

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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of MI

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
10 / 16 / 2014 through 11 / 24 / 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 M M / D D / Y Y Y Y
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.

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))....	343543.48	4747036.20
(b) Total Contribution Refunds (from Line 20(d))	400.00	2800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	343143.48	4744236.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1118198.05	4777591.20
(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)).....	1118198.05	4775793.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	111397.93	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	290329.07	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

TROTT FOR CONGRESS, INC.

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
70363.40	1126999.48	213.40
(ii) Unitemized		
3750.00	5655.00	0.00
(iii) Total of contributions from individuals		
74113.40	1132654.48	213.40
(b) Political Party Committees		
0.00	1000.00	0.00
(c) Other Political Committees		
69430.08	239980.08	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 119

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
200000.00	3373401.64	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
343543.48	4747036.20	213.40
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	250000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	250000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	1798.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
343543.48	4998834.20	213.40

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 119

Write or Type Committee Name

TROTT FOR CONGRESS, INC.

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

II. DISBURSEMENTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="1118198.05"/>	<input type="text" value="4777591.20"/>	<input type="text" value="107258.47"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="400.00"/>	<input type="text" value="2800.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 119

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

400.00	2800.00	0.00
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21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

1118598.05	4780391.20	107258.47
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

343143.48	4744236.20	213.40
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

1118198.05	4775793.20	107258.47
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	886452.50
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	343543.48
25. SUBTOTAL (add Line 23 and Line 24).....	1229995.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1118598.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	111397.93

**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 119
	<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.

Full Name (Last, First, Middle Initial) A. MRS. ADELE F. ACHESON		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 3305 INTERLAKEN ROAD		Transaction ID : SA11AI.8051	
City WEST BLOOMFIELD	State MI	Zip Code 48323	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) B. MRS. ADELE F. ACHESON		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 3305 INTERLAKEN ROAD		Transaction ID : SA11AI.8052	
City WEST BLOOMFIELD	State MI	Zip Code 48323	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5600.00		

Full Name (Last, First, Middle Initial) C. MICHAEL H ACHESON		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 3305 INTERLAKEN ROAD		Transaction ID : SA11AI.8046	
City WEST BLOOMFIELD	State MI	Zip Code 48323	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer INTERLAKEN CAPITAL LLC	Occupation BUSINESSMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4600.00		

SUBTOTAL of Receipts This Page (optional).....	8200.00
TOTAL This Period (last page this line number only).....	8200.00

**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 8 OF 119
	<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)
MICHAEL H ACHESON

Mailing Address 3305 INTERLAKEN ROAD

City State Zip Code
WEST BLOOMFIELD MI 48323

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

Name of Employer Occupation
INTERLAKEN CAPITAL LLC BUSINESSMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.8047

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
ROBERT ALDRICH

Mailing Address 2727 APPLE WAY

City State Zip Code
ANN ARBOR MI 48104

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

Name of Employer Occupation
MAVD REAL ESTATE

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 / 28 / 2014

Transaction ID : SA11AI.8041

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOSEPH AVIV

Mailing Address 39400 WOODWARD AVE

City State Zip Code
BLOOMFIELD HILLS MI 48304

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

Name of Employer Occupation
HONIGMAN MILLER SCHWARTZ AND COHN ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.8121

Amount of Each Receipt this Period
500.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 119
	<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) A. ANDREW BASILE		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 783 SUFFIELD AVE		Transaction ID : SA11AI.8067	
City BIRMINGHAM	State MI	Zip Code 48009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer YOUNG BASILE	Occupation LAWYER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. ANDREW BASILE		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 783 SUFFIELD AVE		Transaction ID : SA11AI.8002	
City BIRMINGHAM	State MI	Zip Code 48009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer YOUNG BASILE	Occupation LAWYER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) C. MR. KENNETH J BLOOM		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 6565 BURTONWOOD DR		Transaction ID : SA11AI.8424	
City WEST BLOOMFIELD	State MI	Zip Code 48322	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer BLOOM ASSET MANAGEMENT	Occupation PARTNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	1100.00

**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 119
	<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)
MR. RICHARD C BLUMENSTEIN

Mailing Address 32400 TELEGRAPH RD
SUITE 205

City BINGHAM FARMS State MI Zip Code 48025

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

Name of Employer DOVER DEVELOPMENT Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11AI.8421

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SUZANNE J BOLOGNA

Mailing Address 19400 RIVERSIDE DRIVE

City BEVERLY HILLS State MI Zip Code 48025

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

Name of Employer TROTT & TROTT, P.C. Occupation MARKETING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
775.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.8063

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JOHN C BOMMARITO

Mailing Address 15 SHORECREST CIRCLE

City GROSSE POINTE SHORES State MI Zip Code 48236

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

Name of Employer ATTORNEY'S TITLE AGENCY Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
320.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.8054

Amount of Each Receipt this Period
50.00

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

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

1150.00

**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 119
	<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)
GERALYN BROWN

Mailing Address 7610 SALEM WOODS DR

City NORTHVILLE State MI Zip Code 48168

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

Name of Employer MOBILITY TRANSPORTATION SVCS Occupation VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.8086

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
THOMAS J CALLAN III

Mailing Address 5865 LAHSER ROAD

City BLOOMFIELD TWP State MI Zip Code 48301

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

Name of Employer UHY LLP Occupation MANAGING PARTNER/CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.8117

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. ANDREW CLARK

Mailing Address 76 W ADAMS 1503

City DETROIT State MI Zip Code 48226

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

Name of Employer HONIGMAN Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.7986

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
CHRISTOPHER C. COX

Mailing Address 2205 WINDSOR ROAD

City State Zip Code
ALEXANDRIA VA 22307

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

Name of Employer Occupation
NAVIGATORS GLOBAL LLC PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
213.40

Date of Receipt
M M / D D / Y Y Y Y
11 / 18 / 2014

Transaction ID : SA11AI.8672

Amount of Each Receipt this Period
213.40

IN KIND: FACILITY RENTAL/CATERING SERVICES

B. 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
3750.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.7979

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. MARVIN C DAITCH

Mailing Address 28535 ORCHARD LAKE RD
SUITE 100

City State Zip Code
FARMINGTON HILLS MI 48334

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

Name of Employer Occupation
NORTH POINT CAPITAL ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11AI.8417

Amount of Each Receipt this Period
1000.00

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

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

1463.40

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 119
	<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 DECKER

Mailing Address 385 N. OLD WOODWARD

City State Zip Code
BIRMINGHAM MI 48009

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

Name of Employer Occupation
JAFFE, RAIT, HEUER & WEISS, P.C. ATTORNEY

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 / 23 / 2014

Transaction ID : SA11AI.7963

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
LUCIANO DEL SIGNORE

Mailing Address 29410 NORTHWESTERN HIGHWAY

City State Zip Code
SOUTHFIELD MI 48034

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

Name of Employer Occupation
BACCO RISTORANTE RESTAURANTEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.7976

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR. FRED DIXON

Mailing Address 47026 MALBURG WAY DR

City State Zip Code
MACOMB MI 48044

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

Name of Employer Occupation
SELF-EMPLOYED COURT OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.7957

Amount of Each Receipt this Period
750.00

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

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

3600.00

**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 119
	<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)
DENNIS DOBRITT

Mailing Address 6989 LOCKLIN

City WEST BLOOMFIELD State MI Zip Code 48324

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

Name of Employer TPCP Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11AI.8056

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
BRUCE ETKIN

Mailing Address 1512 LARIMER STREET SUITE 325

City DENVER State CO Zip Code 80202

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

Name of Employer ETKIN JOHNSON Occupation REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.8006

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MR. HOWARD ANN FINGEROOT

Mailing Address 5694 APPLGROVE DRIVE

City WEST BLOOMFIELD State MI Zip Code 48324

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

Name of Employer DIVERSIFIED PROPERTY GROUP Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.8092

Amount of Each Receipt this Period
 500.00

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

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

2000.00

**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 119
(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)
DAVID FOLTYN

Mailing Address 581 LAKE PARK DRIVE

City State Zip Code
BIRMINGHAM MI 48009

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HONIGMAN MILLER SCHWARTZ AND COHN ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.7967

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH A GARCIA

Mailing Address 4106 WAGON WHEEL

City State Zip Code
LANSING MI 48917

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HONIGMAN ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.8104

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JAMES D GILLIS

Mailing Address 13114 ELGIN

City State Zip Code
HUNTINGTON WOODS MI 48070

FEC ID number of contributing federal political committee.

Name of Employer Occupation
JIMAX CONSTRUCTION CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.7955

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 16 OF 119
	<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) A. THOMAS A GITTER		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 816 LAKE ANGELUS SHORES		Transaction ID : SA11AI.8107	
City ANGELUS SHORES	State MI	Zip Code 48326	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer RALCO INDUSTRIES INC.	Occupation CEO		
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. MR. PAUL A GLANTZ		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 303 GRAY WOODS LN.		Transaction ID : SA11AI.8080	
City LAKE ANGELUS	State MI	Zip Code 48326-1240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer PROCTOR FINANCIAL, INC.	Occupation BUSINESSMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) C. KENNETH C. GOLD		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 2360 HERONWOOD DRIVE		Transaction ID : SA11AI.8143	
City BLOOMFIELD	State MI	Zip Code 48302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer HONIGMAN	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL 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 17 OF 119
	<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) A. JOEL GOLDEN		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 4661 MCEWEN DRIVE		Transaction ID : SA11AI.7964	
City BLOOMFIELD HILLS	State MI	Zip Code 48302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer JAFFE RAIT	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) B. MS. NANCY E GROSFELD		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 420 MARTELL DR		Transaction ID : SA11AI.8430	
City BLOOMFIELD HILLS	State MI	Zip Code 48304	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. MR. ANDREW L GUTMAN		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 40663 PAISLEY CIR		Transaction ID : SA11AI.8011	
City NOVI	State MI	Zip Code 48377	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer FARBMAN GROUP	Occupation REAL ESTATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 18 OF 119
	<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) A. SAMIR W. HANNA		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 962 DOWLING ROAD		Transaction ID : SA11AI.8020
City BLOOMFIELD HILLS	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer MARINA REHABILITATION	Occupation PHYSICAL THERAPIST	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) B. MR. ROBERT S HARRISON		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 200 E LONG LAKE RD		Transaction ID : SA11AI.7984
City BLOOMFIELD HILLS	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	
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) C. MS. BETSY S HEUER		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 4736 WENDRICK DR		Transaction ID : SA11AI.8009
City W BLOOMFIELD	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 119
	<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)
JEFFREY HEUER

