

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Tom McMillin for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 07 / 16 / 2014

	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))....	27535.00	205472.98
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	27535.00	205472.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	92820.92	150160.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	668.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	92820.92	149491.91
8. Cash on Hand at Close of Reporting Period (from Line 27).....	64066.07	
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).....	6360.00	

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

Tom McMillin for Congress

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).....	25150.00	173370.98
(ii) Unitemized.....	2385.00	19552.00
(iii) TOTAL of contributions from individuals ▶	27535.00	192922.98
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	12550.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	27535.00	205472.98
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	5360.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5360.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	668.60
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)..... ▶	27535.00	211501.58

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	92820.92	150160.51
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	92820.92	150160.51

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	129351.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	27535.00
25. SUBTOTAL (add Line 23 and Line 24).....	156886.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	92820.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	64066.07

**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 24
	<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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
Valerie Applegate

Mailing Address 14464 Dunn Road

City Haslett State MI Zip Code 48840

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

Name of Employer Applegate Insulation Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2200.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 12 / 2014

Transaction ID : SA11AI.5203

Amount of Each Receipt this Period
1000.00

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

Mailing Address 556 N. Saginaw St.

City Pontiac State MI Zip Code 48342

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

Name of Employer Benson's Building Supply Occupation 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
 07 / 09 / 2014

Transaction ID : SA11AI.5221

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
M.A. Benson

Mailing Address 556 Saginaw St.

City Pontiac State MI Zip Code 48342

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

Name of Employer Benson's Building Supply Occupation 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
 07 / 09 / 2014

Transaction ID : SA11AI.5224

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 24
	<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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
Diane Dangelo

Mailing Address 1235 N Glenhurst Dr

City Birmingham State MI Zip Code 48009

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

Name of Employer Diane D'angelo MD Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11AI.5266

Amount of Each Receipt this Period
100.00

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

Mailing Address 1235 N Glenhurst Dr

City Birmingham State MI Zip Code 48009

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

Name of Employer Diane D'angelo MD Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11AI.5267

Amount of Each Receipt this Period
400.00

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

Mailing Address 4721 22 Mile Rd.

City Shelby Twp. State MI Zip Code 48317

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

Name of Employer Lutz Roofing Occupation Estimator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11AI.5259

Amount of Each Receipt this Period
1000.00

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 7 OF 24
	<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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

Mailing Address **801 G STREET NW**

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee. **C C00452383**

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00
---	--

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		09		2014

Transaction ID : **SA11AI.5228**

Amount of Each Receipt this Period
 _____ 500.00

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

Mailing Address **3730 Buringtree Dr.**

City	State	Zip Code
Bloomfield Hills	MI	48302

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

Name of Employer	Occupation
Oakland Orthopedic Partners	Physician

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00
---	---

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		16		2014

Transaction ID : **SA11AI.5268**

Amount of Each Receipt this Period
 _____ 500.00

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

Mailing Address **3757 Robina Ave.**

City	State	Zip Code
Berkley	MI	48072

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

Name of Employer	Occupation
General Motors	Financial Analyst

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.49
---	--

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		12		2014

Transaction ID : **SA11AI.5240**

Amount of Each Receipt this Period
 _____ 50.00

SUBTOTAL of Receipts This Page (optional).....	_____ 1050.00
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: PAGE 8 OF 24
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
Stan Kasiewicz

Mailing Address 1807 Harvest Ln

City Bloomfield Hills State MI Zip Code 48302

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

Name of Employer Stan Kasiewicz Foundation Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11AI.5261

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Walter Knysz, Jr.

Mailing Address 390 Gallogly Rd

City Lake Angelus State MI Zip Code 48326

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

Name of Employer Dr. Walter Knysz, MD Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : SA11AI.5234

Amount of Each Receipt this Period
 500.00

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

Mailing Address 80 106th Ave

City Plainwell State MI Zip Code 49080

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 Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.5239

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 9 OF 24	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) Scott Larry		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 14 / 2014
Mailing Address PO Box 2563		Transaction ID : SA11AI.5272
City Birmingham	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DePadua Construction	Occupation President	
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) Geraldine Milosch		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2014
Mailing Address 534 Davis Lake Dr.		Transaction ID : SA11AI.5187
City Oxford	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) NATIONAL GUN RIGHTS PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2014
Mailing Address 9805 HARRELL AVENUE #202		Transaction ID : SA11AI.5168
City TREASURE ISLAND	State FL	
FEC ID number of contributing federal political committee. C C00458273		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	5350.00
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 10 OF 24
	<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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
Philip O'Halloran

Mailing Address 1000 Joanne Ct.

