

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CMS Energy Corporation Employees for Better Government- Federal

ADDRESS (number and street) One Energy Plaza
EP8-267
 Check if different than previously reported. (ACC)
Jackson MI 49201

2. **FEC IDENTIFICATION NUMBER** C00075473
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gregory L. Ward II

Signature of Treasurer Electronically Filed by Gregory L. Ward II Date 10 10 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
CMS Energy Corporation Employees for Better Government- Federal

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		30118.22
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	22617.69									
(c) Total Receipts (from Line 19)	7157.00	44656.47								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29774.69	74774.69								
7. Total Disbursements (from Line 31)	6000.00	51000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23774.69	23774.69								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
CMS Energy Corporation Employees for Better Government- Federal

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1412.60	4397.88
(i) Itemized (use Schedule A)	5744.40	40258.59
(ii) Unitemized	7157.00	44656.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7157.00	44656.47
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7157.00	44656.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7157.00	44656.47

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	51000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6000.00	51000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6000.00	51000.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7157.00	44656.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7157.00	44656.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
CMS Energy Corporation Employees for Better Government- Federal

A. Full Name (Last, First, Middle Initial) MR GLENN P BARBA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR517386211362	
Mailing Address 1212 INNSBROOK COURT		Amount of Each Receipt this Period 39.04	
City ANN ARBOR	State MI	Zip Code 48108-8671	P/R Deduction (\$19.52 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Occupation VP-CNTRLR/CAO-CMS/CE	
Name of Employer CONSUMERS ENERGY		Aggregate Year-to-Date ▼ 234.24	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) MR THOMAS W ELWARD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR517743611362	
Mailing Address 5531 SWAN LAKE DR.		Amount of Each Receipt this Period 90.30	
City W BLOOMFIELD	State MI	Zip Code 48322-1765	P/R Deduction (\$45.15 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Occupation PRES & COO-CMS ENT	
Name of Employer CMS ENTERPRISES		Aggregate Year-to-Date ▼ 541.80	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) MR J GARDNER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR517819411362	
Mailing Address 8388 PARKRIDGE DR		Amount of Each Receipt this Period 38.68	
City DEXTER	State MI	Zip Code 48130-9397	P/R Deduction (\$19.34 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Occupation DIR FINANCIAL REPORTING	
Name of Employer CONSUMERS ENERGY		Aggregate Year-to-Date ▼ 229.20	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	168.02
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CMS Energy Corporation Employees for Better Government- Federal

Full Name (Last, First, Middle Initial) A. MR WILLIAM E GARRITY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR517821711362
Mailing Address 1205 MILLER AVE		Amount of Each Receipt this Period 43.08
City ANN ARBOR State MI Zip Code 48103-3754		
FEC ID number of contributing federal political committee. C		
Name of Employer CONSUMERS ENERGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SR VP ELEC & GAS SUPPLY Aggregate Year-to-Date ▼ 258.48	P/R Deduction (\$21.54 Semi-Monthly)

Full Name (Last, First, Middle Initial) B. MS CAROL ISLES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR518000311362
Mailing Address 10575 DARREL DRIVE		Amount of Each Receipt this Period 47.82
City HANOVER State MI Zip Code 49241-8701		
FEC ID number of contributing federal political committee. C		
Name of Employer CMS ENTERPRISES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP & CONTROLLER - CMS ENT Aggregate Year-to-Date ▼ 274.98	P/R Deduction (\$23.91 Semi-Monthly)

Full Name (Last, First, Middle Initial) C. MR FRANK JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR518032011362
Mailing Address 4193 LAKE FOREST DRIVE WEST		Amount of Each Receipt this Period 82.54
City ANN ARBOR State MI Zip Code 48108-8923		
FEC ID number of contributing federal political committee. C		
Name of Employer CONSUMERS ENERGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SR VP ENERGY OPERS Aggregate Year-to-Date ▼ 495.24	P/R Deduction (\$41.27 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	173.44
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
CMS Energy Corporation Employees for Better Government- Federal

