

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For 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

Stupak for Congress

ADDRESS (number and street)

817 Ninth Avenue, P.O. Box 156

Check if different than previously reported. (ACC)

Menominee

MI

49858

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00270140

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MI

01

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

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2005

through

09

30

2005

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

Laurie Stupak

Signature of Treasurer

Electronically Filed by Laurie Stupak

Date

10

02

2006

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 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Stupak for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	140748.00	219499.90
(b) Total Contribution Refunds (from Line 20(d)).....	200.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	140548.00	219299.90
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	74125.52	250285.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	967.43	967.43
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	73158.09	249317.66
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>154462.67</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Stupak for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	5

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

53229.00

75389.70

(ii) Unitemized.....

17119.00

26703.00

(iii) TOTAL of contributions

70348.00

102092.70

from individuals..... ▶

0.00

407.20

(b) Political Party Committees.....

70400.00

117000.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

140748.00

219499.90

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

967.43

967.43

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

141715.43

220467.33

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	74125.52	250285.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	200.00	200.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	200.00	200.00
21. OTHER DISBURSEMENTS.....	500.00	500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	74825.52	250985.09

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	87572.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	141715.43
25. SUBTOTAL (add Line 23 and Line 24).....	229288.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	74825.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	154462.67

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Dr. Waheed Akbar</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2005
Mailing Address 580 Golfview Drive		Transaction ID: C9658
City State Zip Code Saginaw MI 48638-5869	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed Occupation Surgeon	Election Cycle-to-Date 850.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian R Bailey</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005
Mailing Address 626 Crestwood		Transaction ID: C9546
City State Zip Code Gaylord MI 49735	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Chippewa Hotel Occupation Manager	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Mr. Brian R Bailey</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2005
Mailing Address 626 Crestwood		Transaction ID: C9700
City State Zip Code Gaylord MI 49735	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Chippewa Hotel Occupation Manager	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
Deborah J. Bedogne

Mailing Address P.O. Box 1246

City Escanaba State MI Zip Code 49829

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

Name of Employer North Central Schools Occupation Teacher

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 06 / 2005

Transaction ID: C9715

Amount of Each Receipt this Period  
 400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Deborah J. Bedogne

Mailing Address P.O. Box 1246

City Escanaba State MI Zip Code 49829

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

Name of Employer North Central Schools Occupation Teacher

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 06 / 2005

Transaction ID: C9714

Amount of Each Receipt this Period  
 2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 1246

City Escanaba State MI Zip Code 49829-1246

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

Name of Employer Engineered Machined Products Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 06 / 2005

Transaction ID: C9713

Amount of Each Receipt this Period  
 400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Mr. Ralph Bedogne</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2005	
Mailing Address P.O. Box 1246		<b>Transaction ID: C9712</b>	
City State Zip Code Escanaba MI 49829-1246		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Engineered Machined Products	Occupation Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Brenda Biederman</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005	
Mailing Address 1003 Peninsula Drive		<b>Transaction ID: C9573</b>	
City State Zip Code Traverse City MI 49686-2745		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Brenda Biederman</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005	
Mailing Address 1003 Peninsula Drive		<b>Transaction ID: C9547</b>	
City State Zip Code Traverse City MI 49686-2745		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Ross A Biederman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005
Mailing Address WTCM P.O. Box 472		Transaction ID: C9572
City State Zip Code Traverse City MI 49685	Amount of Each Receipt this Period 900.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer WTCM Radio	Occupation President	
Receipt For: 2006 <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>B.</b> Ross A Biederman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005
Mailing Address WTCM P.O. Box 472		Transaction ID: C9548
City State Zip Code Traverse City MI 49685	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer WTCM Radio	Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Richard Brawley		Date of Receipt M M / D D / Y Y Y Y Y 08 / 26 / 2005
Mailing Address 3352 Lakeshore Drive		Transaction ID: C9673
City State Zip Code Sault Sainte Marie MI 49783	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Soo Locks Boat Tours	Occupation Owner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
John S Brinzo

Mailing Address 7331 Edgerton Road

City State Zip Code  
North Royalton OH 44133

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

Name of Employer Cleveland Cliffs Occupation Chairman and Chief Executive Officer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2005

Transaction ID: C9679

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ann Bronfman

Mailing Address PO Box 1209

City State Zip Code  
Mackinac Island MI 49757

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2005

Transaction ID: C9703

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address Grand Hotel

City State Zip Code  
Mackinac Island MI 49757

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

Name of Employer Self Employed Occupation Artist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2005

Transaction ID: C9770

Amount of Each Receipt this Period  
540.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: In-kind food reception

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2540.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Prentiss M. Brown, Jr		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 5
Mailing Address 52 Prospect Street		Transaction ID: C9647
City State Zip Code Saint Ignace MI 49781-1435	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Brown & Brown Attorney	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Brown		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5
Mailing Address c/o Arnold Transit Company PO Box 220		Transaction ID: C9773
City State Zip Code Mackinac Island MI 49757	Amount of Each Receipt this Period 1080.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Arnold Transit Company President	Election Cycle-to-Date 1080.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind: In-kind ferry passes	