Mailing Address 4736 WENDRICK DRIVE

City WEST BLOOMFIELD State MI Zip Code 48323

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

Name of Employer JAFFE, RAITT, HEUER & WEISS Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.8007

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DOREEN HOFFMAN ULLOA

Mailing Address 2435 MOORS CT

City ANN ARBOR State MI Zip Code 48108

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

Name of Employer TROTT RECOVERY SERVICES, PLLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.8083

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DRYKE J. HUTCHINSON

Mailing Address 208 SMOKERISE BOULEVARD

City LONGWOOD State FL Zip Code 32779

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.8048

Amount of Each Receipt this Period
2000.00

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

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

2350.00

**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 20 OF 119
	<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)
CHRISTOPHER ILLITCH

Mailing Address **2211 WOODWARD AVENUE**
FLOOR 10

City **DETROIT** State **MI** Zip Code **48201**

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

Name of Employer **ILLITCH HOLDINGS, INC.** Occupation **PRESIDENT & CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11AI.8142

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
KELLE ILLITCH

Mailing Address **2211 WOODWARD AVENUE**
FLOOR 10

City **DETROIT** State **MI** Zip Code **48201**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11AI.7960

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
UNA C JACKMAN

Mailing Address **5275 PONVALLEY**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48302**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11AI.8125

Amount of Each Receipt this Period
1000.00

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

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

6200.00

**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 21 OF 119
	<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) A. MICHAEL F JACOBSON		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 260 JOYCE COURT		Transaction ID : SA11A1.7966	
City BLOOMFIELD HILLS	State MI	Zip Code 48304	Amount of Each Receipt this Period _____ _____ 500.00
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			
Name of Employer JAFFE, RAIT, HEUER & WEISS	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) B. SCOTT R. JACOBSON		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 455 ASPEN		Transaction ID : SA11A1.7970	
City BIRMINGHAM	State MI	Zip Code 48009	Amount of Each Receipt this Period _____ _____ 500.00
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE INVESTMENT & DEVELOPME		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3000.00		

Full Name (Last, First, Middle Initial) C. IRA J JAFFE		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014	
Mailing Address 28448 SOUTH HARWICH DRIVE		Transaction ID : SA11A1.8139	
City FARMINGTON HILLS	State MI	Zip Code 48334	Amount of Each Receipt this Period _____ _____ 1000.00
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			
Name of Employer JAFFE RAITT HEUR & WEISS, PC	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ _____ 2000.00
TOTAL This Period (last page this line number only).....	_____ _____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 119
	<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)
NICK A KARMANOS

Mailing Address 460 HAMILTON ROAD

City State Zip Code
BLOOMFIELD VILLAGE MI 48301

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

Name of Employer Occupation
KARMANOS CANCER INSTITUTE EXECUTIVE

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 / 23 / 2014

Transaction ID : SA11AI.8132

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DAVID KARP

Mailing Address 715 SUFFIELD AVENUE

City State Zip Code
BIRMINGHAM MI 48009

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

Name of Employer Occupation
GAS STATION TV EXECUTIVE

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 / 28 / 2014

Transaction ID : SA11AI.8039

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SUSHA KASSAB

Mailing Address 1820 HUNTINGWOOD LANE

City State Zip Code
BLOOMFIELD HILLS MI 48304

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2014

Transaction ID : SA11AI.8116

Amount of Each Receipt this Period
50.00

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

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

1300.00

**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 23 OF 119
	<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)
MR. DAVID B KATZMAN

Mailing Address 26050 HAWTHORNE DR

City State Zip Code
FRANKLIN MI 48025

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

Name of Employer Occupation
CAMELOT VENTURES INVESTMENT BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11AI.8428

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. PHILIP J KESSLER

Mailing Address 25612 MEADOWDALE ST

City State Zip Code
FRANKLIN MI 48025

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

Name of Employer Occupation
HONIGMAN ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.7982

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JANET LEKAS

Mailing Address 743 HARMON STREET

City State Zip Code
BIRMINGHAM MI 48009

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

Name of Employer Occupation
FULLER OAK MANAGEMENT, LLC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11AI.8124

Amount of Each Receipt this Period
1500.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 119
	<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)
JANET LEKAS

Mailing Address 743 HARMON STREET

City State Zip Code
BIRMINGHAM MI 48009

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

Name of Employer Occupation
FULLER OAK MANAGEMENT, LLC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1550.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.8064

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
ROBERT E LEWIS

Mailing Address 1734 ROBINDALE

City State Zip Code
DEARBORN MI 48128

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

Name of Employer Occupation
JAFFE, RAIT, HEUER & WEISS ATTORNEY

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 / 23 / 2014

Transaction ID : SA11AI.8134

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MS. ELIZABETH LITTLE-SMITH

Mailing Address 475 KEELSON DR

City State Zip Code
DETROIT MI 48215

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

Name of Employer Occupation
SELF-EMPLOYED 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 / 30 / 2014

Transaction ID : SA11AI.7959

Amount of Each Receipt this Period
250.00

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

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

550.00

**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 25 OF 119
	<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) A. MS. ELIZABETH LITTLE-SMITH		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 475 KEELSON DR		Transaction ID : SA11AI.8021	
City DETROIT	State MI	Zip Code 48215	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			
Name of Employer SELF-EMPLOYED	Occupation COURT OFFICER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 350.00		

Full Name (Last, First, Middle Initial) B. ROBERT LOKAR		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 22110 ORCHARD WAY CT		Transaction ID : SA11AI.8078	
City BEVERLY HILLS	State MI	Zip Code 48025	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			
Name of Employer SIGNATURE SMILES	Occupation ORTHODONTIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) C. MR. STEWART MANDELL		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 22601 HIGHBANK DR		Transaction ID : SA11AI.8123	
City BEVERLY HILLS	State MI	Zip Code 48025	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			
Name of Employer HONIGMAN	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 650.00
TOTAL This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 26 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
MR. RALPH R MARGULIS

Mailing Address 1800 RATHMORE RD

City State Zip Code
BLOOMFIELD MI 48304

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

Name of Employer Occupation
JAFFE, RAITT, HEUER, & WEISS P ATTORNEY

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 30 2014

Transaction ID : SA11AI.8098

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT C MATTHIAS

Mailing Address 700 W MORSE BLVD
SUITE 201

City State Zip Code
WINTER PARK FL 32789

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

Name of Employer Occupation
MATTHIAS & MATTHIAS ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 30 2014

Transaction ID : SA11AI.7990

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN MCLAREN

Mailing Address 7626 EAST LAKE DRIVE

City State Zip Code
BRIGHTON MI 48114

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

Name of Employer Occupation
SUN COMMUNITIES COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 27 2014

Transaction ID : SA11AI.8060

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 27 OF 119
	<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)
MR. STEPHEN D MENDELSON

Mailing Address 25870 IVANHOE RD

City State Zip Code
HUNTINGTON WOODS MI 48070

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

Name of Employer Occupation
MENDELSON ORTHOPEDICS DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11AI.8027

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ABE A MUNFAKH

Mailing Address 9335 SADDLEBROOK COURT

City State Zip Code
PLYMOUTH MI 48170

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

Name of Employer Occupation
MUNFAKH & ASSOCIATES CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11AI.7954

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. FINBARR J O'NEILL

Mailing Address 1604 SYCAMORE CANYON DR

City State Zip Code
WESTLAKE VILLAGE CA 91361

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

Name of Employer Occupation
J.D. POWER PRESIDENT

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 / 17 / 2014

Transaction ID : SA11AI.8032

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 119
	<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) A. MR. JOHN D PIRICH		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 6431 OAKENCLIFFE LN		Transaction ID : SA11AI.8106	
City EAST LANSING	State MI	Zip Code 48823	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer HONIGMAN	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. SCOTT POLLEI		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 1915 HIGHLAND PARKWAY		Transaction ID : SA11AI.8043	
City SAINT PAUL	State MN	Zip Code 55116	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer BOULAY PLLP	Occupation COO		
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) C. MR. BRIAN RAZNICK		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 27777 FRANKLIN RD SUITE 2500		Transaction ID : SA11AI.8119	
City SOUTHFIELD	State MI	Zip Code 48034	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer JAFFE	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	[]

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

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

FOR LINE NUMBER: PAGE 29 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
MR. JEFFREY M RISIUS

Mailing Address 6143 MISSION DR

City WEST BLOOMFIELD State MI Zip Code 48324

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

Name of Employer STOUT RISIUS ROSS, INC Occupation BUSINESS OWNER

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 / 30 / 2014

Transaction ID : SA11AI.8102

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BRIAN ROBERTS

Mailing Address 1471 TRAILSIDE BLVD

City WIXOM State MI Zip Code 48393

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

Name of Employer ATTORNEY'S TITLE AGENCY Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
470.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.8053

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MARLA M RONDO

Mailing Address 2337 CLAYMONT DRIVE

City TROY State MI Zip Code 48098

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

Name of Employer TROTT & TROTT, P.C. Occupation EXECUTIVE ASSISTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.8084

