

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

TROTT FOR CONGRESS, INC.

ADDRESS (number and street)

2085 E. WEST MAPLE ROAD

A-101

Check if different than previously reported. (ACC)

COMMERCE

MI

48390

2. FEC IDENTIFICATION NUMBER

C C00548941

CITY

STATE

ZIP CODE

STATE DISTRICT

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

MI

11

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 Year-End Report (YE)
Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on 11 / 04 / 2014 in the State of MI

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 2014

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 THOMAS J. MCCARTHY

Signature of Treasurer THOMAS J. MCCARTHY

[Electronically Filed]

Date

01 / 30 / 2015

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

Table with 8 columns and 1 row for Office Use Only.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**TROTT FOR CONGRESS, INC.**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	38550.00	4403706.12
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	2400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	38550.00	4401306.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	425960.38	3766651.62
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1798.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	425960.38	3764853.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	886452.50	
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).....	267800.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**TROTT FOR CONGRESS, INC.**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29250.00	1056849.48
(ii) Unitemized.....	800.00	1905.00
(iii) TOTAL of contributions from individuals ▶	30050.00	1058754.48
(b) Political Party Committees.....	0.00	1000.00
(c) Other Political Committees (such as PACs).....	8500.00	170550.00
(d) The Candidate.....	0.00	3173401.64
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	38550.00	4403706.12
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	250000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	250000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	1798.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	38550.00	4655504.12

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	425960.38	3766651.62
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2400.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	425960.38	3769051.62

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1273862.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	38550.00
25. SUBTOTAL (add Line 23 and Line 24).....	1312412.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	425960.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	886452.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. JASON E ALLEN**

Mailing Address 526 WASHINGTON ST

City State Zip Code  
TRAVERSE CITY MI 49686

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
DEPT OF MILITARY VET AFFAIR SENIOR POLICY ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7831**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**KATHERINE B BALLARD**

Mailing Address 4048 OAK BANK COURT

City State Zip Code  
ORCHARD LAKE MI 48323

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MAX BROOCK REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7815**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN D. BAMBERGER**

Mailing Address 6420 HILLS DR

City State Zip Code  
BLOOMFIELD HILLS MI 48301

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CENTER FOR COMPUTER RESOURCES PARTNER/VP SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7781**

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2779 INDIAN MOUND S.

City State Zip Code  
BLOOMFIELD MI 48301

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

Name of Employer Occupation  
TERRY BARR SALES SALES/OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11AI.7837**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**JONATHAN W BOOS**

Mailing Address 965 E. GLENGARRY CIRCLE

City State Zip Code  
BLOOMFIELD VILLAGE MI 48301

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

Name of Employer Occupation  
SELF ART DEALER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11AI.7836**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS W CRANMER**

Mailing Address 4739 SANDPIPER LANE

City State Zip Code  
WEST BLOOMFIELD MI 48323

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

Name of Employer Occupation  
MILLER CANFIELD ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 07 / 2014

**Transaction ID : SA11AI.7791**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. DR. JOHN A. DECAROLIS</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 2250 CHESTNUT DR		<b>Transaction ID : SA11AI.7799</b>	
City BLOOMFIELD HILLS	State MI	Zip Code 48304	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer DECAROLIS DENTAL ASSOCIATION	Occupation DENTIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. STANLEY B DICKSON JR.</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 15621 WINDMILL POINT DRIVE		<b>Transaction ID : SA11AI.7803</b>	
City GROSSE POINTE	State MI	Zip Code 48230	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer SELF	Occupation LAWYER/CPA		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>C. JOHN D DINKA</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 37279 FIORE TRL.		<b>Transaction ID : SA11AI.7793</b>	
City CLINTON TOWNSHIP	State MI	Zip Code 48036	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer DINKA DENTAL	Occupation DENTIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**SUZANNE FAVALE**

Mailing Address 900 BROOKWOOD

City State Zip Code  
BIRMINGHAM MI 48009

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
DETROIT LEGAL NEWS PUBLISHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11A1.7816**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**ANTHONY P FRABOTTA**

Mailing Address 12900 HALL ROAD  
SUITE 500

City State Zip Code  
STERLING HEIGHTS MI 48313

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UHY ADVISORS CEO, CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11A1.7829**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**SAMIR W. HANNA**

