

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

Newaygo County Democratic Executive Committee

ADDRESS (number and street) P.O. Box 146

Check if different than previously reported. (ACC)

Newaygo MI 49337

2. **FEC IDENTIFICATION NUMBER** C00452854

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

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

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 09 30 2008

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 Charles Benham

Signature of Treasurer Electronically Filed by Charles Benham Date 08 08 2011

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Newaygo County Democratic Executive Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	X	Y	Y	Y	2	0	0	8		0.00
X	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	-1550.00									
(c) Total Receipts (from Line 19)	73182.73	73182.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71632.73	73182.73								
7. Total Disbursements (from Line 31)	59446.17	60996.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12186.56	12186.56								
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

Newaygo County Democratic Executive Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	59826.00	59826.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	59826.00	59826.00
(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)	59826.00	59826.00
12. Transfers From Affiliated/Other Party Committees	13356.21	13356.21
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.)	0.52	0.52
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))	73182.73	73182.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	73182.73	73182.73

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.....	59446.17	60996.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	59446.17	60996.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
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))..	59446.17	60996.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59446.17	60996.17

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)	59826.00	59826.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59826.00	59826.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	59446.17	60996.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	59446.17	60996.17

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

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

FOR LINE NUMBER: PAGE 6 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial)
2nd Congressional District
Mailing Address

City State Zip Code
MI

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.97

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 2 / 2 0 0 8

Transaction ID: SA12.4203

Amount of Each Receipt this Period
247.97

supply

B. Full Name (Last, First, Middle Initial)
Allegan County Democratic Party
Mailing Address P.O. Box 85

City State Zip Code
Saugatuck MI 49453

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2040.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 2 1 / 2 0 0 8

Transaction ID: SA12.4342

Amount of Each Receipt this Period
2040.00

signs

C. Full Name (Last, First, Middle Initial)
Benzie County Democratic Party
Mailing Address 4455 Highland Dr

City State Zip Code
Beulah MI 49617

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2112.24

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 2 1 / 2 0 0 8

Transaction ID: SA12.4237

Amount of Each Receipt this Period
2112.24

signs

SUBTOTAL of Receipts This Page (optional) ► **4400.21**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 43

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.

Full Name (Last, First, Middle Initial)
Benzie County Democratic Party

Mailing Address 4455 Highland Dr

City State Zip Code
Beulah MI 49617

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2612.24

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA12.4269

Amount of Each Receipt this Period

500.00

signs

B.

Full Name (Last, First, Middle Initial)
Lake County Democratic Party

Mailing Address

City State Zip Code
MI

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
816.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2008

Transaction ID: SA12.4110

Amount of Each Receipt this Period

816.00

signs

C.

Full Name (Last, First, Middle Initial)
Manistee County Democratic Party

Mailing Address 11171 Kerry Rd

City State Zip Code
Brethren MI 49619

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
408.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2008

Transaction ID: SA12.4241

Amount of Each Receipt this Period

408.00

signs

SUBTOTAL of Receipts This Page (optional)

1724.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 43
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial)
Manistee County Democratic Party

Mailing Address 11171 Kerry Rd

City State Zip Code
Brethren MI 49619

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
808.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2008

Transaction ID: SA12.4352

Amount of Each Receipt this Period
400.00

signs

B. Full Name (Last, First, Middle Initial)
Mason County Democratic Party

Mailing Address 5434 S. Lakeshore Dr

City State Zip Code
Ludington MI 49431

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA12.4271

Amount of Each Receipt this Period
500.00

signs

C. Full Name (Last, First, Middle Initial)
Mecosta County Democratic Party

Mailing Address 521 Mecosta . Ave

City State Zip Code
Big Rapids MI 49307

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2008

Transaction ID: SA12.4267

Amount of Each Receipt this Period
510.00

signs

SUBTOTAL of Receipts This Page (optional) ► **1410.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial)
Newaygo County Democratic Executive Committee

Mailing Address P.O. Box 146

City State Zip Code
Newaygo MI 49337

FEC ID number of contributing federal political committee. **C** C00452854

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1793.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	8