Amount of Each Receipt this Period
50.00

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

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

350.00

**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 30 OF 119
	<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) A. MR. MICHAEL S ROSNER		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 3949 W NEWLAND DR		Transaction ID : SA11AI.8082	
City WEST BLOOMFIELD	State MI	Zip Code 48323	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer MERRILL LYNCH	Occupation WEALTH MANAGEMENT ADVISOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. DAVID W RUSKIN		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 5211 WHISPERING OAK		Transaction ID : SA11AI.8127	
City WEST BLOOMFIELD	State MI	Zip Code 48322	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer LAW OFFICE OF DAVID W RUSKIN	Occupation LAWYER		
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) C. MR. STEPHEN G SCHAFER		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 14 ROSE TERRACE		Transaction ID : SA11AI.8100	
City GROSSE POINTE FARMS	State MI	Zip Code 48236	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer JAFFE	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL 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 31 OF 119
	<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) A. RICHARD P SCHWABAUER		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 1540 STONY CREEK DRIVE		Transaction ID : SA11AI.8014	
City ROCHESTER	State MI	Zip Code 48307	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer NATIONAL BUSINESS SUPPLY	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) B. ALAN S SCHWARTZ		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 26880 WILLOWGREEN DRIVE		Transaction ID : SA11AI.7988	
City FRANKLIN	State MI	Zip Code 48025	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer HONIGMAN MILLER SCHWARTZ AND COHN	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) C. JAMES E SELIS		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014	
Mailing Address 167 LAKE PARK DRIVE		Transaction ID : SA11AI.7973	
City BIRMINGHAM	State MI	Zip Code 48009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer SOUTHFIELD RADIOLOGY ASSOCIATES	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL 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 32 OF 119
	<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)
KAREN SHAPIRO

Mailing Address 3971 COLUMBIA DRIVE

City State Zip Code
BLOOMFIELD HILLS MI 48302

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
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11A1.8120

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOANN SHEKERUK

Mailing Address 18763 SAN DIEGO BOULEVARD

City State Zip Code
LATHRUP VILLAGE MI 48076

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

Name of Employer Occupation
JOBRUCE TRAINING ASSOCIATES CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11A1.8036

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MICHELLE Y. SIDER

Mailing Address 13102 VERNON

City State Zip Code
HUNTINGTON WOODS MI 48070

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

Name of Employer Occupation
FRANKEL JEWISH ACADEMY TEACHER

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 / 26 / 2014

Transaction ID : SA11A1.8141

Amount of Each Receipt this Period
1250.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 119
	<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) WILLIAM E. SIDER		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014	
Mailing Address 13102 VERNON AVE.		Transaction ID : SA11AI.8140	
City HUNTINGTON WOODS	State MI	Zip Code 48070-1452	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00	
Name of Employer JAFFE LAW	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00		

Full Name (Last, First, Middle Initial) MS. JACQUELINE STAMELL		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 4350 STONELEIGH ST		Transaction ID : SA11AI.8415	
City BLOOMFIELD HILLS	State MI	Zip Code 48302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer LEMON LAW GROUP PARTNERS	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) MARK A. STERN		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 44004 FOOT HILLS COURT		Transaction ID : SA11AI.7987	
City NORTHVILLE	State MI	Zip Code 48167	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer HONIGMAN MILLER SCHWARTZ AND COHN	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL 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: (check only one)	PAGE 34 OF 119
	<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)
KEITH STINSON

Mailing Address 1389 WESTBORO

City BIRMINGHAM State MI Zip Code 48009

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

Name of Employer CF STINSON, INC Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.8045

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS. SUSAN M SUTTON

Mailing Address 2649 FOX CHASE

City TROY State MI Zip Code 48098

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

Name of Employer JAFFE, RAITT, HEUER, & WEISS P Occupation ATTORNEY

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 / 30 / 2014

Transaction ID : SA11AI.8013

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JANICE TANSEL

Mailing Address 1295 EASON

City WATERFORD State MI Zip Code 48328

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

Name of Employer TROTT & TROTT, P.C. Occupation SR. EXECUTIVE ASSISTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.8094

Amount of Each Receipt this Period
50.00

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

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

550.00

**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 35 OF 119
	<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. ROBERT S. TAUBMAN

Mailing Address 200 EAST LONG LAKE ROAD
SUITE 180

City BLOOMFIELD HILLS State MI Zip Code 48304

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

Name of Employer THE TAUBMAN COMPANY Occupation PRESIDENT/CEO/CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11AI.8109

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT S. TAUBMAN

Mailing Address 200 EAST LONG LAKE ROAD
SUITE 180

City BLOOMFIELD HILLS State MI Zip Code 48304

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

Name of Employer THE TAUBMAN COMPANY Occupation PRESIDENT/CEO/CHAIRMAN

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
11 / 04 / 2014

Transaction ID : SA11AI.8110

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
STEPHEN TEMPLETON

Mailing Address 777 WILLIAMSBURY

City BLOOMFIELD HILLS State MI Zip Code 48301

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

Name of Employer TEMPLETON BUILDING, INC. Occupation BUILDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.8033

Amount of Each Receipt this Period
100.00

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

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

5300.00

**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 36 OF 119
	<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)
FRANK TORRE

Mailing Address 1450 QUARTON ROAD

City State Zip Code
BLOOMFIELD MI 48304

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

Name of Employer Occupation
TORRE & BRUGLIO OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.8005

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ARTHUR A. WEISS

Mailing Address 30120 WESTGATE ROAD

City State Zip Code
FARMINGTON HILLS MI 48334

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

Name of Employer Occupation
JAFFE RAITT HEUER WEISS ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.8037

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
JILL P WILKINSON

Mailing Address 690 KIMBERLY

City State Zip Code
BIRMINGHAM MI 48009

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

Name of Employer Occupation
WILKINSON EYE CENTER CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1550.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.8019

Amount of Each Receipt this Period
50.00

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

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

3550.00

**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 37 OF 119
	<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)
MS. BETSY G WINKELMAN

Mailing Address 3132 SHADYDALE LN

City WEST BLOOMFIELD State MI Zip Code 48323

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.8426

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. PHILIP WOLOK

Mailing Address 1928 BAYOU DR

City BLOOMFIELD HILLS State MI Zip Code 48302

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

Name of Employer AFFILIATED ANESTHESIOLOGISTS Occupation ANESTHESIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.8419

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. NATHAN YOUSIF

Mailing Address 3452 WARDS POINT

City ORCHARD LAKE State MI Zip Code 48324

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

Name of Employer I.N.V.E.S.T. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.7992

Amount of Each Receipt this Period
250.00

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

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

1750.00

**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 38 OF 119
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
MS. KAROL ZAKALIK

Mailing Address 1925 LONG LAKE SHORE DR

City State Zip Code
BLOOMFIELD HILLS MI 48302

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

Name of Employer Occupation
BEAUMONT HEALTH NEUROSURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11AI.8029

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MARK ZAUSMER

Mailing Address 2298 LOCKLIN STREET

City State Zip Code
WEST BLOOMFIELD MI 48324

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

Name of Employer Occupation
ZAUSMER KAUFFMAN AUGUST CALDWEL ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.8422

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RICHARD ZUCKERMAN

Mailing Address 30241 HIGH VALLEY ROAD

City State Zip Code
FARMINGTON HILLS MI 48331

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

Name of Employer Occupation
HONIGMAN MILLER SCHWARTZ AND COHN LAWYER

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 / 30 / 2014

Transaction ID : SA11AI.7980

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: PAGE 39 OF 119
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
MR. RICK ZUSSMAN

Mailing Address 25530 PARKWOOD DR

City State Zip Code
HUNTINGTON WOODS MI 48070

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

Name of Employer Occupation
JAFJE ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.7994

Amount of Each Receipt this Period
250.00

B. 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

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).....

250.00

70363.40

**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 40 OF 119
	<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)
ACPAC ACA INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 509 2ND STREET, NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00034785**

Name of Employer Occupation

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 / 27 / 2014

Transaction ID : SA11C.8184

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Mailing Address 7575 E FULTON ROAD
ATTN: SCOTT SMOES 56-3S

City ADA State MI Zip Code 49355

FEC ID number of contributing federal political committee. **C C00034884**

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 / 31 / 2014

Transaction ID : SA11C.8186

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00004275**

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
 11 / 04 / 2014

Transaction ID : SA11C.8408

Amount of Each Receipt this Period
2000.00

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

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

4000.00

**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 41 OF 119
	<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 DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

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
 11 / 04 / 2014

Transaction ID : SA11C.8196

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

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 / 29 / 2014

Transaction ID : SA11C.8161

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 PRINCE STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00024968

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 / 31 / 2014

Transaction ID : SA11C.8156

Amount of Each Receipt this Period
2500.00

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 42 OF 119
(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)
ASIAN AMERICAN HOTEL OWNERS ASSOCIATION PAC (AAHOA PAC)

Mailing Address 228 S. WASHINGTON STREET
SUITE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00336743

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 31 2014

Transaction ID : SA11C.8188

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BLUE CROSS BLUE SHIELD OF MICHIGAN PAC

Mailing Address 232 S. CAPITOL
MC L10A

City State Zip Code
LANSING MI 48933

FEC ID number of contributing federal political committee. **C** C00084061

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y
10 29 2014

Transaction ID : SA11C.8203

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
BURGER KING FRANCHISEE PAC

Mailing Address 1701 BARRETT LAKES BLVD. NW
SUITE 180

City State Zip Code
KENNESAW GA 30144

FEC ID number of contributing federal political committee. **C** C00329425

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 31 2014

Transaction ID : SA11C.8189

Amount of Each Receipt this Period
1000.00

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

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

5000.00

**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 43 OF 119
<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)
CITIZENS TO ELECT PHIL ROE TO CONGRESS

Mailing Address PO BOX 3218

City JOHNSON CITY State TN Zip Code 37602

FEC ID number of contributing federal political committee. **C** C00444471

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11C.8149

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11C.8152

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1350 I STREET, NW
SUITE 590

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11C.8201

Amount of Each Receipt this Period
2500.00

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

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

6000.00

**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 44 OF 119
	<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)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 WESTPARK DRIVE

City State Zip Code
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11C.8158

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
ENERGY TRANSFER EMPLOYEE MANAGEMENT COMPANY PAC (ENERGY TRANSFER PAC)

Mailing Address 400 W. 15TH ST.
SUITE 720

City State Zip Code
AUSTIN TX 78701

FEC ID number of contributing federal political committee. **C** C00438754

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 / 29 / 2014

Transaction ID : SA11C.8168

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
EXCELSIOR PAC

Mailing Address 2470 DANIELLS BR RD STE 121

City State Zip Code
ATHENS GA 30606

FEC ID number of contributing federal political committee. **C** C00541078

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
11 / 03 / 2014

Transaction ID : SA11C.8151

Amount of Each Receipt this Period
1000.00

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

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

8000.00

**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 45 OF 119
	<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)
FUND FOR AMERICAN OPPORTUNITY

Mailing Address PO BOX 65796

City WASHINGTON State DC Zip Code 20035

FEC ID number of contributing federal political committee. **C** C00336297

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11C.8174

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)

Mailing Address 2941 FAIRVIEW PARK DR. SUITE 100

City FALLS CHURCH State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11C.8176

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
GOP GENERATION Y FUND

Mailing Address PO BOX 9055

City PEORIA State IL Zip Code 61612

FEC ID number of contributing federal political committee. **C** C00448191

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11C.8159

Amount of Each Receipt this Period
 5000.00

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

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

8000.00

**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 46 OF 119
	<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.

