

# 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:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2009 through 12 31 2009

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 01 22 2010

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

**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	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		10385.83
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	9960.73									
(c) Total Receipts (from Line 19) .....	20831.00	26314.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	30791.73	36699.93								
7. Total Disbursements (from Line 31) .....	15182.72	21090.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15609.01	15609.01								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

Write or Type Committee Name

Newaygo County Democratic Executive Committee

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	20531.00	26014.10
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	20531.00	26014.10
(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) .....	20531.00	26014.10
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	300.00	300.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	20831.00	26314.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	20831.00	26314.10

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	15182.72	21090.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	15182.72	21090.92
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))..	15182.72	21090.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15182.72	21090.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	20531.00	26014.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20531.00	26014.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15182.72	21090.92
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	300.00	300.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14882.72	20790.92

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

A.

Full Name (Last, First, Middle Initial) Att		Date of Receipt
Mailing Address Processing Center		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
City	State	Zip Code
Saginaw	MI	48605
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: SA15.4730
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	refund
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) A-1 Bingo and supply	Transaction ID: SB21B.4638 Date of Disbursement
	Mailing Address 827 Bridge N. W.	<input type="text" value="08"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Grand Rapis State MI Zip Code 49504	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="2895.00"/>
	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) A-1 Bingo and supply	Transaction ID: SB21B.4649 Date of Disbursement
	Mailing Address 827 Bridge N. W.	<input type="text" value="08"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Grand Rapis State MI Zip Code 49504	Amount of Each Disbursement this Period
	Purpose of Disbursement Deposit dates	<input type="text" value="400.00"/>
	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) A-1 Bingo and supply	Transaction ID: SB21B.4668 Date of Disbursement
	Mailing Address 827 Bridge N. W.	<input type="text" value="11"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Grand Rapis State MI Zip Code 49504	Amount of Each Disbursement this Period
	Purpose of Disbursement Deposit ck1200	<input type="text" value="400.00"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3695.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input 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	Transaction ID: SB21B.4670 Date of Disbursement
	Mailing Address 827 Bridge N. W.	<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Grand Rapids State MI Zip Code 49504	Amount of Each Disbursement this Period
	Purpose of Disbursement rent ck1202	<input type="text" value="2116.00"/>
	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) Att	Transaction ID: SB21B.4633 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Saginaw State MI Zip Code 48605	Amount of Each Disbursement this Period
	Purpose of Disbursement phone ck1182	<input type="text" value="139.53"/>
	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) Att	Transaction ID: SB21B.4652 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Saginaw State MI Zip Code 48605	Amount of Each Disbursement this Period
	Purpose of Disbursement phone	<input type="text" value="132.58"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2388.11"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

<input 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.4660 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Saginaw State MI Zip Code 48605	Amount of Each Disbursement this Period
	Purpose of Disbursement phones Candidate Name	<input type="text" value="103.63"/>
	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) Att	Transaction ID: SB21B.4665 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Saginaw State MI Zip Code 48605	Amount of Each Disbursement this Period
	Purpose of Disbursement phones Candidate Name	<input type="text" value="103.54"/>
	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) Att	Transaction ID: SB21B.4683 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Saginaw State MI Zip Code 48605	Amount of Each Disbursement this Period
	Purpose of Disbursement phones Candidate Name	<input type="text" value="103.56"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="310.73"/>
<b>TOTAL</b> 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 10 / 17

<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	<b>Transaction ID:</b> SB21B.4686 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Saginaw State MI Zip Code 48605	Amount of Each Disbursement this Period
	Purpose of Disbursement phones ck1209	<input type="text" value="103.56"/>
	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) Consumers Power	<b>Transaction ID:</b> SB21B.4622 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Lansing State MI Zip Code 48937	Amount of Each Disbursement this Period
	Purpose of Disbursement Gas heat	<input type="text" value="27.21"/>
	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) Consumers Power	<b>Transaction ID:</b> SB21B.4650 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Lansing State MI Zip Code 48937	Amount of Each Disbursement this Period
	Purpose of Disbursement Gas Heat ck1190	<input type="text" value="25.67"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="156.44"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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) Consumers Power	Transaction ID: SB21B.4651 Date of Disbursement 08 / 31 / 2009
	Mailing Address Processing Center	Amount of Each Disbursement this Period 55.91
	City Lansing State MI Zip Code 48937	
	Purpose of Disbursement Gas Heat ck1191	
	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) Consumers Power	Transaction ID: SB21B.4654 Date of Disbursement 09 / 10 / 2009
	Mailing Address Processing Center	Amount of Each Disbursement this Period 14.59
	City Lansing State MI Zip Code 48937	
	Purpose of Disbursement heat ck1194	
	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) Consumers Power	Transaction ID: SB21B.4659 Date of Disbursement 09 / 24 / 2009
	Mailing Address Processing Center	Amount of Each Disbursement this Period 10.48
	City Lansing State MI Zip Code 48937	
	Purpose of Disbursement Heat	
	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) ..... ► **80.98**