City Bloomfield State MI Zip Code 48302

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

Name of Employer St. John Hospital Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11AI.5205

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1569 Harwood

City Oxford State MI Zip Code 48371

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

Name of Employer Dr. Kevin Robertson, DO Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11AI.5209

Amount of Each Receipt this Period
 2600.00

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

Mailing Address PO Box 1911

City Zephyr Cove State NV Zip Code 89448

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

Name of Employer MDDM, LLC Occupation Member

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.5171

Amount of Each Receipt this Period
 1000.00

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

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

4600.00

**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 24
	<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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
Robert Saieg

Mailing Address 4878 Rivers Edge Dr.

City State Zip Code
Troy MI 48098

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

Name of Employer Occupation
Dr. Robert Saieg MD Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.5191

Amount of Each Receipt this Period
250.00

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

Mailing Address 8210 Lakeshore Rd.

City State Zip Code
Lakeport MI 48059

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

Name of Employer Occupation
Schaller Tool and Die Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.5169

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3707 W. Maple Rd.

City State Zip Code
Bloomfield Hills MI 48301

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

Name of Employer Occupation
Schwartz Investment Council 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
07 / 16 / 2014

Transaction ID : SA11AI.5207

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 12 OF 24
	<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)
Tom McMillin for Congress

A. Full Name (Last, First, Middle Initial)
Jeffrey Scott

Mailing Address 5800 Hunters Gate

City State Zip Code
Troy MI 48098

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

Name of Employer Occupation
EMS Grivory America Business Development

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.5237

Amount of Each Receipt this Period
500.00

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

Mailing Address 1620 Park Creek Ct.

City State Zip Code
Rochester Hills MI 48309

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

Name of Employer Occupation
American Community Developers Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.5189

Amount of Each Receipt this Period
250.00

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

Mailing Address 34038 Glouster Cr.

City State Zip Code
Farmington Hills MI 48331

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.5219

Amount of Each Receipt this Period
800.00

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

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

1550.00

**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 24
	<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)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) Richard Uihlein		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2014
Mailing Address 1396 N. Waukegan Rd.		Transaction ID : SA11AI.5173
City Lake Forest	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Uline Packaging	Occupation Owner	
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) Earle VanDyke		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 16 / 2014
Mailing Address 3394 Adams Shore Dr.		Transaction ID : SA11AI.5215
City Waterford	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Unistaff Inc.	Occupation Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) Jerrid Walker		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2014
Mailing Address 2380 nolen dr		Transaction ID : SA11AI.5247
City Flint	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Broker	
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).....	3350.00
TOTAL This Period (last page this line number only).....	25150.00

**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 14 OF 24			
	<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)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. American Spirit Center		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 10590 E. Grand River Ave.		Amount of Each Disbursement this Period 1069.94 Transaction ID : SB17.5292
City Brighton	State MI	
Zip Code 48116	Purpose of Disbursement Room Rental and Food	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. Bellwether Strategies		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 4154 Lakeview		Amount of Each Disbursement this Period 10334.95 Transaction ID : SB17.5281
City Attica	State MI	
Zip Code 48412	Purpose of Disbursement Communications 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. Bellwether Strategies		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 4154 Lakeview		Amount of Each Disbursement this Period 6232.05 Transaction ID : SB17.5294
City Attica	State MI	
Zip Code 48412	Purpose of Disbursement Printing and Mail Service	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).....	17636.94
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 15 OF 24			
	<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)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Allied Printing		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 22438 Woodward		Amount of Each Disbursement this Period 6232.05
City Ferndale	State MI Zip Code 48220	
Purpose of Disbursement Printing and Mail Service	Candidate Name	Transaction ID : SB17.5294.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Buddies Grill		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 2040 Aurelius Rd.		Amount of Each Disbursement this Period 333.94
City Holt	State MI Zip Code 48842	
Purpose of Disbursement Food for Event	Candidate Name	Transaction ID : SB17.5283
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Chase Land Development		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address Dept. 231101 PO Box 67000		Amount of Each Disbursement this Period 800.00
City Detroit	State MI Zip Code 48267	
Purpose of Disbursement Rent	Candidate Name	Transaction ID : SB17.5299
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1133.94
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 16 OF 24			
	<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)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Crowne Plaza		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 1500 N. Opdyke Rd.		Amount of Each Disbursement this Period 272.84
City Auburn Hills	State MI Zip Code 48326	
Purpose of Disbursement Meeting Expense	Category/Type	Transaction ID : SB17.5291
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. DMK Marketing		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PO Box 71276		Amount of Each Disbursement this Period 6161.00
City Madison Heights	State MI Zip Code 48071	
Purpose of Disbursement Printing	Category/Type	Transaction ID : SB17.5071
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. Facebook		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 6.99
City Menlo Park	State CA Zip Code 94025	
Purpose of Disbursement Online Advertising	Category/Type	Transaction ID : SB17.5061
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).....	6440.83
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 17 OF 24			
	<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)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 624.81 Transaction ID : SB17.5068
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Online Adverstising	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. Lasercom		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 2230 Elliot Ave.		Amount of Each Disbursement this Period 6558.44 Transaction ID : SB17.5279
City Troy	State MI	
Zip Code 48084	Purpose of Disbursement 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:	