Full Name (Last, First, Middle Initial)
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)

A. Mailing Address 20 F STREET, NW SUITE 610

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11C.8163

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
ITC HOLDINGS CORP. PAC

B. Mailing Address 201 TOWNSEND STREET SUITE 900

City LANSING State MI Zip Code 48933

FEC ID number of contributing federal political committee. **C** C00388462

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11C.8190

Amount of Each Receipt this Period
 2430.08

Full Name (Last, First, Middle Initial)
KELLY SERVICES INC POLITICAL ACTION COMMITTEE (KELLYPAC)

C. Mailing Address 999 WEST BIG BEAVER ROAD

City TROY State MI Zip Code 48084

FEC ID number of contributing federal political committee. **C** C00212522

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11C.8172

Amount of Each Receipt this Period
 2500.00

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

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

5930.08

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

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

FOR LINE NUMBER: PAGE 47 OF 119
(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)
MR. SOUTHERN MISSOURIAN IN THE HOUSE PAC

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00563726**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11C.8164

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address **430 NORTH MICHIGAN AVENUE**

City **CHICAGO** State **IL** Zip Code **60611**

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11C.8182

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **1101 KING STREET
SUITE 600**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11C.8202

Amount of Each Receipt this Period
2500.00

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

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

8500.00

**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 48 OF 119
	<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)
NATIONAL PRO-LIFE ALLIANCE PAC

Mailing Address 5211 PORT ROYAL ROAD
SUITE 500

City Springfield State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C C00358051**

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
 10 / 30 / 2014

Transaction ID : SA11C.8154

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00459123**

Name of Employer Occupation

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 / 29 / 2014

Transaction ID : SA11C.8199

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
QUICKEN LOANS INC PAC

Mailing Address 101 S. WASHINGTON SQ.
SUITE 620

City Lansing State MI Zip Code 48933

FEC ID number of contributing federal political committee. **C C00388827**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11C.8180

Amount of Each Receipt this Period
1000.00

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

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

4500.00

**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 49 OF 119
	<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)
SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)

Mailing Address 4800 W. GATES PASS ROAD

City State Zip Code
TUCSON AZ 85745

FEC ID number of contributing federal political committee. **C** C00122101

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 / 29 / 2014

Transaction ID : SA11C.8166

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C** C00467431

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
11 / 04 / 2014

Transaction ID : SA11C.8194

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

Mailing Address 430 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00002881

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 / 29 / 2014

Transaction ID : SA11C.8198

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 50 OF 119
	<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)
TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Mailing Address **228 S. WASHINGTON STREET**
SUITE 115

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00330720**

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 / 29 / 2014

Transaction ID : SA11C.8170

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
UNITED HEALTH PAC

Mailing Address **6214 WEDGEWOOD ROAD**

City **BETHESDA** State **MD** Zip Code **20817**

FEC ID number of contributing federal political committee. **C C00321844**

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 / 31 / 2014

Transaction ID : SA11C.8178

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)

Mailing Address **1300 I ST NW, STE 400 WEST**
ATTN: TAYLOR CRAIG

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11C.8192

Amount of Each Receipt this Period
2500.00

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

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

7000.00

69430.08

**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 51 OF 119
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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) DAVID A. TROTT		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 158 PARK LAKE DRIVE		Transaction ID : SA11D.7961	
City State Zip Code BIRMINGHAM MI 48009	Amount of Each Receipt this Period 200000.00		
FEC ID number of contributing federal political committee. C H4MI11097	Amount of Each Receipt this Period 200000.00		
Name of Employer Occupation TROTT & TROTT, P.C. ATTORNEY	Amount of Each Receipt this Period 200000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3623401.64		

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period		
Name of Employer Occupation	Amount of Each Receipt this Period		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period		
Name of Employer Occupation	Amount of Each Receipt this Period		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	200000.00
TOTAL This Period (last page this line number only).....	200000.00

**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 52 OF 119	
	<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. ACCENT FLORIST		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 4048 ROCHESTER RD		Amount of Each Disbursement this Period 948.54
City TROY State MI Zip Code 48085	Purpose of Disbursement PIWOWAR REIMBURSEMENT: FLORAL EXPENSE	
Candidate Name		Transaction ID : SB17.8305 [MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. ACCENT FLORIST		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 4048 ROCHESTER RD		Amount of Each Disbursement this Period 15.90
City TROY State MI Zip Code 48085	Purpose of Disbursement PIWOWAR REIMBURSEMENT: FLORAL EXPENSE	
Candidate Name		Transaction ID : SB17.8318 [MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. ACHATZ HANDMADE PIE		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 30301 COMMERCE BLVD		Amount of Each Disbursement this Period 32.98
City CHESTERFIELD State MI Zip Code 48051	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEAL	
Candidate Name		Transaction ID : SB17.8323 [MEMO ITEM]
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 53 OF 119	
	<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. ANDIAMO		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 6676 TELEGRAPH RD		Amount of Each Disbursement this Period 350.00
City BLOOMFIELD HILLS	State MI	Zip Code 48301
Purpose of Disbursement PIWOWAR REIMBURSEMENT: FACILITY RENTAL/CATERING SERVICES		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)	Transaction ID : SB17.8719
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. ANDIAMO		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 6676 TELEGRAPH RD		Amount of Each Disbursement this Period 3736.32
City BLOOMFIELD HILLS	State MI	Zip Code 48301
Purpose of Disbursement PIWOWAR REIMBURSEMENT: CATERING SERVICES		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)	Transaction ID : SB17.8294
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 59.10
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)	Transaction ID : SB17.8205
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	59.10
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 54 OF 119			
	<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. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 250.80 Transaction ID : SB17.8206
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. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 422.02 Transaction ID : SB17.8207
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) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 5555 HILTON AVENUE SUITE 106		Amount of Each Disbursement this Period 225.60 Transaction ID : SB17.8208
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:		

SUBTOTAL of Disbursements This Page (optional).....	898.42
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 55 OF 119	
	<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. ANTONIO'S CUCINA ITALIANA		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 2220 N CANTON CENTER RD		Amount of Each Disbursement this Period 253.93
City CANTON State MI Zip Code 48187	Purpose of Disbursement PIWOWAR REIMBURSEMENT: FACILITY RENTAL/CATERING SERVICES	
Candidate Name		Transaction ID : SB17.8705 [MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. APPLE		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1 INFINITE LOOP		Amount of Each Disbursement this Period 210.94
City CUPERTINO State CA Zip Code 95014	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MOBILE PHONE EXPENSE	
Candidate Name		Transaction ID : SB17.8690 [MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 208 S. AKARD STREET		Amount of Each Disbursement this Period 323.47
City DALLAS State TX Zip Code 75202	Purpose of Disbursement UTILITIES	
Candidate Name		Transaction ID : SB17.8210
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	323.47
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 56 OF 119	
	<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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 208 S. AKARD STREET		Amount of Each Disbursement this Period 82.14
City DALLAS State TX Zip Code 75202	Purpose of Disbursement UTILITIES	
Candidate Name	Category/Type	Transaction ID : SB17.8211
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. BACCO RISTORANTE		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 29410 NORTHWESTERN HWY		Amount of Each Disbursement this Period 100.00
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.8709 [MEMO ITEM]
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) C. BASEMENT BURGER BAR		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 33316 GRAND RIVER AVE		Amount of Each Disbursement this Period 40.00
City FARMINGTON State MI Zip Code 48336	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS - GIFT CARD	
Candidate Name	Category/Type	Transaction ID : SB17.8325 [MEMO ITEM]
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:	

SUBTOTAL of Disbursements This Page (optional).....	82.14
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 57 OF 119	
	<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. BCBSM		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 600 E LAFAYETTE ST		Amount of Each Disbursement this Period 300.00
City DETROIT State MI Zip Code 48226	Purpose of Disbursement PIWOWAR REIMBURSEMENT: INSURANCE	
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)	Transaction ID : SB17.8710 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. BCBSM		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 600 E LAFAYETTE ST		Amount of Each Disbursement this Period 319.59
City DETROIT State MI Zip Code 48226	Purpose of Disbursement PIWOWAR REIMBURSEMENT: INSURANCE	
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)	Transaction ID : SB17.8310 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. BILL BERTAKIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 2120 PARK CIRCLE		Amount of Each Disbursement this Period 300.00
City KEEGO HARBOR State MI Zip Code 48320	Purpose of Disbursement PHOTOGRAPHY SERVICES	
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)	Transaction ID : SB17.8212
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	300.00
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 58 OF 119	
	<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. BILL BERTAKIS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 2120 PARK CIRCLE		Amount of Each Disbursement this Period 300.00
City KEEGO HARBOR	State MI	
Zip Code 48320	Purpose of Disbursement PHOTOGRAPHY SERVICES	Transaction ID : SB17.8213
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. BIRMINGHAM PARKING		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 3410 MIDCOURT RD		Amount of Each Disbursement this Period 12.00
City CARROLLTON	State TX	
Zip Code 75006	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PARKINGS SERVICES	Transaction ID : SB17.8351
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) C. CHARLES L. BOGREN		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 2015.77
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	Transaction ID : SB17.8380
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:		