Transaction ID: SA12.4358

Amount of Each Receipt this Period
1793.00

signs

B. Full Name (Last, First, Middle Initial)
Oceana County Democratic Party

Mailing Address 1117 Mason Ave

City State Zip Code
Hart MI 49420

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
306.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	8

Transaction ID: SA12.4355

Amount of Each Receipt this Period
306.00

signs

C. Full Name (Last, First, Middle Initial)
Oceana County Democratic Party

Mailing Address 1117 Mason Ave

City State Zip Code
Hart MI 49420

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
816.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	8

Transaction ID: SA12.4357

Amount of Each Receipt this Period
510.00

signs

SUBTOTAL of Receipts This Page (optional) ► **2609.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial)
Ottawa County Democratic Party

Mailing Address P.O. Box 1792

City State Zip Code
Holland MI 49422-1792

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	0	8

Transaction ID: SA12.4239

Amount of Each Receipt this Period
2600.00

Sign

B. Full Name (Last, First, Middle Initial)
Wexford County Democratic Party

Mailing Address 709 N US Hwy 131

City State Zip Code
Manton MI 49663

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
613.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA12.4263

Amount of Each Receipt this Period
613.00

signs

SUBTOTAL of Receipts This Page (optional)	3213.00
TOTAL This Period (last page this line number only)	13356.21

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) 2nd Congressional District Mailing Address City State Zip Code MI Purpose of Disbursement printing newsletter Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4275 Date of Disbursement 08 / 13 / 2008 Amount of Each Disbursement this Period 190.00 Category/Type
B.	Full Name (Last, First, Middle Initial) 2nd Congressional District Mailing Address City State Zip Code MI Purpose of Disbursement ads ck1114 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4301 Date of Disbursement 09 / 18 / 2008 Amount of Each Disbursement this Period 1500.00 Category/Type
C.	Full Name (Last, First, Middle Initial) A-1 Bingo and supply Mailing Address 827 Bridge N. W. City State Zip Code Grand Rapis MI 49504 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4108 Date of Disbursement 07 / 01 / 2008 Amount of Each Disbursement this Period 4000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

5690.00

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)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) A-1 Bingo and supply Mailing Address 827 Bridge N. W. City Grand Rapis State MI Zip Code 49504 Purpose of Disbursement rent ck1021 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.4191 Date of Disbursement 07 / 07 / 2008
	Amount of Each Disbursement this Period 3000.00

B. Full Name (Last, First, Middle Initial) A-1 Bingo and supply Mailing Address 827 Bridge N. W. City Grand Rapis State MI Zip Code 49504 Purpose of Disbursement web site ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.4199 Date of Disbursement 07 / 17 / 2008
	Amount of Each Disbursement this Period 40.00

C. Full Name (Last, First, Middle Initial) A-1 Bingo and supply Mailing Address 827 Bridge N. W. City Grand Rapis State MI Zip Code 49504 Purpose of Disbursement rent ck1012 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.4174 Date of Disbursement 07 / 28 / 2008
	Amount of Each Disbursement this Period 4000.00

SUBTOTAL of Disbursements This Page (optional) ▶	7040.00
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)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Att	Transaction ID: SB21B.4283 Date of Disbursement MM / DD / YYYY 09 / 08 / 2008
	Mailing Address Processing Center	Amount of Each Disbursement this Period 199.05
	City Saginaw State MI Zip Code 48605	
	Purpose of Disbursement att phones Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Badge A Mint	Transaction ID: SB21B.4208 Date of Disbursement MM / DD / YYYY 08 / 08 / 2008
	Mailing Address	Amount of Each Disbursement this Period 1150.00
	City State IL Zip Code	
	Purpose of Disbursement button mach,att,dep webb,pages Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Charles Benham	Transaction ID: SB21B.4109 Date of Disbursement MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 625 W. Main St	Amount of Each Disbursement this Period 400.00
	City Newaygo State MI Zip Code 49337	
	Purpose of Disbursement Pay Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1749.05
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Charles Benham	Transaction ID: SB21B.4138 Date of Disbursement 07 / 09 / 2008
	Mailing Address 625 W. Main St	
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement pay Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Charles Benham	Transaction ID: SB21B.4149 Date of Disbursement 07 / 09 / 2008
	Mailing Address 625 W. Main St	
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement pay Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Charles Benham	Transaction ID: SB21B.4244 Date of Disbursement 08 / 04 / 2008
	Mailing Address 625 W. Main St	
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period 51.00
	Purpose of Disbursement 51.00 gas lansing debit Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	451.00
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 / 43