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

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

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

FOR LINE NUMBER:  
(check only one)

<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) Consumers Power	Transaction ID: SB21B.4663 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Lansing State MI Zip Code 48937	Amount of Each Disbursement this Period
	Purpose of Disbursement heat	<input type="text" value="19.66"/>
	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) Consumers Power	Transaction ID: SB21B.4679 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="11"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Lansing State MI Zip Code 48937	Amount of Each Disbursement this Period
	Purpose of Disbursement Ele ck1203	<input type="text" value="19.66"/>
	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) Consumers Power	Transaction ID: SB21B.4684 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="12"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Lansing State MI Zip Code 48937	Amount of Each Disbursement this Period
	Purpose of Disbursement Ele	<input type="text" value="19.66"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="58.98"/>
<b>TOTAL</b> 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)

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

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

A.	Full Name (Last, First, Middle Initial) CSI	Transaction ID: SB21B.4632
	Mailing Address 5656 Clyde Park SW	Date of Disbursement 07 / 25 / 2009
	City Wyoming State MI Zip Code 49505	Amount of Each Disbursement this Period 2765.00
	Purpose of Disbursement Rent	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) Charitable Michigan MI Charitable Gaming	Transaction ID: SB21B.4619
	Mailing Address 215 S. Washington Sq Suite C,	Date of Disbursement 07 / 14 / 2009
	City Lansing State MI Zip Code 48933	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement membership	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.4726
	Mailing Address	Date of Disbursement 08 / 12 / 2009
	City State MI Zip Code	Amount of Each Disbursement this Period 320.00
	Purpose of Disbursement toner	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3385.00</b>
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Officemax <hr/> Mailing Address <hr/> City State MI Zip Code <hr/> Purpose of Disbursement mats Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4661 Date of Disbursement 09 / 30 / 2009	
		Amount of Each Disbursement this Period 63.58	
<b>B.</b>	Full Name (Last, First, Middle Initial) Pat Brissette <hr/> Mailing Address <hr/> City State MI Zip Code <hr/> Purpose of Disbursement rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4614 Date of Disbursement 07 / 01 / 2009	
		Amount of Each Disbursement this Period 450.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) Pat Brissette <hr/> Mailing Address <hr/> City State MI Zip Code <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4618 Date of Disbursement 07 / 01 / 2009	
		Amount of Each Disbursement this Period 450.00	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

963.58

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Pat Brissette <hr/> Mailing Address <hr/> City State Zip Code MI <hr/> Purpose of Disbursement rent 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) ▼	<b>Transaction ID:</b> SB21B.4634 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Pat Brissette <hr/> Mailing Address <hr/> City State Zip Code MI <hr/> Purpose of Disbursement rent setp,oct ck1193 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) ▼	<b>Transaction ID:</b> SB21B.4653 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Pat Brissette <hr/> Mailing Address <hr/> City State Zip Code MI <hr/> Purpose of Disbursement rent nov.dec 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) ▼	<b>Transaction ID:</b> SB21B.4680 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> 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	<b>Transaction ID:</b> SB21B.4648 Date of Disbursement
	Mailing Address 101 E. Hillsdale	<input type="text" value="08"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Lansing State MI Zip Code 48909	Amount of Each Disbursement this Period
	Purpose of Disbursement lic	<input type="text" value="200.00"/>
	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) State of Michigan	<b>Transaction ID:</b> SB21B.4669 Date of Disbursement
	Mailing Address 101 E. Hillsdale	<input type="text" value="11"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Lansing State MI Zip Code 48909	Amount of Each Disbursement this Period
	Purpose of Disbursement Lic k 1201	<input type="text" value="200.00"/>
	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	<b>Transaction ID:</b> SB21B.4637 Date of Disbursement
	Mailing Address 136 W. Wood St.	<input type="text" value="08"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Newaygo State MI Zip Code 49337	Amount of Each Disbursement this Period
	Purpose of Disbursement Box rent	<input type="text" value="40.00"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="440.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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 stamps  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.4662  
Date of Disbursement

10 / 06 / 2009

Amount of Each Disbursement this Period

17.60

B.

Full Name (Last, First, Middle Initial)  
Wal-Mart

Mailing Address

City State MI Zip Code

Purpose of Disbursement parade candy  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.4621  
Date of Disbursement

07 / 16 / 2009

Amount of Each Disbursement this Period

130.66

C.

Full Name (Last, First, Middle Initial)  
Wal-Mart

Mailing Address

City State MI Zip Code

Purpose of Disbursement parade candy  
Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.4624  
Date of Disbursement

07 / 29 / 2009

Amount of Each Disbursement this Period

63.80

SUBTOTAL of Disbursements This Page (optional) ▶

212.06

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

14190.88