SUBTOTAL of Disbursements This Page (optional).....	2315.77
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 59 OF 119			
	<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. CHARLES L. BOGREN			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 2015.76	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8398	
Purpose of Disbursement PAYROLL		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. CHARLES L. BOGREN			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 2015.76	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8389	
Purpose of Disbursement PAYROLL		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) C. CHARLES L. BOGREN			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 771.55	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8219	
Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES		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:				

SUBTOTAL of Disbursements This Page (optional).....	4803.07
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 60 OF 119			
	<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. BULL FEATHERS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 410 FIRST ST SE		Amount of Each Disbursement this Period 31.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.8688 [MEMO ITEM]
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. KATHERINE A. CAMPBELL		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 873.90
City WALLED LAKE State MI Zip Code 48390	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.8381
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) C. KATHERINE A. CAMPBELL		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 202.93
City WALLED LAKE State MI Zip Code 48390	Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	Transaction ID : SB17.8267
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:	

SUBTOTAL of Disbursements This Page (optional).....	1076.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 119			
	<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. KATHERINE A. CAMPBELL			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 873.90	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8399	
Purpose of Disbursement PAYROLL		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. KATHERINE A. CAMPBELL			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 873.90	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8390	
Purpose of Disbursement PAYROLL		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) C. CHAIN BRIDGE BANK			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 1445-A MCLAUGHLIN AVENUE			Amount of Each Disbursement this Period 15.00	
City MCLEAN	State VA	Zip Code 22101	Transaction ID : SB17.8214	
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:				

SUBTOTAL of Disbursements This Page (optional).....	1762.80
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 62 OF 119			
	<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. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1445-A MCLAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.8215
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. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 1445-A MCLAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.8216
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) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1445-A MCLAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.8217
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:	

SUBTOTAL of Disbursements This Page (optional).....	45.00
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 63 OF 119	
	<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. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 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	Transaction ID : SB17.8218
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. CITY OF DETROIT		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 1600 W. LAFAYETTE		Amount of Each Disbursement this Period 10.00
City DETROIT	State MI	
Zip Code 48216	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PARKING SERVICES	Transaction ID : SB17.8307
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) C. CLARK HILL P.L.C.		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 601 PENNSYLVANIA AVE NW NORTH BUILDING, SUITE 1000		Amount of Each Disbursement this Period 201.00
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement LEGAL CONSULTING	Transaction ID : SB17.8229
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:		

SUBTOTAL of Disbursements This Page (optional).....	216.00
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 64 OF 119	
	<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. CLARK HILL P.L.C.		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 601 PENNSYLVANIA AVE NW NORTH BUILDING, SUITE 1000		Amount of Each Disbursement this Period 851.00 Transaction ID : SB17.8230
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement LEGAL CONSULTING	
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. COMBAT DATA		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 13262 BLAISDELL DRIVE		Amount of Each Disbursement this Period 2200.00 Transaction ID : SB17.8234
City DEWITT State MI Zip Code 48820	Purpose of Disbursement DATA MANAGEMENT	
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) C. COMBAT DATA		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 13262 BLAISDELL DRIVE		Amount of Each Disbursement this Period 2200.00 Transaction ID : SB17.8235
City DEWITT State MI Zip Code 48820	Purpose of Disbursement DATA MANAGEMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5251.00
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 65 OF 119	
	<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. COMMERCE PLACE		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 2071 E. WEST MAPLE ROAD		Amount of Each Disbursement this Period 2100.00 Transaction ID : SB17.8236
City COMMERCE TOWNSHIP	State MI Zip Code 48390	
Purpose of Disbursement RENT	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. COMMERCE PLACE		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 2071 E. WEST MAPLE ROAD		Amount of Each Disbursement this Period 2100.00 Transaction ID : SB17.8237
City COMMERCE TOWNSHIP	State MI Zip Code 48390	
Purpose of Disbursement RENT	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) C. CONNECTIVIST MEDIA		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 544 E. OGDEN AVENUE SUITE 700-161		Amount of Each Disbursement this Period 3949.00 Transaction ID : SB17.8238
City MILWAUKEE	State WI Zip Code 53202	
Purpose of Disbursement WEB DEVELOPMENT	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:		

SUBTOTAL of Disbursements This Page (optional).....	8149.00
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 66 OF 119	
	<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. COSTCO		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 3000 COMMERCE CROSSING		Amount of Each Disbursement this Period 1823.27
City COMMERCE	State MI	
Zip Code 48382	Purpose of Disbursement PIWOWAR REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.8715
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. COTTAGE INN PIZZA		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 39550 W 14 MILE RD		Amount of Each Disbursement this Period 36.26
City COMMERCE	State MI	
Zip Code 48930	Purpose of Disbursement BOGREN REIMBURSEMENT: MEETING EXPENSE: MEAL	Transaction ID : SB17.8221
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) C. COURTYARD MARRIOT		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 140 L ST SE		Amount of Each Disbursement this Period 1252.61
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement PIWOWAR REIMBURSEMENT: TRAVEL: LODGING	Transaction ID : SB17.8692
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 67 OF 119	
	<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. CHRISTOPHER C. COX		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 2205 WINDSOR ROAD		Amount of Each Disbursement this Period 213.40 Transaction ID : SB17.8671
City ALEXANDRIA State VA Zip Code 22307	Purpose of Disbursement IN KIND: FACILITY RENTRAL/CATERING SERVICES	
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. CRAIGSLIST		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 1381 9TH AVE		Amount of Each Disbursement this Period 165.00 Transaction ID : SB17.8754 [MEMO ITEM]
City SAN FRANCISCO State CA Zip Code 94122	Purpose of Disbursement PIWOWAR REIMBURSEMENT: OFFICE SUPPLIES	
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) C. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 52.85 Transaction ID : SB17.8240
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL FEE	
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:		

SUBTOTAL of Disbursements This Page (optional).....	266.25
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 68 OF 119	
	<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. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 5160.84 Transaction ID : SB17.8241
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL TAX	
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. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 53.35 Transaction ID : SB17.8243
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL FEE	
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) C. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 5160.86 Transaction ID : SB17.8244
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL TAX	
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:		

SUBTOTAL of Disbursements This Page (optional).....	10375.05
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 69 OF 119	
	<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. CSS PAYROLL, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 34034 W. EIGHT MILE ROAD SUITE 102		Amount of Each Disbursement this Period 5160.85
City FARMINGTON HILLS	State MI Zip Code 48335	
Purpose of Disbursement PAYROLL TAX	Category/Type	Transaction ID : SB17.8247
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. CVS PHARMACY		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1100 NEW JERSEY AVE SE		Amount of Each Disbursement this Period 9.71
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: OFFICE SUPPLIES	Category/Type	Transaction ID : SB17.8694
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. SARAH E. DAVIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00
City WALLED LAKE	State MI Zip Code 48390	
Purpose of Disbursement PAYROLL	Category/Type	Transaction ID : SB17.8382
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:		

SUBTOTAL of Disbursements This Page (optional).....	5660.85
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 70 OF 119			
	<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. SARAH E. DAVIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.8364
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 <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. SARAH E. DAVIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.8400
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	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) C. SARAH E. DAVIS		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.8391
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PAYROLL	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:	

SUBTOTAL of Disbursements This Page (optional).....	1003.20
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 71 OF 119			
	<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. SARAH E. DAVIS		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 222.58 Transaction ID : SB17.8365
City WALLED LAKE	State MI	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. SARAH E. DAVIS		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 223.92 Transaction ID : SB17.8366
City WALLED LAKE	State MI	
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 <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. DETROIT JEWISH NEWS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 29200 NORTHWESTERN HWY STE 110		Amount of Each Disbursement this Period 790.00 Transaction ID : SB17.8696 [MEMO ITEM]
City SOUTHFIELD	State MI	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINT ADVERTISING		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: _____	

SUBTOTAL of Disbursements This Page (optional).....	446.50
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 72 OF 119			
	<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. DETROIT JEWISH NEWS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 29200 NORTHWESTERN HWY STE 110		Amount of Each Disbursement this Period 790.00
City SOUTHFIELD State MI Zip Code 48034	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINT ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.8298 [MEMO ITEM]
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. DICK O DOWS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 160 W MAPLE RD		Amount of Each Disbursement this Period 1051.15
City BIRMINGHAM State MI Zip Code 48009	Purpose of Disbursement PIWOWAR REIMBURSEMENT: FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.8317 [MEMO ITEM]
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) C. DOLLAR TREE		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 30887 ORCHARD LAKE RD		Amount of Each Disbursement this Period 31.80
City FARMINGTON HILLS State MI Zip Code 48334	Purpose of Disbursement TANSEL REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.8263 [MEMO ITEM]
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:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 73 OF 119	
	<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. DOMINOS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 740 BENSTEIN RD		Amount of Each Disbursement this Period 22.06
City COMMERCE	State MI	
Zip Code 48390	Purpose of Disbursement BOGREN REIMBURSEMENT: MEETING EXPENSE: MEAL	Transaction ID : SB17.8223
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. DOMINOS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 740 BENSTEIN RD		Amount of Each Disbursement this Period 21.82
City COMMERCE	State MI	
Zip Code 48390	Purpose of Disbursement BOGREN REIMBURSEMENT: MEETING EXPENSE: MEAL	Transaction ID : SB17.8224
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) C. DOWNTOWN PUBLICATIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 124 W MAPLE RD		Amount of Each Disbursement this Period 371.00
City BIRMINGHAM	State MI	
Zip Code 48009	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINT ADVERTISING	Transaction ID : SB17.8695
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 74 OF 119			
	<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. DOWNTOWN PUBLICATIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 124 W MAPLE RD		Amount of Each Disbursement this Period 371.00
City BIRMINGHAM	State MI Zip Code 48009	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINT ADVERTISING		Transaction ID : SB17.8703
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. COLIN DRISCOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 1010 E. ANN STREET		Amount of Each Disbursement this Period 1000.00
City ANN ARBOR	State MI Zip Code 48104	
Purpose of Disbursement PAYROLL		Transaction ID : SB17.8383
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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C. COLIN DRISCOLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1010 E. ANN STREET		Amount of Each Disbursement this Period 500.00
City ANN ARBOR	State MI Zip Code 48104	
Purpose of Disbursement PAYROLL		Transaction ID : SB17.8401
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)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1500.00
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 75 OF 119			
	<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. COLIN DRISCOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 1010 E. ANN STREET		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.8392
City ANN ARBOR State MI Zip Code 48104	Purpose of Disbursement PAYROLL	
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. COLIN DRISCOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1010 E. ANN STREET		Amount of Each Disbursement this Period 161.60 Transaction ID : SB17.8232
City ANN ARBOR State MI Zip Code 48104	Purpose of Disbursement TRAVEL: MILEAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. COLIN DRISCOLL		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1010 E. ANN STREET		Amount of Each Disbursement this Period 573.60 Transaction ID : SB17.8233
City ANN ARBOR State MI Zip Code 48104	Purpose of Disbursement TRAVEL: MILEAGE	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1735.20
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 76 OF 119	
	<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. DROP BOX		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 185 BERRY ST STE 400		Amount of Each Disbursement this Period 99.00
City SAN FRANCISCO	State CA Zip Code 94107	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: ONLINE SUBSCRIPTIONS		Transaction ID : SB17.8284
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. DTE ENERGY		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address P.O. BOX 740786		Amount of Each Disbursement this Period 129.53
City CINCINNATI	State OH Zip Code 45274	
Purpose of Disbursement UTILITIES		Transaction ID : SB17.8255
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) C. EFAX		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 6922 HOLLYWOOD BOULEVARD 5TH FLOOR		Amount of Each Disbursement this Period 16.95
City LOS ANGELES	State CA Zip Code 90028	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: EQUIPMENT RENTAL		Transaction ID : SB17.8674
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	