Full Name (Last, First, Middle Initial) c. Lasercom		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 2230 Elliot Ave.		Amount of Each Disbursement this Period 11950.20 Transaction ID : SB17.5288
City Troy	State MI	
Zip Code 48084	Purpose of Disbursement 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).....	19133.45
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 18 OF 24			
	<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)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Jon Mieczkowski		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 7250 E. Baldwin Rd.		Amount of Each Disbursement this Period 2290.85 Transaction ID : SB17.5286
City Grand Blanc	State MI	
Zip Code 48439	Purpose of Disbursement Political 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. David Rowe		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 10030 Arbor Lane		Amount of Each Disbursement this Period 123.90 Transaction ID : SB17.5074
City Goodrich	State MI	
Zip Code 48438	Purpose of Disbursement Mileage-multiple trips under \$50	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. David Rowe		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 10030 Arbor Lane		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.5073
City Goodrich	State MI	
Zip Code 48438	Purpose of Disbursement Salary for Staff 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).....	4014.75
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 19 OF 24			
	<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)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Tractor Supply		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 700 S. Ortonville Rd.		Amount of Each Disbursement this Period 823.08
City Ortonville	State MI Zip Code 48462	
Purpose of Disbursement Sign Supplies	Candidate Name	Transaction ID : SB17.5069
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Voice Broadcasting Corp		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 1527 S. Cooper St.		Amount of Each Disbursement this Period 181.98
City Arlington	State TX Zip Code 76010	
Purpose of Disbursement Robo Calls	Candidate Name	Transaction ID : SB17.5078
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Voice Broadcasting Corp		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 1527 S. Cooper St.		Amount of Each Disbursement this Period 53.94
City Arlington	State TX Zip Code 76010	
Purpose of Disbursement Robo call	Candidate Name	Transaction ID : SB17.5285
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1059.00
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 20 OF 24			
	<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)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Voice Broadcasting Corp			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014		
Mailing Address 1527 S. Cooper St.			Amount of Each Disbursement this Period 211.82		
City Arlington	State TX	Zip Code 76010	Transaction ID : SB17.5287		
Purpose of Disbursement Robo Call		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. Voice Broadcasting Corp			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014		
Mailing Address 1527 S. Cooper St.			Amount of Each Disbursement this Period 206.44		
City Arlington	State TX	Zip Code 76010	Transaction ID : SB17.5298		
Purpose of Disbursement Robo Call		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. Voice Broadcasting Corp			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014		
Mailing Address 1527 S. Cooper St.			Amount of Each Disbursement this Period 54.15		
City Arlington	State TX	Zip Code 76010	Transaction ID : SB17.5300		
Purpose of Disbursement Robo Call		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).....	472.41
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 21 OF 24	
	<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)
Tom McMillin for Congress

Full Name (Last, First, Middle Initial) A. Winning Strategies		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 622 E. Main St.		Amount of Each Disbursement this Period 19678.06
City Flushing	State MI	
Zip Code 48433	Purpose of Disbursement Political Consulting	Transaction ID : SB17.5075
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. Winning Strategies		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 622 E. Main St.		Amount of Each Disbursement this Period 22967.00
City Flushing	State MI	
Zip Code 48433	Purpose of Disbursement Printing and Mail Service	Transaction ID : SB17.5296
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. Allied Printing		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 22438 Woodward		Amount of Each Disbursement this Period 22967.00
City Ferndale	State MI	
Zip Code 48220	Purpose of Disbursement Printing and Mail Service	Transaction ID : SB17.5296.0
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).....	42645.06
TOTAL This Period (last page this line number only).....	92536.38

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/10.5140

Tom McMillin for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

THOMAS MCMILLIN

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

2843 E. Grand River Ave.
#252

City State ZIP Code
East Lansing MI 48823

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1000.00 0.00 1000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 14 / Y 2014 M M / D D / Y 12/31/2014 0.00 % (apr) 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)..... ▶ 1000.00
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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/10.5141

Tom McMillin for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

THOMAS MCMILLIN

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

2843 E. Grand River Ave.
#252

City State ZIP Code
East Lansing MI 48823

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
360.00 0.00 360.00

TERMS

Date Incurred Date Due Interest Rate Secured:
04 / 19 / 2014 M M / D D / 12/31/2014 0.00 % (apr) 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)..... ▶ 360.00
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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) **Tom McMillin for Congress** Transaction ID : **SC/10.5088**

LOAN SOURCE Full Name (Last, First, Middle Initial) THOMAS MCMILLIN	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2843 E. Grand River Ave. #252		

City	State	ZIP Code
East Lansing	MI	48823

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	06 / 28 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	5000.00
TOTALS This Period (last page in this line only).....	6360.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.