A. Full Name (Last, First, Middle Initial) MR DAVID W JOOS Mailing Address 2044 BIRCH BLUFF DRIVE City OKEMOS State MI Zip Code 48864-5964 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR518048711362 Amount of Each Receipt this Period 145.88 P/R Deduction (\$72.94 Semi-Monthly)
Name of Employer CONSUMERS ENERGY Occupation PRES & CHF EXEC OFFC-CMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 875.28		

B. Full Name (Last, First, Middle Initial) MR DAVID A LAPINSKI Mailing Address 7498 HUNTER'S RIDGE City JACKSON State MI Zip Code 49201-8562 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR518143711362 Amount of Each Receipt this Period 36.74 P/R Deduction (\$18.37 Semi-Monthly)
Name of Employer CONSUMERS ENERGY Occupation EX DIR EL SRCING/TRANSACTION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 217.86		

C. Full Name (Last, First, Middle Initial) MS SHARON A MCILNAY Mailing Address 26151 HERSHEYVALE DR City FRANKLIN State MI Zip Code 48025-1265 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR518261711362 Amount of Each Receipt this Period 58.34 P/R Deduction (\$29.17 Semi-Monthly)
Name of Employer CMS ENTERPRISES Occupation VP & GEN CNSL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.04		

SUBTOTAL of Receipts This Page (optional)	240.96
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CMS Energy Corporation Employees for Better Government- Federal

A. Full Name (Last, First, Middle Initial) MR TIMOTHY L MEHL Mailing Address 3110-1252 PO BOX 311 City MENDHAM State NJ Zip Code 07945-0311 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR518272911362 Amount of Each Receipt this Period 38.66 P/R Deduction (\$19.33 Semi-Monthly)
Name of Employer: CMS RESOURCE DEVELOPMENT CO Occupation: SITE MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.38		

B. Full Name (Last, First, Middle Initial) MR DAVID G MENGENBIER Mailing Address 1911 AUSTIN AVENUE City ANN ARBOR State MI Zip Code 48104-3621 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR518276511362 Amount of Each Receipt this Period 86.04 P/R Deduction (\$43.02 Semi-Monthly)
Name of Employer: CONSUMERS ENERGY Occupation: SR VP GV&PUB AF/C CMP OFR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 516.24		

C. Full Name (Last, First, Middle Initial) MR THOMAS L MILLER Mailing Address 38 HARBOR HILL City GROSSE POINTE FARM State MI Zip Code 48236-3748 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR518301611362 Amount of Each Receipt this Period 64.16 P/R Deduction (\$32.08 Semi-Monthly)
Name of Employer: CMS ENTERPRISES Occupation: VP INTL & MIDSTREAM ASSET Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.96		

SUBTOTAL of Receipts This Page (optional)	188.86
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CMS Energy Corporation Employees for Better Government- Federal

Full Name (Last, First, Middle Initial) A. MS LAURA L MOUNTCASTLE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2225 LONDONDERRY		Transaction ID: PR518329011362	
City ANN ARBOR	State MI	Zip Code 48104-2805	Amount of Each Receipt this Period _____ 84.58
FEC ID number of contributing federal political committee. C _____			
Name of Employer CONSUMERS ENERGY	Occupation VP INVEST RELAT & TREAS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 507.48		
		P/R Deduction (\$42.29 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. MS JILL M POLICH		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 921 PRATT RIDGE COURT		Transaction ID: PR518445211362	
City ANN ARBOR	State MI	Zip Code 48103-1402	Amount of Each Receipt this Period _____ 44.54
FEC ID number of contributing federal political committee. C _____			
Name of Employer CONSUMERS ENERGY	Occupation MGR DSTR ENG&REG/OPERS SV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 262.02		
		P/R Deduction (\$22.27 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. MR PHILLIP G POLYAK		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 355 WILLIS ROAD		Transaction ID: PR518446411362	
City SALINE	State MI	Zip Code 48176-1598	Amount of Each Receipt this Period _____ 45.26
FEC ID number of contributing federal political committee. C _____			
Name of Employer DEARBORN GENERATION OPER LLC	Occupation GEN MGR - DBN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 267.30		
		P/R Deduction (\$22.63 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 174.38
TOTAL This Period (last page this line number only) ▶	_____