SUBTOTAL of Disbursements This Page (optional).....	129.53
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 77 OF 119	
	<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)		Date of Disbursement
A. EFA		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 6922 HOLLYWOOD BOULEVARD 5TH FLOOR		Amount of Each Disbursement this Period
City LOS ANGELES State CA Zip Code 90028		16.95
Purpose of Disbursement PIWOWAR REIMBURSEMENT: EQUIPMENT RENTAL		Transaction ID : SB17.8714
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. EFA		M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 6922 HOLLYWOOD BOULEVARD 5TH FLOOR		Amount of Each Disbursement this Period
City LOS ANGELES State CA Zip Code 90028		16.95
Purpose of Disbursement PIWOWAR REIMBURSEMENT: FAX SERVICES		Transaction ID : SB17.8308
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FEDEX		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		1.37
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8683
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 78 OF 119			
	<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)		Date of Disbursement
A. FEDEX		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		7.03
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8685
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FEDEX		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		36.40
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8686
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FEDEX		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		1.37
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8697
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 79 OF 119			
	<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)		Date of Disbursement
A. FEDEX		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		7.03
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8717
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FEDEX		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		1.79
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8720
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FEDEX		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		7.03
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8721
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 80 OF 119			
	<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)		Date of Disbursement
A. FEDEX		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		1.79
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8722
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FEDEX		M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		15.31
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8289
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FEDEX		M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		9.79
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8290
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 81 OF 119			
	<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)		Date of Disbursement
A. FEDEX		M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		58.70
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8292
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FEDEX		M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		7.03
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8311
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FEDEX		M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		1.79
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8340
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 82 OF 119			
	<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)		Date of Disbursement
A. FEDEX		M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		47.30
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8346
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FEDEX		M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		27.15
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8348
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FEDEX		M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 28844 NORTHWESTERN HIGHWAY		Amount of Each Disbursement this Period
City SOUTHFIELD State MI Zip Code 48034		27.85
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DELIVERY SERVICES		Transaction ID : SB17.8349
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 83 OF 119	
	<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. GAZETTE NEWSPAPERS

Mailing Address PO BOX 482

City TROY State MI Zip Code 48099

Purpose of Disbursement
PIWOWAR REIMBURSEMENT: PRINT ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 13 / 2014

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.8299

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. HENRY GEMBS

Mailing Address P.O. BOX 1128

City WALLED LAKE State MI Zip Code 48390

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 17 / 2014

Amount of Each Disbursement this Period: 536.53

Transaction ID : SB17.8384

Full Name (Last, First, Middle Initial)
C. HENRY GEMBS

Mailing Address P.O. BOX 1128

City WALLED LAKE State MI Zip Code 48390

Purpose of Disbursement
TRAVEL: MILEAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 23 / 2014

Amount of Each Disbursement this Period: 237.20

Transaction ID : SB17.8257

SUBTOTAL of Disbursements This Page (optional) 773.73

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 84 OF 119			
	<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. HENRY GEM BIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 536.51 Transaction ID : SB17.8402
City WALLED LAKE	State MI	
Purpose of Disbursement PAYROLL	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. HENRY GEM BIS		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 536.51 Transaction ID : SB17.8393
City WALLED LAKE	State MI	
Purpose of Disbursement PAYROLL	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) C. HENRY GEM BIS		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 516.00 Transaction ID : SB17.8258
City WALLED LAKE	State MI	
Purpose of Disbursement TRAVEL: MILEAGE	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:		

SUBTOTAL of Disbursements This Page (optional).....	1589.02
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 85 OF 119	
	<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. GERYCH GREENHOUSE		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 10 GLENLAKE PKWY STE 130		Amount of Each Disbursement this Period 462.25
City ATLANTA State GA Zip Code 30328	Purpose of Disbursement PIWOWAR REIMBURSEMENT: EQUIPMENT RENTAL	Transaction ID : SB17.8320 [MEMO ITEM]
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. GOGO		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD SUITE 500		Amount of Each Disbursement this Period 20.00
City ITASCA State IL Zip Code 60143	Purpose of Disbursement PIWOWAR REIMBURSEMENT: TRAVEL: AIR	Transaction ID : SB17.8679 [MEMO ITEM]
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) C. GRAND TRAVERSE PIE COMPANY		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 41640 ANN ARBOR RD		Amount of Each Disbursement this Period 24.88
City PLYMOUTH State MI Zip Code 48170	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEAL	Transaction ID : SB17.8288 [MEMO ITEM]
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 86 OF 119	
	<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. GREAT DANE MARKETING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 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	
Candidate Name		Transaction ID : SB17.8256
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. GUERNSEY DAIRY		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 21300 NOVI RD		Amount of Each Disbursement this Period 36.58
City NORTHVILLE State MI Zip Code 48167	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS - GIFT CARD	
Candidate Name		Transaction ID : SB17.8327
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:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. HIGHLAND ADULT ACTIVITY CENTER		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 209 N JOHN ST		Amount of Each Disbursement this Period 100.00
City HIGHLAND TWP State MI Zip Code 48357	Purpose of Disbursement CAMPBELL REIMBURSEMENT: EVENT REGISTRATION FEE	
Candidate Name		Transaction ID : SB17.8270
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:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	6250.00
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 87 OF 119			
	<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. TROY W. HUDSON			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 1491.55	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8385	
Purpose of Disbursement PAYROLL		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. TROY W. HUDSON			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 1491.54	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8403	
Purpose of Disbursement PAYROLL		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) C. TROY W. HUDSON			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 1491.54	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8394	
Purpose of Disbursement PAYROLL		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:				

SUBTOTAL of Disbursements This Page (optional).....	4474.63
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 88 OF 119			
	<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. TROY W. HUDSON			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014		
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 863.68		
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8376		
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 <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. IMPACT MEDIA			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014		
Mailing Address 23715 NILAN DR			Amount of Each Disbursement this Period 1434.92		
City NOVI	State MI	Zip Code 48375	Transaction ID : SB17.8700		
Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES		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:					

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. IMPACT MEDIA			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014		
Mailing Address 23715 NILAN DR			Amount of Each Disbursement this Period 616.50		
City NOVI	State MI	Zip Code 48375	Transaction ID : SB17.8701		
Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES		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:					

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	863.68
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 89 OF 119			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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.

