

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Macomb County Democratic Committee

ADDRESS (number and street) 230 North Avenue, Suite 12  
Mt Clemens MI 48043  
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00354332  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period 03 01 2007 through 03 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Jerry Moffitt

Signature of Treasurer Electronically Filed by Jerry Moffitt Date 07 16 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Macomb County Democratic Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		8368.95
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	5497.15									
(c) Total Receipts (from Line 19) .....	29883.00	100053.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	35380.15	108421.95								
7. Total Disbursements (from Line 31) .....	32762.94	105804.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2617.21	2617.21								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Macomb County Democratic Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1713.00	3939.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	28170.00	96014.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	29883.00	99953.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	100.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	29883.00	100053.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	29883.00	100053.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29883.00	100053.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	486.36	815.30
(ii) Non-Federal Share.....	864.64	1616.10
(b) Other Federal Operating Expenditures.....	31411.94	102318.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32762.94	104749.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	1055.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32762.94	105804.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31898.30	104188.64

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	29883.00	100053.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29883.00	100053.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31898.30	103133.64
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	31898.30	103133.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Fadehela Aboona		Date of Receipt MM / DD / YYYY 03 / 05 / 2007		
	Mailing Address 2526 Michael		<b>Transaction ID:</b> SA11AI.13945		
	City Sterling Heights	State MI	Zip Code 48310	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Home Maker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Toni Aliotta		Date of Receipt MM / DD / YYYY 03 / 19 / 2007		
	Mailing Address 33060 Mina		<b>Transaction ID:</b> SA11AI.14002		
	City Fraser	State MI	Zip Code 48026	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer None	Occupation Homemaker		Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Emmanuel Alojipan		Date of Receipt MM / DD / YYYY 03 / 12 / 2007		
	Mailing Address 29074 Edward		<b>Transaction ID:</b> SA11AI.13974		
	City Madison Heights	State MI	Zip Code 48071	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer None	Occupation Retired		Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 370.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	235.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

**A.** Full Name (Last, First, Middle Initial)  
Emmanuel Alojipan

Mailing Address 29074 Edward

City State Zip Code  
Madison Heights MI 48071

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 19 / 2007

**Transaction ID:** SA11AI.14016

Amount of Each Receipt this Period 65.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Donna Auger

Mailing Address 10431 W. 11 Mile Rd

City State Zip Code  
Huntington Woods MI 48070

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Home Maker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 19 / 2007

**Transaction ID:** SA11AI.14003

Amount of Each Receipt this Period 112.00

Contribution

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

Mailing Address 31100 Concord

City State Zip Code  
Madison Heights MI 48071

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 19 / 2007

**Transaction ID:** SA11AI.14017

Amount of Each Receipt this Period 47.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 224.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

**A.** Full Name (Last, First, Middle Initial)  
Joyce Butler  
Mailing Address 7784 Rutherford

City State Zip Code  
Detroit MI 48227

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.00

Date of Receipt  
03 / 26 / 2007  
**Transaction ID:** SA11AI.14043  
 Amount of Each Receipt this Period  
102.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Michelle Edgerton  
Mailing Address 1201 E. Pearl

City State Zip Code  
Hazel Park MI 48030

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
NONE Home Maker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
407.00

Date of Receipt  
03 / 05 / 2007  
**Transaction ID:** SA11AI.13930  
 Amount of Each Receipt this Period  
112.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Joyce Harris  
Mailing Address 8218 Quinn

City State Zip Code  
Detroit MI 48234

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
03 / 26 / 2007  
**Transaction ID:** SA11AI.14047  
 Amount of Each Receipt this Period  
125.00  
 Bingo Prize

**SUBTOTAL** of Receipts This Page (optional) ..... 339.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

**A.**

Full Name (Last, First, Middle Initial)  
Norma Hein

Mailing Address 30729 Mayflower

City State Zip Code  
Roseville MI 48066

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

Name of Employer Occupation  
Home Maker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2007