Mailing Address 962 DOWLING ROAD

City State Zip Code  
BLOOMFIELD HILLS MI 48304

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MARINA REHABILITATION PHYSICAL THERAPIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11A1.7821**

Amount of Each Receipt this Period

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1301 RIVER RANCH

City State Zip Code  
FORT LAUDERDALE FL 33315

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

Name of Employer Occupation  
SELF-EMPLOYED ENTREPRENEUR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11A1.7872**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**PERRY L JOHNSON**

Mailing Address 297 CANTERBURY

City State Zip Code  
BLOOMFIELD HILLS MI 48304

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

Name of Employer Occupation  
THE PERRY JOHNSON COMPANIES ENTREPRENEUR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 08 / 2014

**Transaction ID : SA11A1.7792**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BEN MAIBACH III**

Mailing Address 26763 WEMBLEY CT

City State Zip Code  
FARMINGTON HILLS MI 48331

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

Name of Employer Occupation  
BARTON MALOW CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11A1.7818**

Amount of Each Receipt this Period  
1000.00

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DOUGLAS MAIBACH**

Mailing Address **48759 VENETO**

City **NORTHVILLE** State **MI** Zip Code **48167**

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

Name of Employer **BARTON MALOW** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11AI.7800**

Amount of Each Receipt this Period  
**2600.00**  
 PENDING SPOUSAL REATTRIBUTION/REFUND

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY W PALMER**

Mailing Address **1471 N. GLENGARRY RD**

City **BLOOMFIELD** State **MI** Zip Code **48301**

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

Name of Employer **PALMER MOVING** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11AI.7805**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD M PARKS**

Mailing Address **727 HARMON**

City **BIRMINGHAM** State **MI** Zip Code **48009**

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

Name of Employer **PLANTE MORAN** Occupation **ACCOUNTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11AI.7795**

Amount of Each Receipt this Period  
**250.00**

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

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

**3100.00**

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**JOHN F SCHAEFER**

Mailing Address **380 N. OLD WOODWARD AVENUE**  
**SUITE 320**

City **BIRMINGHAM** State **MI** Zip Code **48009**

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

Name of Employer **THE LAW FIRM OF JOHN F. SCHAEFER** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11A1.7817**

Amount of Each Receipt this Period  
**1600.00**

**B.** Full Name (Last, First, Middle Initial)  
**ELIZABETH A SMITH**

Mailing Address **475 KEELSON DRIVE**

City **DETROIT** State **MI** Zip Code **48215**

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

Name of Employer **SELF** Occupation **COURT OFFICER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : SA11A1.7790**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**KURT SMITH**

Mailing Address **1046 WATERHILL CT**

City **BIRMINGHAM** State **MI** Zip Code **48009**

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

Name of Employer **ENERGY PRODUCTS INC** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11A1.7782**

Amount of Each Receipt this Period  
**2500.00**

**PENDING SPOUSAL REATTRIBUTION/REFUND**

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

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

**4350.00**

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

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

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

Full Name (Last, First, Middle Initial) <b>ELLIOT SPOON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 1858 S. BATES ST.		<b>Transaction ID : SA11AI.7786</b>	
City BIRMINGHAM	State MI	Zip Code 48009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer MSU COLLEGE OF LAW	Occupation PROFESSOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>STEPHEN TEMPLETON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 777 WILLIAMSBURY		<b>Transaction ID : SA11AI.7822</b>	
City BLOOMFIELD HILLS	State MI	Zip Code 48301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer TEMPLETON BUILDING, INC.	Occupation BUILDER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3050.00		

Full Name (Last, First, Middle Initial) <b>GREGG G WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 2280 E WEST MAPLE RD		<b>Transaction ID : SA11AI.7814</b>	
City WALLED LAKE	State MI	Zip Code 48390	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer WILLIAMS INTERNATIONAL	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5700.00
<b>TOTAL</b> This Period (last page this line number only).....	(Empty field)

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

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

FOR LINE NUMBER: PAGE 13 OF 33  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**CARMAN B WINTER**

Mailing Address 1129 DUCKWOOD CT

City State Zip Code  
WHITE LAKE MI 48383

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 15 2014

**Transaction ID : SA11AI.7828**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MARK A WINTER**

Mailing Address 1129 DUCKWOOD CT

City State Zip Code  
WHITE LAKE MI 48383

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

Name of Employer Occupation  
IDENTITY MARKETING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 15 2014