Full Name (Last, First, Middle Initial) A. IMPACT MEDIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 23715 NILAN DR		Amount of Each Disbursement this Period 267.12
City NOVI	State MI	
Zip Code 48375		Transaction ID : SB17.8702
Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES		
Candidate Name		[MEMO ITEM]
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. IMPACT MEDIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 23715 NILAN DR		Amount of Each Disbursement this Period 733.22
City NOVI	State MI	
Zip Code 48375		Transaction ID : SB17.8706
Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES		
Candidate Name		[MEMO ITEM]
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) C. IMPACT MEDIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 23715 NILAN DR		Amount of Each Disbursement this Period 551.20
City NOVI	State MI	
Zip Code 48375		Transaction ID : SB17.8707
Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES		
Candidate Name		[MEMO ITEM]
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:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 90 OF 119			
	<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. IMPACT MEDIA		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 23715 NILAN DR		Amount of Each Disbursement this Period 805.60
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.8291
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. IMPACT MEDIA		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 23715 NILAN DR		Amount of Each Disbursement this Period 780.80
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.8300
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) C. IMPACT MEDIA		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 23715 NILAN DR		Amount of Each Disbursement this Period 1041.95
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.8301
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 91 OF 119			
	<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. IMPACT MEDIA		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 23715 NILAN DR		Amount of Each Disbursement this Period 2067.00
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.8344
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. IMPACT MEDIA		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 23715 NILAN DR		Amount of Each Disbursement this Period 1294.00
City NOVI	State MI	
Zip Code 48375	Purpose of Disbursement PIWOWAR REIMBURSEMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.8345
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) C. IT'S A MATTER OF TASTE		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 2323 UNION LAKE RD		Amount of Each Disbursement this Period 50.00
City COMMERCE TWP	State MI	
Zip Code 48382	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS - GIFT CARD	Transaction ID : SB17.8329
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 92 OF 119	
	<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. JET'S PIZZA		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1126 N PONTIAC TRAIL		Amount of Each Disbursement this Period 15.88
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement BOGREN REIMBURSEMENT: MEETING EXPENSE: MEAL	Transaction ID : SB17.8225
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. JET'S PIZZA		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1126 N PONTIAC TRAIL		Amount of Each Disbursement this Period 52.86
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement BOGREN REIMBURSEMENT: MEETING EXPENSE: MEAL	Transaction ID : SB17.8228
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) C. JIMMY JOHNS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 32619 NORTHWESTERN HWY		Amount of Each Disbursement this Period 97.28
City FARMINGTON HILLS	State MI	
Zip Code 48334	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEALS	Transaction ID : SB17.8699
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 93 OF 119			
	<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. JOHNNY POMODORAS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 32906 MIDDLE BELT RD STE 6		Amount of Each Disbursement this Period 28.85
City FARMINGTON HILLS State MI Zip Code 48334	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.8680 [MEMO ITEM]
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. JOHNNY POMODORAS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 32906 MIDDLE BELT RD STE 6		Amount of Each Disbursement this Period 4.96
City FARMINGTON HILLS State MI Zip Code 48334	Purpose of Disbursement PIWOWAR REIMBURSEMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.8339 [MEMO ITEM]
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) C. KROGER		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 37550 W 12 MILE RD STE 2		Amount of Each Disbursement this Period 16.45
City FARMINGTON HILLS State MI Zip Code 48331	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEAL	
Candidate Name	Category/Type	Transaction ID : SB17.8303 [MEMO ITEM]
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 94 OF 119	
	<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. LASER COMP		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 34013 SCHOOLCRAFT RD		Amount of Each Disbursement this Period 148.44
City LivONIA State MI Zip Code 48150	Purpose of Disbursement PIWOWAR REIMBURSEMENT: EQUIPMENT RENTAL	
Candidate Name	Category/Type	Transaction ID : SB17.8676 [MEMO ITEM]
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. LASER COMP		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 34013 SCHOOLCRAFT RD		Amount of Each Disbursement this Period 167.07
City LivONIA State MI Zip Code 48150	Purpose of Disbursement PIWOWAR REIMBURSEMENT: EQUIPMENT RENTAL	
Candidate Name	Category/Type	Transaction ID : SB17.8713 [MEMO ITEM]
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) C. LIFE TIME FITNESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 4106 TELEGRAGH ROAD		Amount of Each Disbursement this Period 35.00
City BLOOMFIELD TOWNSHIP State MI Zip Code 48302	Purpose of Disbursement PIWOWAR REIMBURSEMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.8313 [MEMO ITEM]
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:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 95 OF 119	
	<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. MAJORITY STRATEGIES, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 135 PROFESSIONAL DRIVE SUITE 104			Amount of Each Disbursement this Period 49822.41	
City PONTE VEDRA BEACH	State FL	Zip Code 32082	Transaction ID : SB17.8276	
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. MAJORITY STRATEGIES, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 135 PROFESSIONAL DRIVE SUITE 104			Amount of Each Disbursement this Period 65264.61	
City PONTE VEDRA BEACH	State FL	Zip Code 32082	Transaction ID : SB17.8277	
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) C. MARKET FRESH			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address 31201 SOUTHFIELD RD			Amount of Each Disbursement this Period 29.69	
City BEVERLY HILLS	State MI	Zip Code 48025	Transaction ID : SB17.8296	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEAL		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	115087.02
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 96 OF 119	
	<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. MEIJER INC		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 1703 HAGGERTY HWY		Amount of Each Disbursement this Period 9.97
City COMMERCE TOWNSHIP	State MI	
Zip Code 48390	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEAL	Transaction ID : SB17.8343 [MEMO ITEM]
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. METRO CARS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 24957 BREST RD		Amount of Each Disbursement this Period 338.00
City TAYLOR	State MI	
Zip Code 48180	Purpose of Disbursement PIWOWAR REIMBURSEMENT: TRAVEL: CAR RENTAL	Transaction ID : SB17.8315 [MEMO ITEM]
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) C. METRO CARS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 24957 BREST RD		Amount of Each Disbursement this Period 126.00
City TAYLOR	State MI	
Zip Code 48180	Purpose of Disbursement PIWOWAR REIMBURSEMENT: TRAVEL: CAR RENTAL	Transaction ID : SB17.8347 [MEMO ITEM]
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 97 OF 119	
	<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. MICHAELS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 30867 ORCHARD LAKE RD		Amount of Each Disbursement this Period 23.68
City FARMINGTON HILLS	State MI Zip Code 48334	
Purpose of Disbursement TANSEL REIMBURSEMENT: OFFICE SUPPLIES		Transaction ID : SB17.8261
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. MICHIGAN OFFICE MAINTENANCE		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address PO BOX 51966		Amount of Each Disbursement this Period 40.00
City LANSING	State MI Zip Code 48151	
Purpose of Disbursement BUILDING MAINTENANCE		Transaction ID : SB17.8356
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) C. MICHIGAN RIGHT TO LIFE		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 2340 PORTER ST. P.O. BOX 901		Amount of Each Disbursement this Period 500.00
City GRAND RAPIDS	State MI Zip Code 49519	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: EVENT REGISTRATION FEE		Transaction ID : SB17.8286
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	

SUBTOTAL of Disbursements This Page (optional).....	40.00
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 98 OF 119			
	<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. NATIONAL RESEARCH, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 146 STATE HIGHWAY 34 SUITE 250			Amount of Each Disbursement this Period 19000.00 Transaction ID : SB17.8358
City HOLMDEL	State NJ	Zip Code 07733	
Purpose of Disbursement POLLING		Category/ Type	
Candidate Name			
Office Sought:	House Senate 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. OAKLAND COUNTY GOP			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 42611 WOODWARD AVE			Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.8712 [MEMO ITEM]
City BLOOMFIELD TOWNSHIP	State MI	Zip Code 48304	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: EVENT REGISTRATION FEE		Category/ Type	
Candidate Name			
Office Sought:	House Senate 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) C. OAKLAND HILLS COUNTRY CLUB			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 3951 W. MAPLE ROAD			Amount of Each Disbursement this Period 3843.93 Transaction ID : SB17.8359
City BLOOMFIELD HILLS	State MI	Zip Code 48301	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES		Category/ Type	
Candidate Name			
Office Sought:	House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	22843.93
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 99 OF 119	
	<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. PARMENTER'S		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 714 BASELINE RD		Amount of Each Disbursement this Period 40.00
City NORTHVILLE State MI Zip Code 48167	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS - GIFT CARD	
Candidate Name	Category/Type	Transaction ID : SB17.8337 [MEMO ITEM]
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. PARTY CITY		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 29305 ORCHARD LAKE RD		Amount of Each Disbursement this Period 6.34
City FARMINGTON HILLS State MI Zip Code 48334	Purpose of Disbursement TANSEL REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.8265 [MEMO ITEM]
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) C. LINDSEY PAVLOV		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 24968 INDEPENDENCE DRIVE APT 8111		Amount of Each Disbursement this Period 1042.59
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.8386
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:	

SUBTOTAL of Disbursements This Page (optional).....	1042.59
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 100 OF 119	
	<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. LINDSEY PAVLOV		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 24968 INDEPENDENCE DRIVE APT 8111		Amount of Each Disbursement this Period 1042.58 Transaction ID : SB17.8404
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL	
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. LINDSEY PAVLOV		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 24968 INDEPENDENCE DRIVE APT 8111		Amount of Each Disbursement this Period 1042.58 Transaction ID : SB17.8395
City FARMINGTON HILLS State MI Zip Code 48335	Purpose of Disbursement PAYROLL	
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) C. PEGASUS ENTERTAINMENT		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 22008 WEST EIGHT MILE ROAD		Amount of Each Disbursement this Period 2410.00 Transaction ID : SB17.8361
City SOUTHFIELD State MI Zip Code 48033	Purpose of Disbursement EQUIPMENT RENTAL	
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:		

SUBTOTAL of Disbursements This Page (optional).....	4495.16
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 101 OF 119			
	<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. MEGAN J. PIWOWAR			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 2960.95	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8355	
Purpose of Disbursement REIMBURSEMENTS		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. MEGAN J. PIWOWAR			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 2960.54	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8387	
Purpose of Disbursement PAYROLL		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) C. MEGAN J. PIWOWAR			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 2960.56	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8405	
Purpose of Disbursement PAYROLL		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:				

SUBTOTAL of Disbursements This Page (optional).....	20161.05
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 102 OF 119	
	<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. MEGAN J. PIWOWAR			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 27184.05	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8282	
Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES		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. MEGAN J. PIWOWAR			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014	
Mailing Address P.O. BOX 1128			Amount of Each Disbursement this Period 2960.56	
City WALLED LAKE	State MI	Zip Code 48390	Transaction ID : SB17.8396	
Purpose of Disbursement PAYROLL		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) C. PLYMOUTH COMMUNITY FALL FESTIVAL			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address PO BOX 6177			Amount of Each Disbursement this Period 34.00	
City PLYMOUTH	State MI	Zip Code 48170	Transaction ID : SB17.8682	
Purpose of Disbursement PIWOWAR REIMBURSEMENT: EVENT REGISTRATION FEE		Category/ Type	[MEMO ITEM]	
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:				

SUBTOTAL of Disbursements This Page (optional).....	30144.61
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 103 OF 119	
	<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. PLYMOUTH WHALERS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 10 GLENLAKE PARKWAY NORTH TOWER		Amount of Each Disbursement this Period 228.92
City ATLANTA State GA Zip Code 30328	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS	
Candidate Name	Category/Type	Transaction ID : SB17.8723 [MEMO ITEM]
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. PLYMOUTH WHALERS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 10 GLENLAKE PARKWAY NORTH TOWER		Amount of Each Disbursement this Period 34.00
City ATLANTA State GA Zip Code 30328	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS - GIFT CARD	
Candidate Name	Category/Type	Transaction ID : SB17.8331 [MEMO ITEM]
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) C. PURPLE DOOR STORE		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 635 N WIXOM RD		Amount of Each Disbursement this Period 50.00
City WIXOM State MI Zip Code 48393	Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS - GIFT CARD	
Candidate Name	Category/Type	Transaction ID : SB17.8333 [MEMO ITEM]
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:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 104 OF 119	
	<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. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2525.33
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Transaction ID : SB17.8362
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2576.55
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Transaction ID : SB17.8363
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. SAFFRON INDIAN CUISINE		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 29200 ORCHARD LAKE RD		Amount of Each Disbursement this Period 280.00
City FARMINGTON HILLS State MI Zip Code 48334	Purpose of Disbursement TIETZ REIMBURSEMENTS: CATERING SERVICES	
Candidate Name		Transaction ID : SB17.8252
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:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	5101.88
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 105 OF 119	
	<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.