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

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

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NAME OF COMMITTEE (In Full)
CMS Energy Corporation Employees for Better Government- Federal

Full Name (Last, First, Middle Initial) A. MR JON R ROBINSON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 612 S BOWEN		Transaction ID: PR518522611362	
City JACKSON	State MI	Zip Code 49203-1554	Amount of Each Receipt this Period _____ 41.58
FEC ID number of contributing federal political committee. C _____			
Name of Employer CONSUMERS ENERGY	Occupation VP & ASST G CNSL REG MTRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 249.48		
		P/R Deduction (\$20.79 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. MR JOHN G RUSSELL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6254 PINE HOLLOW DR		Transaction ID: PR518550511362	
City EAST LANSING	State MI	Zip Code 48823-9728	Amount of Each Receipt this Period _____ 41.82
FEC ID number of contributing federal political committee. C _____			
Name of Employer CONSUMERS ENERGY	Occupation PRES & COO-CONSUMERS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.92		
		P/R Deduction (\$20.91 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. MR MICHAEL C SNIEGOWSKI		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10681 RED MAPLE DRIVE		Transaction ID: PR518656111362	
City PLYMOUTH	State MI	Zip Code 48170-3292	Amount of Each Receipt this Period _____ 53.02
FEC ID number of contributing federal political committee. C _____			
Name of Employer CMS ENTERPRISES	Occupation EX MGR INDEP ENERGY SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 313.92		
		P/R Deduction (\$26.51 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional)	136.42
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
CMS Energy Corporation Employees for Better Government- Federal

Full Name (Last, First, Middle Initial) A. MR JOSEPH P TOMASIK		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 22995 WHITEHALL DRIVE		Transaction ID: PR518767411362	
City State Zip Code NOVI MI 48374-3646	Amount of Each Receipt this Period _____ 62.46		
FEC ID number of contributing federal political committee. C			
Name of Employer CMS INTERNATIONAL VENTURES LLC	Occupation VP & CHIEF DEV OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 374.76		
		P/R Deduction (\$31.23 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. MR STEVEN D UNRUH		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1335 WINCHCOMBE		Transaction ID: PR518788511362	
City State Zip Code BLOOMFIELD HILLS MI 48304-1270	Amount of Each Receipt this Period _____ 34.72		
FEC ID number of contributing federal political committee. C			
Name of Employer CONSUMERS ENERGY	Occupation FIELD MANAGER I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 205.92		
		P/R Deduction (\$17.36 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. MR THEODORE J VOGEL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3895 BRADFORD SQUARE DR		Transaction ID: PR518816611362	
City State Zip Code ANN ARBOR MI 48103-6317	Amount of Each Receipt this Period _____ 45.50		
FEC ID number of contributing federal political committee. C			
Name of Employer CONSUMERS ENERGY	Occupation VP & CHF TAX CNSL-CMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 273.00		
		P/R Deduction (\$22.75 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 142.68
TOTAL This Period (last page this line number only) ▶	_____

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

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

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NAME OF COMMITTEE (In Full)
CMS Energy Corporation Employees for Better Government- Federal