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Best buy Mailing Address City State Zip Code MI Purpose of Disbursement phones,router, ck1103 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4257 Date of Disbursement 08 / 13 / 2008 Amount of Each Disbursement this Period 398.95
B.	Full Name (Last, First, Middle Initial) Blue Dog ink Mailing Address City State Zip Code FL Purpose of Disbursement Toner debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4310 Date of Disbursement 09 / 25 / 2008 Amount of Each Disbursement this Period 208.80
C.	Full Name (Last, First, Middle Initial) Blue dog ink Mailing Address City State Zip Code FL Purpose of Disbursement Toner - debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4320 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 217.28

SUBTOTAL of Disbursements This Page (optional) ▶

825.03

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Blue Dog ink	Transaction ID: SB21B.4323
	Mailing Address	Date of Disbursement 09 / 30 / 2008
	City State Zip Code FL	Amount of Each Disbursement this Period 315.85
	Purpose of Disbursement Toner - Debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Budget Rental	Transaction ID: SB21B.4249
	Mailing Address	Date of Disbursement 08 / 05 / 2008
	City State Zip Code MI	Amount of Each Disbursement this Period 602.08
	Purpose of Disbursement truck renter signs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cronks Hardware	Transaction ID: SB21B.4254
	Mailing Address	Date of Disbursement 08 / 08 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement keys debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

932.93

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) CSI <hr/> Mailing Address 5656 Clyde Park SW <hr/> City Wyoming State MI Zip Code 49505 <hr/> Purpose of Disbursement rent ck1008 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4175 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 4092.00
	Category/ Type
	State: District:
B. Full Name (Last, First, Middle Initial) CSI <hr/> Mailing Address 5656 Clyde Park SW <hr/> City Wyoming State MI Zip Code 49505 <hr/> Purpose of Disbursement rent ck1017 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4183 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2902.00
	Category/ Type
	State: District:
C. Full Name (Last, First, Middle Initial) Dallas Dean <hr/> Mailing Address 2531 W. 140th <hr/> City Grant State MI Zip Code 49327 <hr/> Purpose of Disbursement pay Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4139 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	7194.00
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 18 / 43

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Dallas Dean	Transaction ID: SB21B.4148 Date of Disbursement 07 / 09 / 2008
	Mailing Address 2531 W. 140th	
	City Grant State MI Zip Code 49327	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement pay Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dallas Dean	Transaction ID: SB21B.4211 Date of Disbursement 07 / 09 / 2008
	Mailing Address 2531 W. 140th	
	City Grant State MI Zip Code 49327	Amount of Each Disbursement this Period 372.87
	Purpose of Disbursement float repair ck1060 Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dallas Dean	Transaction ID: SB21B.4298 Date of Disbursement 09 / 15 / 2008
	Mailing Address 2531 W. 140th	
	City Grant State MI Zip Code 49327	Amount of Each Disbursement this Period 61.20
	Purpose of Disbursement mileage ck1112 Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	634.07
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 19 / 43

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

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Dell Computer <hr/> Mailing Address <hr/> City State Zip Code RI <hr/> Purpose of Disbursement dell debit <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4282 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 597.84
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) Jason felton <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Web page <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4196 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 300.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) Fremont Honda <hr/> Mailing Address <hr/> City State Zip Code MI <hr/> Purpose of Disbursement Generator float <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4200 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1058.94
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	1956.78
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 20 / 43