Transaction ID: SA11AI.14004

Amount of Each Receipt this Period  
112.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Tamara Hilla

Mailing Address 785 E. Farnum

City State Zip Code  
Madison Heights MI 48071

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

Name of Employer Occupation  
None Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: SA11AI.13936

Amount of Each Receipt this Period  
167.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Adele Jaje

Mailing Address 30401 Cousino

City State Zip Code  
Warren MI 48092

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

Name of Employer Occupation  
None Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 298.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: SA11AI.13937

Amount of Each Receipt this Period  
98.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **377.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

**A.**

Full Name (Last, First, Middle Initial)  
Adele Jaje

Mailing Address 30401 Cousino

City Warren State MI Zip Code 48092

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 413.00

Date of Receipt 03 / 19 / 2007

**Transaction ID:** SA11AI.14006

Amount of Each Receipt this Period 115.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Helen Minton

Mailing Address 30099 Everett

City Southfield State MI Zip Code 48076

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 289.00

Date of Receipt 03 / 05 / 2007

**Transaction ID:** SA11AI.13940

Amount of Each Receipt this Period 79.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mary Sanko

Mailing Address 37076 Marino

City Sterling Heights State MI Zip Code 48312

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Home Maker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 296.00

Date of Receipt 03 / 26 / 2007

**Transaction ID:** SA11AI.14053

Amount of Each Receipt this Period 101.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 295.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

**A.**

Full Name (Last, First, Middle Initial) Thelma Webb		Date of Receipt MM / DD / YYYY 03 / 19 / 2007
Mailing Address 5708 Amberwood, #203		<b>Transaction ID:</b> SA11AI.14014
City Sterling Heights	State MI	Zip Code 48310
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 158.00
Name of Employer	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

**B.**

Full Name (Last, First, Middle Initial) Geraldine Westbrook		Date of Receipt MM / DD / YYYY 03 / 26 / 2007
Mailing Address 1045 E. Woodward #205		<b>Transaction ID:</b> SA11AI.14054
City Hazel Park	State MI	Zip Code 48030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer None	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	243.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1713.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 12 / 29

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Advance Novelty Mailing Address 29199 W. Six Mile City Livonia State MI Zip Code 48152 Purpose of Disbursement Bingo Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13884 Date of Disbursement MM / DD / YYYY 03 / 14 / 2007
	Amount of Each Disbursement this Period 1764.29

<b>B.</b> Full Name (Last, First, Middle Initial) Advance Novelty Mailing Address 29199 W. Six Mile City Livonia State MI Zip Code 48152 Purpose of Disbursement Equipment Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13889 Date of Disbursement MM / DD / YYYY 03 / 27 / 2007
	Amount of Each Disbursement this Period 1743.26

<b>C.</b> Full Name (Last, First, Middle Initial) Advance Novelty Mailing Address 29199 W. Six Mile City Livonia State MI Zip Code 48152 Purpose of Disbursement Equipment Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13890 Date of Disbursement MM / DD / YYYY 03 / 31 / 2007
	Amount of Each Disbursement this Period 464.28

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3971.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Advance Novelty</p> <p>Mailing Address 29199 W. Six Mile</p> <p>City Livonia State MI Zip Code 48152</p> <p>Purpose of Disbursement Equipment Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13891</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">445.20</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Josephine Agosta</p> <p>Mailing Address 20471 Windward</p> <p>City Clinton Township State MI Zip Code 48035</p> <p>Purpose of Disbursement Bingo Prize</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13894</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">50.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Toni Aliotta</p> <p>Mailing Address 33060 Mina</p> <p>City Fraser State MI Zip Code 48026</p> <p>Purpose of Disbursement Bingo Prize</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13983</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">225.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>720.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Emmanuel Alojipan	Transaction ID: SB21B.13946 Date of Disbursement 03 / 12 / 2007
	Mailing Address 29074 Edward	Amount of Each Disbursement this Period 500.00
	City Madison Heights State MI Zip Code 48071	
	Purpose of Disbursement Bingo Prize	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Donna Auger	Transaction ID: SB21B.13984 Date of Disbursement 03 / 19 / 2007
	Mailing Address 10431 W. 11 Mile Rd	Amount of Each Disbursement this Period 100.00
	City Huntington Woods State MI Zip Code 48070	
	Purpose of Disbursement Bingo Prize	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Marge Bloodworth	Transaction ID: SB21B.13947 Date of Disbursement 03 / 12 / 2007
	Mailing Address 37715 Geraldine Court	Amount of Each Disbursement this Period 100.00
	City Sterling Heights State MI Zip Code 48310	
	Purpose of Disbursement Bingo Prize	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 29