**Transaction ID : SA11AI.7827**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5200.00

29250.00

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)**

Mailing Address 1015 15TH ST. NW  
SUITE 802

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00010868**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11C.7810**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**HUDSON FOR CONGRESS**

Mailing Address PO BOX 5053

City CONCORD State NC Zip Code 28027

FEC ID number of contributing federal political committee. **C C00504522**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11C.7802**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JOBS, ECONOMY AND BUDGET FUND (JEB FUND)**

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

FEC ID number of contributing federal political committee. **C C00420695**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11C.7812**

Amount of Each Receipt this Period  
2500.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 15 OF 33  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**LUKE MESSER FOR CONGRESS**

Mailing Address PO BOX 917

City State Zip Code  
SHELBYVILLE IN 46176

FEC ID number of contributing federal political committee. **C** C00460667

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11C.7807**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 700 13TH STREET NW, SUITE 350

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11C.7797**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

3000.00

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 33			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 321.35 <b>Transaction ID : SB17.7838</b>
City BATON ROUGE	State LA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 118.20 <b>Transaction ID : SB17.7839</b>
City BATON ROUGE	State LA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 254.62 <b>Transaction ID : SB17.7840</b>
City BATON ROUGE	State LA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	694.17
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 59.10 <b>Transaction ID : SB17.7841</b>
City BATON ROUGE	State LA Zip Code 70808	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AON RISK SERVICES CENTRAL, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 75 REMITTANCE DRIVE - SUITE 1943		Amount of Each Disbursement this Period 1200.28 <b>Transaction ID : SB17.7842</b>
City SOUTHFIELD	State MI Zip Code 48075	
Purpose of Disbursement INSURANCE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 208 S. AKARD STREET		Amount of Each Disbursement this Period 102.14 <b>Transaction ID : SB17.7843</b>
City DALLAS	State TX Zip Code 75202	
Purpose of Disbursement UTILITIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1361.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. BIG BOY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 8510 WEST GRAND RIVER		Amount of Each Disbursement this Period 70.00
City BRIGHTON State MI Zip Code 48116	Purpose of Disbursement TIETZ REIMBURSEMENT: CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.8780 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BOOST OAKLAND BUSINESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address PO BOX 300542		Amount of Each Disbursement this Period 320.00
City WATERFORD State MI Zip Code 48330	Purpose of Disbursement TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.8776 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ELENA N. BRENNAN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 282.16
City WALLED LAKE State MI Zip Code 48390	Purpose of Disbursement TRAVEL: MILEAGE	
Candidate Name	Category/Type	Transaction ID : SB17.7858
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	282.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CANTON CHAMBER OF COMMERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 45525 HANFORD ST		Amount of Each Disbursement this Period 60.00
City CANTON State MI Zip Code 48187	Purpose of Disbursement TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.8755
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 1445-A MCLAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.7844
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 1445-A MCLAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.7845
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 1445-A MCLAUGHLIN AVENUE			Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.7846</b>
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1445-A MCLAUGHLIN AVENUE			Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.7847</b>
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. COMBAT DATA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 13262 BLAISDELL DRIVE			Amount of Each Disbursement this Period 2200.00 <b>Transaction ID : SB17.7849</b>
City DEWITT	State MI	Zip Code 48820	
Purpose of Disbursement DATA MANAGEMENT		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2230.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ZACH COMOS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 655.99
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement TRAVEL: MILEAGE	Transaction ID : SB17.7869
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CONNECTIVIST MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 544 E. OGDEN AVENUE SUITE 700-161		Amount of Each Disbursement this Period 3898.00
City MILWAUKEE	State WI	
Zip Code 53202	Purpose of Disbursement WEB DEVELOPMENT	Transaction ID : SB17.7850
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CONSUMERS ENERGY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PO BOX 740786		Amount of Each Disbursement this Period 11.65
City CINCINNATI	State OH	
Zip Code 45274	Purpose of Disbursement UTILITIES	Transaction ID : SB17.7851
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4565.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CSS PAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014	
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102			Amount of Each Disbursement this Period 52.85	
City FARMINGTON HILLS	State MI	Zip Code 48335	Transaction ID : SB17.7852	
Purpose of Disbursement PAYROLL SERVICES/TAX		Category/Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. CSS PAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014	
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102			Amount of Each Disbursement this Period 5141.74	