A. SHARKS CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 6665 HIGHLAND RD

City WATERFORD State MI Zip Code 48327

Purpose of Disbursement
TIETZ REIMBURSEMENTS: CATERING SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 19 / 2014

Amount of Each Disbursement this Period: 450.00

Transaction ID : SB17.8254

[MEMO ITEM]

B. STAPLES

Full Name (Last, First, Middle Initial)
Mailing Address 335 HAGGERTY

City WALLED LAKE State MI Zip Code 48390

Purpose of Disbursement
PAVLOV REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 13 / 2014

Amount of Each Disbursement this Period: 83.08

Transaction ID : SB17.8275

[MEMO ITEM]

C. STAPLES

Full Name (Last, First, Middle Initial)
Mailing Address 335 HAGGERTY

City WALLED LAKE State MI Zip Code 48390

Purpose of Disbursement
BOGREN REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 20 / 2014

Amount of Each Disbursement this Period: 98.47

Transaction ID : SB17.8227

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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 106 OF 119	
	<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 PLACED MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 17 / 2014

Amount of Each Disbursement this Period: 307800.00

Transaction ID : SB17.8367

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 PLACED MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 20 / 2014

Amount of Each Disbursement this Period: 300000.00

Transaction ID : SB17.8368

Full Name (Last, First, Middle Initial)

C. STRATEGIC MEDIA PLACEMENT

Mailing Address 7669 STAGERS LOOP

City DELAWARE State OH Zip Code 43015

Purpose of Disbursement PLACED MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 24 / 2014

Amount of Each Disbursement this Period: 190000.00

Transaction ID : SB17.8369

SUBTOTAL of Disbursements This Page (optional) 797800.00

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 107 OF 119	
	<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. SUBURBAN SHOWPLACE		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 46100 GRAND RIVER AVE		Amount of Each Disbursement this Period 500.00
City NOVI State MI Zip Code 48374	Purpose of Disbursement PIWOWAR REIMBURSEMENT: FACILITY RENTAL/CATERING SERVICES	
Candidate Name		Transaction ID : SB17.8684 [MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. SUBURBAN SHOWPLACE		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 46100 GRAND RIVER AVE		Amount of Each Disbursement this Period 9454.25
City NOVI State MI Zip Code 48374	Purpose of Disbursement PIWOWAR REIMBURSEMENT: FACILITY RENTAL/CATERING SERVICES	
Candidate Name		Transaction ID : SB17.8353 [MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. SUBURBAN SHOWPLACE		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 46100 GRAND RIVER AVE		Amount of Each Disbursement this Period 1112.57
City NOVI State MI Zip Code 48374	Purpose of Disbursement PIWOWAR REIMBURSEMENT: FACILITY RENTAL/CATERING SERVICES	
Candidate Name		Transaction ID : SB17.8354 [MEMO ITEM]
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 108 OF 119	
	<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. SUBWAY		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1123 W. MAPLE ROAD		Amount of Each Disbursement this Period 12.72
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PIWOWAR REIMBURSEMENT: TRAVEL: FOOD	Transaction ID : SB17.8698
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. SUBWAY		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 1123 W. MAPLE ROAD		Amount of Each Disbursement this Period 34.19
City WALLED LAKE	State MI	
Zip Code 48390	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MEETING EXPENSE: MEAL	Transaction ID : SB17.8341
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) C. THE CATALYST GROUP RW, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 600 PENNSYLVANIA AVE. SE SUITE 330		Amount of Each Disbursement this Period 7500.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.8371
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:		

SUBTOTAL of Disbursements This Page (optional).....	7500.00
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 109 OF 119	
	<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. THE CATALYST GROUP RW, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 600 PENNSYLVANIA AVE. SE SUITE 330		Amount of Each Disbursement this Period 3191.09
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.8372
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. THE CATALYST GROUP RW, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 600 PENNSYLVANIA AVE. SE SUITE 330		Amount of Each Disbursement this Period 10000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.8373
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) C. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 47950 GRAND RIVER AVE		Amount of Each Disbursement this Period 101.52
City NOVI State MI Zip Code 48374	Purpose of Disbursement KIDD REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.8281 [MEMO ITEM]
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:	

SUBTOTAL of Disbursements This Page (optional).....	13191.09
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 110 OF 119	
	<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. THE LOONEY BAKER		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 13931 FARMINGTON RD		Amount of Each Disbursement this Period 20.00
City LIVONIA	State MI	
Zip Code 48154		Transaction ID : SB17.8335
Purpose of Disbursement PIWOWAR REIMBURSEMENT: DONOR MEMENTOS - GIFT CARD		
Candidate Name		[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. THE STRATEGY GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 15000.00
City DELAWARE	State OH	
Zip Code 43015		Transaction ID : SB17.8374
Purpose of Disbursement MEDIA PRODUCTION		
Candidate Name		[MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. THE STRATEGY GROUP		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 22500.00
City DELAWARE	State OH	
Zip Code 43015		Transaction ID : SB17.8375
Purpose of Disbursement MEDIA PRODUCTION		
Candidate Name		[MEMO ITEM]
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	37500.00
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 111 OF 119	
	<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. DOUG TIETZ		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 5833 BINGHAM DRIVE		Amount of Each Disbursement this Period 798.12
City TROY State MI Zip Code 48085	Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name		Transaction ID : SB17.8250
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period 273.00
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement PIWOWAR REIMBURSEMENT: POSTAGE	
Candidate Name		Transaction ID : SB17.8718
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:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 475 L'ENFANT PLAZA, SW		Amount of Each Disbursement this Period 490.00
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement PIWOWAR REIMBURSEMENT: POSTAGE	
Candidate Name		Transaction ID : SB17.8304
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:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	798.12
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 112 OF 119	
	<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. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period 166.59
City ACKWORTH State GA Zip Code 30101	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.8677 [MEMO ITEM]
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. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period 156.59
City ACKWORTH State GA Zip Code 30101	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.8716 [MEMO ITEM]
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) C. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period 68.17
City ACKWORTH State GA Zip Code 30101	Purpose of Disbursement CAMPBELL REIMBURSEMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.8268 [MEMO ITEM]
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 113 OF 119	
	<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. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period 70.65
City ACKWORTH	State GA	
Zip Code 30101	Purpose of Disbursement CAMPBELL REIMBURSEMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.8272
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. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address PO BOX 4002		Amount of Each Disbursement this Period 203.40
City ACKWORTH	State GA	
Zip Code 30101	Purpose of Disbursement PIWOWAR REIMBURSEMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.8321
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) C. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 32.32
City BENTONVILLE	State AR	
Zip Code 72716	Purpose of Disbursement BOGREN REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.8226
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 114 OF 119			
	<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. MS. KRISTINE ZRINYI		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 536.52 Transaction ID : SB17.8388
City WALLED LAKE	State MI	
Purpose of Disbursement PAYROLL	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. MS. KRISTINE ZRINYI		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 536.53 Transaction ID : SB17.8406
City WALLED LAKE	State MI	
Purpose of Disbursement PAYROLL	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) C. MS. KRISTINE ZRINYI		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address P.O. BOX 1128		Amount of Each Disbursement this Period 536.53 Transaction ID : SB17.8397
City WALLED LAKE	State MI	
Purpose of Disbursement PAYROLL	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:		

SUBTOTAL of Disbursements This Page (optional).....	1609.58
TOTAL This Period (last page this line number only).....	1117665.27

**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 115 OF 119			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) A. MRS. ADELE F. ACHESON		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 3305 INTERLAKEN ROAD		Amount of Each Disbursement this Period 400.00 Transaction ID : SB20A.8204
City WEST BLOOMFIELD	State MI Zip Code 48323	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	400.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7005

TROTT FOR CONGRESS, INC.

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

[PERSONAL FUNDS]

Election: 2014

DAVID A. TROTT

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

Date Due

Interest Rate

Secured:

06

06

2014

11/04/2014

0.00

% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

250000.00

TOTALS 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)	PAGE 117 OF 119
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

TROTT FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DECIDER STRATEGIES		Nature of Debt (Purpose): STRATEGY CONSULTING
Mailing Address 2420 MULBERRY CT		
City	State	Zip Code
ANN ARBOR	MI	48104

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 DECIDER STRATEGIES		Nature of Debt (Purpose): STRATEGY CONSULTING
Mailing Address 2420 MULBERRY CT		
City	State	Zip Code
ANN ARBOR	MI	48104

Outstanding Balance Beginning This Period	Transaction ID : SD10.8410	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
10000.00	0.00	10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DECIDER STRATEGIES		Nature of Debt (Purpose): TELEMARKETING
Mailing Address 2420 MULBERRY CT		
City	State	Zip Code
ANN ARBOR	MI	48104

Outstanding Balance Beginning This Period	Transaction ID : SD10.8411	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
8000.00	0.00	8000.00

1) SUBTOTALS This Period This Page (optional)	▶	28000.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		

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
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

B. 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 : SD10.8412**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
1450.30 0.00 1450.30

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TROTT & TROTT, P.C.

Mailing Address 31440 NORTHWESTERN HWY #300

City State Zip Code
FARMINGTON HILLS MI 48334

Nature of Debt (Purpose):
FACILITY RENTAL/CATERING SERVICES

Outstanding Balance Beginning This Period **Transaction ID : SD10.8431**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
1753.55 0.00 1753.55

1) SUBTOTALS This Period This Page (optional)	▶	11003.85
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		

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
DAVID A. TROTT

Mailing Address 158 PARK LAKE DRIVE

City State Zip Code
BIRMINGHAM MI 48009

Nature of Debt (Purpose):
REIMBURSEMENT

Outstanding Balance Beginning This Period **Transaction ID : SD10.8670**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="1325.22"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="40329.07"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="250000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="290329.07"/>