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerri Cavazos <hr/> Mailing Address 36391 Baker <hr/> City Sterling Heights State MI Zip Code 48310 <hr/> Purpose of Disbursement Bingo Prize Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13950 Date of Disbursement 03 / 12 / 2007 <hr/> Amount of Each Disbursement this Period 200.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Sharon Charon <hr/> Mailing Address 16540 Radison <hr/> City Macomb State MI Zip Code 48044 <hr/> Purpose of Disbursement Bingo Prize Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13899 Date of Disbursement 03 / 05 / 2007 <hr/> Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Community Central Bank <hr/> Mailing Address PO Box 7 <hr/> City Mt. Clemens State MI Zip Code 48046 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13874 Date of Disbursement 03 / 09 / 2007 <hr/> Amount of Each Disbursement this Period 448.46

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

1148.46

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Michelle DeBeaussaert	Transaction ID: SB21B.13880 Date of Disbursement 03 / 30 / 2007
	Mailing Address 39856 Brylor Court	Amount of Each Disbursement this Period 586.84
	City Clinton Township State MI Zip Code 48038	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Celeste DeLarosa	Transaction ID: SB21B.14023 Date of Disbursement 03 / 26 / 2007
	Mailing Address 26682 Hill Street	Amount of Each Disbursement this Period 200.00
	City Madison Heights State MI Zip Code 48071	
	Purpose of Disbursement Bingo Prize Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michelle Edgerton	Transaction ID: SB21B.13901 Date of Disbursement 03 / 05 / 2007
	Mailing Address 1201 E. Pearl	Amount of Each Disbursement this Period 125.00
	City Hazel Park State MI Zip Code 48030	
	Purpose of Disbursement Bingo Prize Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	911.84
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Euclid Company	Transaction ID: SB21B.13875
	Mailing Address 310 Euclid	Date of Disbursement 03 / 09 / 2007
	City Mt Clemens State MI Zip Code 48043	Amount of Each Disbursement this Period 499.36
	Purpose of Disbursement Office Rent	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Jean Gansick	Transaction ID: SB21B.14024
	Mailing Address 23917 James	Date of Disbursement 03 / 26 / 2007
	City Warren State MI Zip Code 48092	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement Bingo Prize	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Maria Harosa	Transaction ID: SB21B.13951
	Mailing Address 26682 Hayes	Date of Disbursement 03 / 12 / 2007
	City Madison Heights State MI Zip Code 48071	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement Bingo Prize	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1099.36
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Joyce Harris	Transaction ID: SB21B.14025
	Mailing Address 8218 Quinn	Date of Disbursement MM / DD / YYYY 03 / 26 / 2007
	City Detroit State MI Zip Code 48234	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement Bingo Prize	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Norma Hein	Transaction ID: SB21B.13953
	Mailing Address 30729 Mayflower	Date of Disbursement MM / DD / YYYY 03 / 12 / 2007
	City Roseville State MI Zip Code 48066	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement Bingo Prize	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Norma Hein	Transaction ID: SB21B.13985
	Mailing Address 30729 Mayflower	Date of Disbursement MM / DD / YYYY 03 / 19 / 2007
	City Roseville State MI Zip Code 48066	Amount of Each Disbursement this Period 52.00
	Purpose of Disbursement Bingo Prize	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	452.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kimberly Herman</p> <p>Mailing Address 11101 Hanna</p> <p>City Sterling Heights State MI Zip Code 48312</p> <p>Purpose of Disbursement Bingo Prize</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13986</p> <p>Date of Disbursement 03 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 150.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tamara Hilla</p> <p>Mailing Address 785 E. Farnum</p> <p>City Madison Heights State MI Zip Code 48071</p> <p>Purpose of Disbursement Bingo Prize</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13910</p> <p>Date of Disbursement 03 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Barbara Hunter</p> <p>Mailing Address 7346 Engleman</p> <p>City Centerline State MI Zip Code 48015</p> <p>Purpose of Disbursement Bingo Prize</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13956</p> <p>Date of Disbursement 03 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p>