City FARMINGTON HILLS	State MI	Zip Code 48335	Transaction ID : SB17.7853	
Purpose of Disbursement PAYROLL SERVICES/TAX		Category/Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. CSS PAYROLL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014	
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102			Amount of Each Disbursement this Period 10980.30	
City FARMINGTON HILLS	State MI	Zip Code 48335	Transaction ID : SB17.7854	
Purpose of Disbursement PAYROLL SERVICES/TAX		Category/Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16174.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. SARAH E. DAVIS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 75.36 <b>Transaction ID : SB17.7864</b>
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement TRAVEL: MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. DECIDER STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 2420 MULBERRY CT		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB17.7855</b>
City ANN ARBOR	State MI	
Zip Code 48104	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. COLIN E. DRISCOLL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 229.60 <b>Transaction ID : SB17.7848</b>
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement TRAVEL: FUEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10304.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. DTE ENERGY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address P.O. BOX 740786		Amount of Each Disbursement this Period 145.00 <b>Transaction ID : SB17.7857</b>
City CINCINNATI	State OH	
Zip Code 45274	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. KATY EVANS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 45915 WHITE PINES DRIVE		Amount of Each Disbursement this Period 442.68 <b>Transaction ID : SB17.7861</b>
City NOVI	State MI	
Zip Code 48374	Purpose of Disbursement TRAVEL: FUEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. FINCH MULTIMEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 1577 SOUTH ALLEN ROAD		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.7859</b>
City ST. CLAIR	State MI	
Zip Code 48079	Purpose of Disbursement DIGITAL CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	612.68
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF THE NRA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 9416 S MAIN ST SUITE 211		Amount of Each Disbursement this Period 270.00
City PLYMOUTH	State MI Zip Code 48170	
Purpose of Disbursement TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE		Transaction ID : SB17.8774
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. GREAT DANE MARKETING SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 5833 BINGHAM DRIVE		Amount of Each Disbursement this Period 6250.00
City TROY	State MI Zip Code 48085	
Purpose of Disbursement MARKETING CONSULTING		Transaction ID : SB17.7860
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. GREATER OAKLAND REPUBLICAN CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 317 W. CLARKSTON RD		Amount of Each Disbursement this Period 250.00
City LAKE ORION	State MI Zip Code 48362	
Purpose of Disbursement TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE		Transaction ID : SB17.8759
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. KERBY'S KONEY ISLAND</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 43061 WOODWARD AVE		Amount of Each Disbursement this Period 194.44
City BLOOMFIELD State MI Zip Code 48302	Purpose of Disbursement TIETZ REIMBURSEMENT: CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.8764 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KERBY'S KONEY ISLAND</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 43061 WOODWARD AVE		Amount of Each Disbursement this Period 126.00
City BLOOMFIELD State MI Zip Code 48302	Purpose of Disbursement TIETZ REIMBURSEMENT: CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.8786 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LAKES AREA CHAMBER OF COMMERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 305 N. PONTIAC TRAIL SUITE B		Amount of Each Disbursement this Period 75.00
City WALLED LAKE State MI Zip Code 48390	Purpose of Disbursement TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.8766 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. LIVONIA CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 33233 5 MILE ROAD			Amount of Each Disbursement this Period 270.00
City LIVONIA	State MI	Zip Code 48154	
Purpose of Disbursement TIETZ REIMBURSEMENT: CATERING SERVICES		Category/ Type	<b>Transaction ID : SB17.8765</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. MAJORITY STRATEGIES, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 135 PROFESSIONAL DRIVE SUITE 104			Amount of Each Disbursement this Period 24849.87
City PONTE VEDRA BEACH	State FL	Zip Code 32082	
Purpose of Disbursement DIRECT MAIL		Category/ Type	<b>Transaction ID : SB17.7873</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. MAJORITY STRATEGIES, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 135 PROFESSIONAL DRIVE SUITE 104			Amount of Each Disbursement this Period 28765.93
City PONTE VEDRA BEACH	State FL	Zip Code 32082	
Purpose of Disbursement DIRECT MAIL PRINTING		Category/ Type	<b>Transaction ID : SB17.7863</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	53615.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. MCGRATH, KYLE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 1170 MEADOWOOD DR		Amount of Each Disbursement this Period 200.00
City WATERFORD State MI Zip Code 48327	Purpose of Disbursement TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.8770 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MIINDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 26000 EVERGREEN RD		Amount of Each Disbursement this Period 250.00
City SOUTHFIELD State MI Zip Code 48076	Purpose of Disbursement TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.8772 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. RIGHT TO LIFE-LIFESPAN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 32540 SCHOOLCRAFT RD SUITE 100		Amount of Each Disbursement this Period 60.00
City LIVONIA State MI Zip Code 48150	Purpose of Disbursement TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.8767 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial)