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Fremont Ins Mailing Address City State Zip Code MI Purpose of Disbursement ins ck 1100 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4229 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 450.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Hi Lites Mailing Address 1212 Locust St. City State Zip Code MI 49412 Purpose of Disbursement Hi lites Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4130 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 130.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Hi Lites Mailing Address 1212 Locust St. City State Zip Code MI 49412 Purpose of Disbursement ad for website ck1118 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4311 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 92.78
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	672.78
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Klub Sports Mailing Address City State Zip Code MI 49337 Purpose of Disbursement tee-shirts ck1120 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4314 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 215.18
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) Konica Minlota Mailing Address City State Zip Code NJ Purpose of Disbursement Printer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4140 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 955.95
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) MDP Convention Program Mailing Address City State Zip Code MI Purpose of Disbursement ads mdp debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4243 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 325.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	1496.13
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 22 / 43

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

<p>A. Full Name (Last, First, Middle Initial) Newaygo County 4H Council Plat Book</p> <p>Mailing Address</p> <p>City State Zip Code MI</p> <p>Purpose of Disbursement plat book ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4179 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p>B. Full Name (Last, First, Middle Initial) Newaygo County Democratic Executive Committee</p> <p>Mailing Address P.O. Box 146</p> <p>City State Zip Code Newaygo MI 49337</p> <p>Purpose of Disbursement Start up Money</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4180 Date of Disbursement 07 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p>C. Full Name (Last, First, Middle Initial) Newaygo County Democratic Executive Committee</p> <p>Mailing Address P.O. Box 146</p> <p>City State Zip Code Newaygo MI 49337</p> <p>Purpose of Disbursement Start up</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4190 Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1200.00

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)

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

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Officemax	Transaction ID: SB21B.4212
	Mailing Address 675 Center Dr	Date of Disbursement MM / DD / YYYY 07 / 10 / 2008
	City walker State MI Zip Code 49544	Amount of Each Disbursement this Period 487.56
	Purpose of Disbursement officemax ck1061	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Officemax	Transaction ID: SB21B.4176
	Mailing Address 675 Center Dr	Date of Disbursement MM / DD / YYYY 07 / 18 / 2008
	City walker State MI Zip Code 49544	Amount of Each Disbursement this Period 11.21
	Purpose of Disbursement office supply	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Officemax	Transaction ID: SB21B.4227
	Mailing Address 675 Center Dr	Date of Disbursement MM / DD / YYYY 07 / 24 / 2008
	City walker State MI Zip Code 49544	Amount of Each Disbursement this Period 57.22
	Purpose of Disbursement officemax supplies debit	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	555.99
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Officemax	Transaction ID: SB21B.4161
	Mailing Address 675 Center Dr	Date of Disbursement 07 / 25 / 2008
	City walker State MI Zip Code 49544	Amount of Each Disbursement this Period 29.55
	Purpose of Disbursement copy paper	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Officemax	Transaction ID: SB21B.4256
	Mailing Address 675 Center Dr	Date of Disbursement 08 / 11 / 2008
	City walker State MI Zip Code 49544	Amount of Each Disbursement this Period 158.99
	Purpose of Disbursement officemax lcd debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Officemax	Transaction ID: SB21B.4329
	Mailing Address 675 Center Dr	Date of Disbursement 08 / 14 / 2008
	City walker State MI Zip Code 49544	Amount of Each Disbursement this Period 95.38
	Purpose of Disbursement Office Max - Debit -	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	283.92
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

<p>A. Full Name (Last, First, Middle Initial) Office Supplies</p> <p>Mailing Address</p> <p>City State Zip Code CA</p> <p>Purpose of Disbursement toner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4181 Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 526.78</p>
<p>B. Full Name (Last, First, Middle Initial) Pat Brissette</p> <p>Mailing Address 3993 skyline Dr</p> <p>City State Zip Code Fremont MI 49412</p> <p>Purpose of Disbursement rent for office ck1055</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4201 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 5200.00</p>
<p>C. Full Name (Last, First, Middle Initial) Pat Brissette</p> <p>Mailing Address 3993 skyline Dr</p> <p>City State Zip Code Fremont MI 49412</p> <p>Purpose of Disbursement Building Rental - #1105</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4335 Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 750.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6476.78