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

950.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Adele Jaje	Transaction ID: SB21B.13911
	Mailing Address 30401 Cousino	Date of Disbursement 03 / 05 / 2007
	City Warren State MI Zip Code 48092	Amount of Each Disbursement this Period 175.00
	Purpose of Disbursement Bingo Prize	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Adele Jaje	Transaction ID: SB21B.13987
	Mailing Address 30401 Cousino	Date of Disbursement 03 / 19 / 2007
	City Warren State MI Zip Code 48092	Amount of Each Disbursement this Period 77.00
	Purpose of Disbursement Bingo Prize	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Lacy	Transaction ID: SB21B.14033
	Mailing Address 11252 Page	Date of Disbursement 03 / 26 / 2007
	City Warren State MI Zip Code 48089	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Bingo Prize	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	502.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 29

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

A.	Full Name (Last, First, Middle Initial) Kirk Leader	Transaction ID: SB21B.13872
	Mailing Address 31046 Leota	Date of Disbursement MM / DD / YYYY 03 / 04 / 2007
	City Fraser State MI Zip Code 48026	Amount of Each Disbursement this Period 161.62
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kirk Leader	Transaction ID: SB21B.13877
	Mailing Address 31046 Leota	Date of Disbursement MM / DD / YYYY 03 / 18 / 2007
	City Fraser State MI Zip Code 48026	Amount of Each Disbursement this Period 161.62
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kirk Leader	Transaction ID: SB21B.13878
	Mailing Address 31046 Leota	Date of Disbursement MM / DD / YYYY 03 / 26 / 2007
	City Fraser State MI Zip Code 48026	Amount of Each Disbursement this Period 161.62
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>484.86</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 29

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

A.	Full Name (Last, First, Middle Initial) MDP (nfa)	Transaction ID: SB21B.13881
	Mailing Address 606 Townsend	Date of Disbursement MM / DD / YYYY 03 / 05 / 2007
	City Lansing State MI Zip Code 48933	Amount of Each Disbursement this Period 585.00
	Purpose of Disbursement Bingo Hall Rental	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MDP (nfa)	Transaction ID: SB21B.13883
	Mailing Address 606 Townsend	Date of Disbursement MM / DD / YYYY 03 / 12 / 2007
	City Lansing State MI Zip Code 48933	Amount of Each Disbursement this Period 585.00
	Purpose of Disbursement Bingo Hall Rental	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MDP (nfa)	Transaction ID: SB21B.13886
	Mailing Address 606 Townsend	Date of Disbursement MM / DD / YYYY 03 / 19 / 2007
	City Lansing State MI Zip Code 48933	Amount of Each Disbursement this Period 585.00
	Purpose of Disbursement Bingo Hall Rental	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1755.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