Full Name (Last, First, Middle Initial) A. MR LEONARD J WACLAWIK		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4506 SID DRIVE		Transaction ID: PR518819611362	
City JACKSON	State MI	Zip Code 49201-9061	Amount of Each Receipt this Period _____ 55.94
FEC ID number of contributing federal political committee. C			
Name of Employer CONSUMERS ENERGY	Occupation DIR FINANCIAL FORECASTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 327.66		
		P/R Deduction (\$27.97 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. MR GEORGE A PICKART		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 210 SHEA ROAD		Transaction ID: PR521608611362	
City LOTHIAN	State MD	Zip Code 20711-3103	Amount of Each Receipt this Period _____ 40.88
FEC ID number of contributing federal political committee. C			
Name of Employer CONSUMERS ENERGY	Occupation EX DIR FED AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.88		
		P/R Deduction (\$20.44 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. MR THOMAS J WEBB		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6142 HIDDEN LAKE CIRCLE		Transaction ID: PR522402611362	
City RICHLAND	State MI	Zip Code 49083-9764	Amount of Each Receipt this Period _____ 91.02
FEC ID number of contributing federal political committee. C			
Name of Employer CONSUMERS ENERGY	Occupation EX VP & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 546.12		
		P/R Deduction (\$45.51 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	187.84
TOTAL This Period (last page this line number only) ▶	1412.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CMS Energy Corporation Employees for Better Government- Federal

Full Name (Last, First, Middle Initial) A. Friends of Senator Rockefeller		Transaction ID: 20419702 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7	
Mailing Address 236 Massachusetts Avenue #310		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002	011 Category/ Type		
Purpose of Disbursement			
Candidate Name John Rockefeller			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stupak For Congress		Transaction ID: 20419685 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7	
Mailing Address Ken Jones, Treasurer 817 9th Avenue, PO Box 143		Amount of Each Disbursement this Period 500.00	
City Menominee State MI Zip Code 49858	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Bart Stupak			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Levin For Congress Committee		Transaction ID: 20419703 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7	
Mailing Address Joseph J. O'Brien, Treasurer 436 New Jersey Ave., SE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Sander Levin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 16

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

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NAME OF COMMITTEE (In Full)
CMS Energy Corporation Employees for Better Government- Federal

Full Name (Last, First, Middle Initial) A. Matheson for Congress		Transaction ID: 20419706 Date of Disbursement
Mailing Address 677 South 200 West Suite A		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
City Salt Lake City	State UT	Zip Code 84101
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text" value="1000.00"/>
Candidate Name Jim Matheson		<input type="text" value="011"/> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT	District: 2	

Full Name (Last, First, Middle Initial) B. McCotter Congressional Committee		Transaction ID: 20419704 Date of Disbursement
Mailing Address P. O. Box 530788		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
City Livonia	State MI	Zip Code 48153
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text" value="1500.00"/>
Candidate Name Thaddeus McCotter		<input type="text" value="011"/> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 11	

Full Name (Last, First, Middle Initial) C. Richard E Neal For Congress Committee		Transaction ID: 20419705 Date of Disbursement
Mailing Address Michael Hall, Treasurer 76 Magnolia Terrace		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
City Springfield	State MA	Zip Code 01108
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text" value="1000.00"/>
Candidate Name Rep. Richard Neal		<input type="text" value="011"/> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District: 2	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CMS Energy Corporation Employees for Better Government- Federal

Full Name (Last, First, Middle Initial) A. Candice Miller For Congress		Transaction ID: 20555928 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address Robert David Leslie, Treasurer 70 Macomb Place, Suite 310		Amount of Each Disbursement this Period 1500.00
City Mount Clemens State MI Zip Code 48043	June fundraiser for Congresswoman Miller	
Purpose of Disbursement June fundraiser for Congresswoman Miller		011 Category/Type
Candidate Name Candice Miller	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Candice Miller For Congress		Transaction ID: 20555889 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address Robert David Leslie, Treasurer 70 Macomb Place, Suite 310		Amount of Each Disbursement this Period -1500.00
City Mount Clemens State MI Zip Code 48043	Void - Candice Miller For Congress. Nev	
Purpose of Disbursement Void - Candice Miller For Congress. Nev		011 Category/Type
Candidate Name Candice Miller	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	6000.00