI Zip Code 48085	Purpose of Disbursement TRAVEL: MILEAGE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1760.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. TRANSAXT		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 190 MONROE AVENUE NW SUITE 500		Amount of Each Disbursement this Period 707.62 Transaction ID : SB17.6531
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TRANSAXT		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 190 MONROE AVENUE NW SUITE 500		Amount of Each Disbursement this Period 5.00 Transaction ID : SB17.6532
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TROTT & TROTT, P.C.		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 31440 NORTHWESTERN HWY #300		Amount of Each Disbursement this Period 2818.00 Transaction ID : SB17.6534
City FARMINGTON HILLS State MI Zip Code 48334	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3530.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 151 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. DAVE TROTT		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 158 LAKE PARK DRIVE		Amount of Each Disbursement this Period 1381.02
City BIRMINGHAM	State MI Zip Code 48009	
Purpose of Disbursement REIMBURSEMENT - SEE MEMO ENTRIES		Transaction ID : SB17.6417
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. UNDERGROUND PRINTING		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 329 S. MAIN STREET		Amount of Each Disbursement this Period 111.90
City ANN ARBOR	State MI Zip Code 48104	
Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES		Transaction ID : SB17.6885
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period 14.10
City WASHINGTON	State DC Zip Code 20260	
Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: POSTAGE		Transaction ID : SB17.6853
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional).....	1381.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>30</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		30		2013
M M	/	D D	/	Y Y Y Y								
10		30		2013								
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period										
City WASHINGTON State DC Zip Code 20260 Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: POSTAGE		<table border="1"> <tr> <td>5.03</td> </tr> </table>	5.03									
5.03												
Candidate Name		Transaction ID : SB17.6854										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]										
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>05</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		05		2013
M M	/	D D	/	Y Y Y Y								
11		05		2013								
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period										
City WASHINGTON State DC Zip Code 20260 Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: POSTAGE		<table border="1"> <tr> <td>7.76</td> </tr> </table>	7.76									
7.76												
Candidate Name		Transaction ID : SB17.6855										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]										
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>05</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		05		2014
M M	/	D D	/	Y Y Y Y								
03		05		2014								
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period										
City WASHINGTON State DC Zip Code 20260 Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		<table border="1"> <tr> <td>128.00</td> </tr> </table>	128.00									
128.00												
Candidate Name		Transaction ID : SB17.6901										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]										
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State:	District:											

SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		06		2014
M M	/	D D	/	Y Y Y Y								
03		06		2014								
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period										
City WASHINGTON State DC Zip Code 20260 Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: POSTAGE Candidate Name		<table border="1"> <tr> <td>4.22</td> </tr> </table> Transaction ID : SB17.6856 [MEMO ITEM]	4.22									
4.22												
Office Sought:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		07		2014
M M	/	D D	/	Y Y Y Y								
03		07		2014								
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period										
City WASHINGTON State DC Zip Code 20260 Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: POSTAGE Candidate Name		<table border="1"> <tr> <td>13.58</td> </tr> </table> Transaction ID : SB17.6857 [MEMO ITEM]	13.58									
13.58												
Office Sought:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		10		2014
M M	/	D D	/	Y Y Y Y								
03		10		2014								
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period										
City WASHINGTON State DC Zip Code 20260 Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: POSTAGE Candidate Name		<table border="1"> <tr> <td>31.52</td> </tr> </table> Transaction ID : SB17.6858 [MEMO ITEM]	31.52									
31.52												
Office Sought:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>11</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		11		2014
M M	/	D D	/	Y Y Y Y								
03		11		2014								
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period										
City WASHINGTON State DC Zip Code 20260 Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: POSTAGE Candidate Name		<table border="1"> <tr> <td>18.20</td> </tr> </table> Transaction ID : SB17.6859 [MEMO ITEM]	18.20									
18.20												
Office Sought:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		13		2014
M M	/	D D	/	Y Y Y Y								
03		13		2014								
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period										
City WASHINGTON State DC Zip Code 20260 Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: POSTAGE Candidate Name		<table border="1"> <tr> <td>4.22</td> </tr> </table> Transaction ID : SB17.6860 [MEMO ITEM]	4.22									
4.22												
Office Sought:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>17</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		17		2014
M M	/	D D	/	Y Y Y Y								
03		17		2014								
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period										
City WASHINGTON State DC Zip Code 20260 Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: POSTAGE Candidate Name		<table border="1"> <tr> <td>3.64</td> </tr> </table> Transaction ID : SB17.6861 [MEMO ITEM]	3.64									
3.64												
Office Sought:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 161			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. USPS		M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: POSTAGE		Transaction ID : SB17.6864
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. USPS		M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period
City	State	Zip Code
WASHINGTON	DC	20260
Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: POSTAGE		Transaction ID : SB17.6868
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. VERIZON WIRELESS		M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 15505 SAND CANYON AVENUE		Amount of Each Disbursement this Period
City	State	Zip Code
IRVINE	CA	92618
Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: MOBILE PHONE EXPENSE		Transaction ID : SB17.6898
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 156 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 15505 SAND CANYON AVENUE		Amount of Each Disbursement this Period 138.34
City IRVINE State CA Zip Code 92618	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.6917 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 15505 SAND CANYON AVENUE		Amount of Each Disbursement this Period 168.36
City IRVINE State CA Zip Code 92618	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.6941 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 15505 SAND CANYON AVENUE		Amount of Each Disbursement this Period 237.30
City IRVINE State CA Zip Code 92618	Purpose of Disbursement 6/25 PIWOWAR REIMBURSEMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.6984 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 157 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. WALLED LAKE POST OFFICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 995 N PONTIAC TRAIL		Amount of Each Disbursement this Period 4.83
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.6970
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 26090 INGERSOL DR		Amount of Each Disbursement this Period 209.21
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement 4/16 PIWOWAR REIMBURSEMENT: OFFICE TABLES	Transaction ID : SB17.6913
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 26090 INGERSOL DR		Amount of Each Disbursement this Period 96.40
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement 5/21 PIWOWAR REIMBURSEMENT: OFFICE EQUIPMENT	Transaction ID : SB17.6967
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 158 OF 161	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. WARREN DRUGSTORE		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 32910 MIDDLEBELT RD		Amount of Each Disbursement this Period 5.77
City State Zip Code FARMINGTON HILLS MI 48322	Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6870 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. WATERFORD COALITION FOR YOUTH		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 5150 CIVIC CENTER DRIVE		Amount of Each Disbursement this Period 60.00
City State Zip Code WATERFORD MI 48329	Purpose of Disbursement 4/14 TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.6848 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. WAYNE 11TH CDRC		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 2736 HOGAN WAY		Amount of Each Disbursement this Period 550.00
City State Zip Code CANTON MI 48188	Purpose of Disbursement EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.6535
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 161			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TROTT FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. WILLARD INTERCONTINENTAL HOTEL		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 1401 PENNSYLVANIA AVE NW		Amount of Each Disbursement this Period 590.82
City WASHINGTON State DC Zip Code 20004-1010	Purpose of Disbursement 6/18 TROTT REIMBURSEMENT: TRAVEL: LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.6874 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	1302084.90

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7005

TROTT FOR CONGRESS, INC.

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

DAVID A. TROTT

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

158 PARK LAKE DRIVE

City

State

ZIP Code

BIRMINGHAM

MI

48009

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 06 / 2014

Date Due

M M / D D / Y Y Y Y
11/04/2014

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

250000.00

TOTALS This Period (last page in this line only)..... ▶

250000.00

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

SCHEDULE D (FEC Form 3)

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)

TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MAJORITY STRATEGIES, INC.

Mailing Address 135 PROFESSIONAL DRIVE
 SUITE 104

City State Zip Code
 PONTE VEDRA BEACH FL 32082

Nature of Debt (Purpose):
 DIRECT MAIL

Outstanding Balance Beginning This Period **Transaction ID : SD10.7012**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MAJORITY STRATEGIES, INC.

Mailing Address 135 PROFESSIONAL DRIVE
 SUITE 104

City State Zip Code
 PONTE VEDRA BEACH FL 32082

Nature of Debt (Purpose):
 DIRECT MAIL

Outstanding Balance Beginning This Period **Transaction ID : SD10.7013**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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)	<input type="text" value="55570.07"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="55570.07"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="250000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="305570.07"/>