A.	Full Name (Last, First, Middle Initial) MDP (nfa)	Transaction ID: SB21B.13887 Date of Disbursement 03 / 27 / 2007
	Mailing Address 606 Townsend	Amount of Each Disbursement this Period 585.00
	City Lansing State MI Zip Code 48933	
	Purpose of Disbursement Bingo Hall Rental	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Eileen Melistas	Transaction ID: SB21B.13990 Date of Disbursement 03 / 19 / 2007
	Mailing Address 39331 Della Rosa	Amount of Each Disbursement this Period 400.00
	City Sterling Heights State MI Zip Code 48313	
	Purpose of Disbursement Bingo Prize	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Helen Minton	Transaction ID: SB21B.13915 Date of Disbursement 03 / 05 / 2007
	Mailing Address 30099 Everett	Amount of Each Disbursement this Period 150.00
	City Southfield State MI Zip Code 48076	
	Purpose of Disbursement Bingo Prize	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1135.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

A.	Full Name (Last, First, Middle Initial) National Security Patrol	Transaction ID: SB21B.13888 Date of Disbursement 03 / 27 / 2007
	Mailing Address 27950 Jefferson	Amount of Each Disbursement this Period 192.00
	City St. Clair Shores State MI Zip Code 48081	
	Purpose of Disbursement Security Guard Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Caroline Ochenski	Transaction ID: SB21B.13991 Date of Disbursement 03 / 19 / 2007
	Mailing Address 4538 Linville	Amount of Each Disbursement this Period 60.00
	City Warren State MI Zip Code 48092	
	Purpose of Disbursement Bingo Prize Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mary Sanko	Transaction ID: SB21B.14037 Date of Disbursement 03 / 26 / 2007
	Mailing Address 37076 Marino	Amount of Each Disbursement this Period 200.00
	City Sterling Heights State MI Zip Code 48312	
	Purpose of Disbursement Bingo Prize Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	452.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Shemay Schamente  Mailing Address 21164 Syracuse  City Warren State MI Zip Code 48091  Purpose of Disbursement Bingo Prize Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13919 Date of Disbursement 03 / 05 / 2007  Amount of Each Disbursement this Period 500.00  Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) State of Michigan  Mailing Address 101 E. Hillsdale  City Lansing State MI Zip Code 48933  Purpose of Disbursement Bingo License Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13876 Date of Disbursement 03 / 09 / 2007  Amount of Each Disbursement this Period 150.00  Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Thelma Webb  Mailing Address 5708 Amberwood, #203  City Sterling Heights State MI Zip Code 48310  Purpose of Disbursement Bingo Prize Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13998 Date of Disbursement 03 / 19 / 2007  Amount of Each Disbursement this Period 1000.00  Category/Type

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

1650.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Geraldine Westbrook <hr/> Mailing Address 1045 E. Woodward #205 <hr/> City State Zip Code Hazel Park MI 48030 <hr/> Purpose of Disbursement Bingo Prize <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.14038 Date of Disbursement 03 / 26 / 2007	Amount of Each Disbursement this Period 200.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Colleen Wilhart <hr/> Mailing Address 1519 Etwell <hr/> City State Zip Code Royal Oak MI 48067 <hr/> Purpose of Disbursement Bingo Prize <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.13999 Date of Disbursement 03 / 19 / 2007	Amount of Each Disbursement this Period 150.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	16282.55

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Macomb County Democratic Committee

A. Full Name (Last, First, Middle Initial)  
Auto-Owners Insurance

Mailing Address  
P.O. Box 30315

City State Zip Code  
Lansing MI 48909

Purpose of Disbursement:  
General Liability Insurance Policy

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2031.40

Date 03 / 19 / 2007

Transaction ID: H4.13879

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
486.36		864.64		1351.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
486.36		864.64		1351.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
486.36		864.64		1351.00

**Image# 28991489012**

Form/Schedule: **SB21B**

Transaction ID: **SB21B.13872**

At this time we have no employee who spends 25% or more of their time on FEA

Form/Schedule: **SB21B**

Transaction ID: **SB21B.13877**

At this time we have no employee who spends 25% or more of their time on FEA

\*\*\*\*\*

Image# 28991489013

Form/Schedule: **SB21B**

Transaction ID: **SB21B.13878**

At this time we have no employee who spends 25% or more of their time on FEA

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