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Pat Brissette Mailing Address 3993 skyline Dr City Fremont State MI Zip Code 49412 Purpose of Disbursement rent ck1106 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4281 Date of Disbursement 09 / 04 / 2008 Amount of Each Disbursement this Period 750.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Plumbs Foods Mailing Address 193 W River Valley Dr City Newaygo State MI Zip Code 49337 Purpose of Disbursement Carl Levin Luncheon Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4330 Date of Disbursement 08 / 15 / 2008 Amount of Each Disbursement this Period 207.02 Category/Type
C.	Full Name (Last, First, Middle Initial) Plumbs Foods Mailing Address 193 W River Valley Dr City Newaygo State MI Zip Code 49337 Purpose of Disbursement Carl Levin Luncheon - Debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4331 Date of Disbursement 08 / 15 / 2008 Amount of Each Disbursement this Period 36.15 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

993.17

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Plumbs Foods	Transaction ID: SB21B.4337
	Mailing Address 193 W River Valley Dr	Date of Disbursement MM / DD / YYYY 08 / 26 / 2008
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period 35.81
	Purpose of Disbursement plumbs foods debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Plumbs Foods	Transaction ID: SB21B.4364
	Mailing Address 193 W River Valley Dr	Date of Disbursement MM / DD / YYYY 08 / 30 / 2008
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period 27.07
	Purpose of Disbursement Plumbs food debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Plumbs Foods	Transaction ID: SB21B.4279
	Mailing Address 193 W River Valley Dr	Date of Disbursement MM / DD / YYYY 09 / 03 / 2008
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period 26.56
	Purpose of Disbursement office debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	89.44
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Plumbs Foods	Transaction ID: SB21B.4295
	Mailing Address 193 W River Valley Dr	Date of Disbursement 09 / 15 / 2008
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period 24.54
	Purpose of Disbursement Plumbs food debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Plumbs Foods	Transaction ID: SB21B.4302
	Mailing Address 193 W River Valley Dr	Date of Disbursement 09 / 19 / 2008
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period 13.00
	Purpose of Disbursement food, water ck1113	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Plumbs Foods	Transaction ID: SB21B.4303
	Mailing Address 193 W River Valley Dr	Date of Disbursement 09 / 19 / 2008
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period 20.57
	Purpose of Disbursement plumbs food debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	58.11
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Plumbs Foods	Transaction ID: SB21B.4322
	Mailing Address 193 W River Valley Dr	Date of Disbursement 09 / 30 / 2008
	City Newyago State MI Zip Code 49337	Amount of Each Disbursement this Period 10.39
	Purpose of Disbursement Plumbs - Food - Debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sawicki & Son	Transaction ID: SB21B.4225
	Mailing Address	Date of Disbursement 07 / 21 / 2008
	City State MI Zip Code	Amount of Each Disbursement this Period 6300.00
	Purpose of Disbursement sawicki signs debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sawicki & Son	Transaction ID: SB21B.4228
	Mailing Address	Date of Disbursement 07 / 25 / 2008
	City State MI Zip Code	Amount of Each Disbursement this Period 7056.00
	Purpose of Disbursement sawicki sign debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	13366.39
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address</p> <p>City State MI Zip Code</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4157</p> <p>Date of Disbursement 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 226.27</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address</p> <p>City State MI Zip Code</p> <p>Purpose of Disbursement Toner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4163</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 104.15</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address</p> <p>City State MI Zip Code</p> <p>Purpose of Disbursement Labels,paper</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4164</p> <p>Date of Disbursement 07 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 103.85</p>