**A. STRATEGIC MEDIA PLACEMENT**

Mailing Address 7669 STAGERS LOOP

City DELAWARE State OH Zip Code 43015

Purpose of Disbursement MEDIA PLACEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 02 / 2014

Amount of Each Disbursement this Period: 140000.00

Transaction ID : SB17.7865

Full Name (Last, First, Middle Initial)

**B. STRATEGIC MEDIA PLACEMENT**

Mailing Address 7669 STAGERS LOOP

City DELAWARE State OH Zip Code 43015

Purpose of Disbursement MEDIA PLACEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 09 / 2014

Amount of Each Disbursement this Period: 145428.00

Transaction ID : SB17.7866

Full Name (Last, First, Middle Initial)

**C. STRATEGIC NATIONAL LLC**

Mailing Address 190 MONROE AVE NW  
5TH FLOOR

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 10 / 2014

Amount of Each Disbursement this Period: 22500.00

Transaction ID : SB17.7867

**SUBTOTAL** of Disbursements This Page (optional) ..... 307928.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. STUDENT STATESMANSHIP INSTITUTE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address PO BOX 80108		Amount of Each Disbursement this Period 1700.00
City LANSING State MI Zip Code 48908	Purpose of Disbursement TIETZ REIMBURSEMENT: FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.8782</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. THE STRATEGY GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 17000.00
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PRODUCTION	
Candidate Name	Category/Type	<b>Transaction ID : SB17.7868</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. THE VILLAGE THEATER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 50400 CHERRY HILL RD		Amount of Each Disbursement this Period 150.00
City CANTON State MI Zip Code 48187	Purpose of Disbursement TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.8757</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. DOUG TIETZ</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 4910.56
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement TRAVEL	Transaction ID : SB17.7856
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TROY CLAWSON REPUBLICAN FORUM</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address PO BOX 1903		Amount of Each Disbursement this Period 150.00
City TROY	State MI	
Zip Code 48099	Purpose of Disbursement TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE	Transaction ID : SB17.8778
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TROY COMMUNITY COALITION</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 4420 LIVERNOIS RD		Amount of Each Disbursement this Period 500.00
City TROY	State MI	
Zip Code 48098	Purpose of Disbursement TIETZ REIMBURSEMENT: EVENT REGISTRATION FEE	Transaction ID : SB17.8784
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4910.56
<b>TOTAL</b> This Period (last page this line number only).....	425960.38

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **TROTT FOR CONGRESS, INC.** Transaction ID : **SC/10.7005**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **DAVID A. TROTT** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
158 PARK LAKE DRIVE

City State ZIP Code  
BIRMINGHAM MI 48009

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

**TERMS**

Date Incurred: M 06 / D 06 / Y 2014  
 Date Due: M M / D D / Y 11/04/2014  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	250000.00
<b>TOTALS</b> This Period (last page in this line only).....	250000.00

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



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**TROTT FOR CONGRESS, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**DECIDER STRATEGIES**

Mailing Address 2420 MULBERRY CT

City State Zip Code  
 ANN ARBOR MI 48104

Nature of Debt (Purpose):  
 STRATEGY CONSULTING

Outstanding Balance Beginning This Period	Transaction ID : SD10.7751	
10000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**MAJORITY STRATEGIES, INC.**

Mailing Address 135 PROFESSIONAL DRIVE SUITE 104

City State Zip Code  
 PONTE VEDRA BEACH FL 32082

Nature of Debt (Purpose):  
 DIRECT MAIL

Outstanding Balance Beginning This Period	Transaction ID : SD10.7297	
24849.87		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	24849.87	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**THE STRATEGY GROUP**

Mailing Address 7669 STAGERS LOOP

City State Zip Code  
 DELAWARE OH 43015

Nature of Debt (Purpose):  
 RESEARCH

Outstanding Balance Beginning This Period	Transaction ID : SD10.8413	
7800.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	7800.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	17800.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	17800.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	250000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	267800.00