SUBTOTAL of Disbursements This Page (optional) ▶

434.27

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 31 / 43

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Staples Mailing Address City State Zip Code MI Purpose of Disbursement Staples Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4290 Date of Disbursement 09 / 12 / 2008
	Amount of Each Disbursement this Period 102.48
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) Staples Mailing Address City State Zip Code MI Purpose of Disbursement staples debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4313 Date of Disbursement 09 / 26 / 2008
	Amount of Each Disbursement this Period 81.75
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) State of Michigan Mailing Address 101 E. Hillsdale City State Zip Code Lansing MI 48909 Purpose of Disbursement license fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4127 Date of Disbursement 07 / 01 / 2008
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	384.23
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) State of Michigan	Transaction ID: SB21B.4128 Date of Disbursement 07 / 01 / 2008
	Mailing Address 101 E. Hillsdale	Amount of Each Disbursement this Period 200.00
	City Lansing State MI Zip Code 48909	
	Purpose of Disbursement license fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) State of Michigan	Transaction ID: SB21B.4131 Date of Disbursement 07 / 01 / 2008
	Mailing Address 101 E. Hillsdale	Amount of Each Disbursement this Period 200.00
	City Lansing State MI Zip Code 48909	
	Purpose of Disbursement License fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) State of Michigan	Transaction ID: SB21B.4184 Date of Disbursement 07 / 08 / 2008
	Mailing Address 101 E. Hillsdale	Amount of Each Disbursement this Period 150.00
	City Lansing State MI Zip Code 48909	
	Purpose of Disbursement License fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	550.00
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)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) State of Michigan	Transaction ID: SB21B.4166 Date of Disbursement 07 / 17 / 2008
	Mailing Address 101 E. Hillsdale	Amount of Each Disbursement this Period 200.00
	City Lansing State MI Zip Code 48909	
	Purpose of Disbursement License	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) State of Michigan	Transaction ID: SB21B.4178 Date of Disbursement 07 / 21 / 2008
	Mailing Address 101 E. Hillsdale	Amount of Each Disbursement this Period 150.00
	City Lansing State MI Zip Code 48909	
	Purpose of Disbursement lic fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) State of Michigan	Transaction ID: SB21B.4160 Date of Disbursement 07 / 22 / 2008
	Mailing Address 101 E. Hillsdale	Amount of Each Disbursement this Period 200.00
	City Lansing State MI Zip Code 48909	
	Purpose of Disbursement License fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	550.00
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)

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

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)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address 136 W. Wood St. City Newaygo State MI Zip Code 49337 Purpose of Disbursement postagemaster permit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4182 Date of Disbursement 07 / 06 / 2008
	Amount of Each Disbursement this Period 175.00

B. Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address 136 W. Wood St. City Newaygo State MI Zip Code 49337 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4147 Date of Disbursement 07 / 09 / 2008
	Amount of Each Disbursement this Period 58.18

C. Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address 136 W. Wood St. City Newaygo State MI Zip Code 49337 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4155 Date of Disbursement 07 / 10 / 2008
	Amount of Each Disbursement this Period 57.60

SUBTOTAL of Disbursements This Page (optional) ▶	290.78
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 35 / 43

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address 136 W. Wood St. City Newaygo State MI Zip Code 49337 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4159 Date of Disbursement 07 / 10 / 2008 Amount of Each Disbursement this Period 55.65
B.	Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address 136 W. Wood St. City Newaygo State MI Zip Code 49337 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4193 Date of Disbursement 07 / 10 / 2008 Amount of Each Disbursement this Period 57.60
C.	Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address 136 W. Wood St. City Newaygo State MI Zip Code 49337 Purpose of Disbursement postage ck1059 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4210 Date of Disbursement 07 / 14 / 2008 Amount of Each Disbursement this Period 92.88

SUBTOTAL of Disbursements This Page (optional) ▶

206.13

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 36 / 43

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) U.S Postage service	Transaction ID: SB21B.4194 Date of Disbursement
	Mailing Address 136 W. Wood St.	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="35.28"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) U.S Postage service	Transaction ID: SB21B.4165 Date of Disbursement
	Mailing Address 136 W. Wood St.	<input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="55.34"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) U.S Postage service	Transaction ID: SB21B.4219 Date of Disbursement
	Mailing Address 136 W. Wood St.	<input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period
	Purpose of Disbursement postage ck1062	<input type="text" value="16.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="107.12"/>
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)

PAGE 37 / 43

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) U.S Postage service	Transaction ID: SB21B.4177 Date of Disbursement
	Mailing Address 136 W. Wood St.	<input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="146.63"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) U.S Postage service	Transaction ID: SB21B.4251 Date of Disbursement
	Mailing Address 136 W. Wood St.	<input type="text" value="08"/> <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="156.45"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) U.S Postage service	Transaction ID: SB21B.4255 Date of Disbursement
	Mailing Address 136 W. Wood St.	<input type="text" value="08"/> <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period
	Purpose of Disbursement box rent	<input type="text" value="130.62"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="433.70"/>
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)

PAGE 38 / 43

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

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address 136 W. Wood St. City Newyago State MI Zip Code 49337 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.4158 Date of Disbursement 08 / 25 / 2008
	Amount of Each Disbursement this Period 55.34 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address 136 W. Wood St. City Newyago State MI Zip Code 49337 Purpose of Disbursement postage ck1109 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.4285 Date of Disbursement 09 / 08 / 2008
	Amount of Each Disbursement this Period 87.98 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address 136 W. Wood St. City Newyago State MI Zip Code 49337 Purpose of Disbursement postage newsletter ck1119 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.4312 Date of Disbursement 09 / 25 / 2008
	Amount of Each Disbursement this Period 594.17 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	737.49
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: SB21B.4226
	Mailing Address	Date of Disbursement MM / DD / YYYY 07 / 24 / 2008
	City State MI Zip Code	Amount of Each Disbursement this Period 96.34
	Purpose of Disbursement clearing supplies debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: SB21B.4205
	Mailing Address	Date of Disbursement MM / DD / YYYY 08 / 05 / 2008
	City State MI Zip Code	Amount of Each Disbursement this Period 45.29
	Purpose of Disbursement candy	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: SB21B.4339
	Mailing Address	Date of Disbursement MM / DD / YYYY 08 / 22 / 2008
	City State MI Zip Code	Amount of Each Disbursement this Period 46.44
	Purpose of Disbursement parade candy debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	188.07
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 40 / 43

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State MI Zip Code Purpose of Disbursement office supplies debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4340 Date of Disbursement 08 / 22 / 2008
	Amount of Each Disbursement this Period 38.13
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State MI Zip Code Purpose of Disbursement office supplies debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4362 Date of Disbursement 08 / 29 / 2008
	Amount of Each Disbursement this Period 16.63
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State MI Zip Code Purpose of Disbursement Ink cart ck1110 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4293 Date of Disbursement 09 / 15 / 2008
	Amount of Each Disbursement this Period 55.41
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	110.17
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State Zip Code Purpose of Disbursement Miscellaneous - Debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4321 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 28.08 Category/Type
B.	Full Name (Last, First, Middle Initial) Wesco Mailing Address 335 Adams St. City State Zip Code Newaygo MI 49337 Purpose of Disbursement gas for truck debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4247 Date of Disbursement 08 / 05 / 2008 Amount of Each Disbursement this Period 73.02 Category/Type
C.	Full Name (Last, First, Middle Initial) Wesco Mailing Address 335 Adams St. City State Zip Code Newaygo MI 49337 Purpose of Disbursement pop debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4258 Date of Disbursement 08 / 13 / 2008 Amount of Each Disbursement this Period 13.07 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

114.17

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Wesco Mailing Address 335 Adams St. City Newaygo State MI Zip Code 49337 Purpose of Disbursement pop,water debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4336 Date of Disbursement 08 / 28 / 2008 Amount of Each Disbursement this Period 25.50	
B.	Full Name (Last, First, Middle Initial) Wesco Mailing Address 335 Adams St. City Newaygo State MI Zip Code 49337 Purpose of Disbursement pop Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4276 Date of Disbursement 09 / 02 / 2008 Amount of Each Disbursement this Period 21.86	
C.	Full Name (Last, First, Middle Initial) Wesco Mailing Address 335 Adams St. City Newaygo State MI Zip Code 49337 Purpose of Disbursement pop,water debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4278 Date of Disbursement 09 / 02 / 2008 Amount of Each Disbursement this Period 53.30	

SUBTOTAL of Disbursements This Page (optional)	100.66
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 43 / 43

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

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.

Full Name (Last, First, Middle Initial)
Wesco

Transaction ID: SB21B.4366

Date of Disbursement

Mailing Address 335 Adams St.

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	8

City State Zip Code
Newaygo MI 49337

Amount of Each Disbursement this Period

46.80

Purpose of Disbursement
pop,water debit

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

46.80

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

55919.16