Full Name (Last, First, Middle Initial) <b>C.</b> William R. Calfee		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 5
Mailing Address 22000 McCauley Road		Transaction ID: C9675
City State Zip Code Shaker Heights OH 44122	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Cleveland Cliffs Exec. V.P. Commerce	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1830.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph A. Carrabba

Mailing Address 2300 El Portal Drive  
Apt. #60

City Bakersfield State CA Zip Code 93309-4226

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

Name of Employer Cleveland Cliffs, Inc. Occupation President & Chief Operating Officer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2005

Transaction ID: C9677

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Bradley T Chambers

Mailing Address PO Box 1243  
100 Market Street

City Mackinac Island State MI Zip Code 49757

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

Name of Employer Mackinac Island Carriage Tours Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2005

Transaction ID: C9538

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 1243  
100 Market Street

City Mackinac Island State MI Zip Code 49757

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

Name of Employer Mackinac Island Carriage Tours Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2005

Transaction ID: C9692

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Howard Cohodas		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address 900 Garfield Ave Apt 20		<b>Transaction ID:</b> C9557
City Marquette State MI Zip Code 49855	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Howard Cohodas		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 5
Mailing Address 900 Garfield Ave Apt 20		<b>Transaction ID:</b> C9566
City Marquette State MI Zip Code 49855	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Howard Cohodas		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 5
Mailing Address 900 Garfield Ave Apt 20		<b>Transaction ID:</b> C9667
City Marquette State MI Zip Code 49855	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Margaret Doud		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2005	
Mailing Address PO Box 538		<b>Transaction ID:</b> C9698	
City Mackinac Island	State MI	Amount of Each Receipt this Period 250.00	
Zip Code 49757		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Mackinac Island	Occupation Mayor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Tawni Ferrarini		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2005	
Mailing Address 413 E. Michigan Street		<b>Transaction ID:</b> C9587	
City Marquette	State MI	Amount of Each Receipt this Period 150.00	
Zip Code 49855-5360		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Northern Michigan Univ	Occupation Professor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Tawni Ferrarini		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2005	
Mailing Address 413 E. Michigan Street		<b>Transaction ID:</b> C9738	
City Marquette	State MI	Amount of Each Receipt this Period 500.00	
Zip Code 49855-5360		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Northern Michigan Univ	Occupation Professor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Julie Finch

Mailing Address 1078 Quaker Valley Drive

City State Zip Code  
Traverse City MI 49686

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 5

Transaction ID: C9645

Amount of Each Receipt this Period  
2200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ty Finch

Mailing Address 1078 Quaker Valley Drive

City State Zip Code  
Traverse City MI 49686-9207

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

Name of Employer Occupation  
Century, Inc. Project Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 5

Transaction ID: C9646

Amount of Each Receipt this Period  
2200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 8130 Daventree Drive

City State Zip Code  
Brecksville OH 44141-1271

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

Name of Employer Occupation  
Cleveland Cliffs, Inc. Executive VP, CFO, & Treasurer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 5

Transaction ID: C9676

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4650.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Keith H Gornick		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 5	
Mailing Address 685 East M-32 P.O. Box 85		<b>Transaction ID:</b> C9668	
City State Zip Code Gaylord MI 49734		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Hidden Valley Occupation Owner			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Keith H Gornick		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 5	
Mailing Address 685 East M-32 P.O. Box 85		<b>Transaction ID:</b> C9771	
City State Zip Code Gaylord MI 49734		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Hidden Valley Occupation Owner			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	
		* In-Kind: In-kind golf certificates	

<b>C.</b> Full Name (Last, First, Middle Initial) David H Gunning		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 5	
Mailing Address 2571 N. Park Blvd.		<b>Transaction ID:</b> C9678	
City State Zip Code Cleveland Heights OH 44106		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cleveland Cliffs Occupation Vice Chairman			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jane B. Hart

Mailing Address P.O. Box 1296

City State Zip Code  
St John VI 00831

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2005

Transaction ID: C9704

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Janey B Hart

Mailing Address 2700 Calvert Street, NW  
No. 108

City State Zip Code  
Washington DC 20008

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2005

Transaction ID: C9684

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 3 Church Street  
PO Box 344

City State Zip Code  
Mackinac Island MI 49757

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

Name of Employer Union Terminal Piers Occupation Longshoreman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2005

Transaction ID: C9685

Amount of Each Receipt this Period  
400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2400.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
Charles Havill

Mailing Address 7068 Logan Lane

City State Zip Code  
Traverse City MI 49686

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

Name of Employer  
Credit Bureau of Traverse City

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 5

Transaction ID: C9644

Amount of Each Receipt this Period  
400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
David Haynes

Mailing Address Martha Van Der Kamp  
420 E. Ridge Street

City State Zip Code  
Marquette MI 49855

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

Name of Employer  
Public Affairs Associates

Occupation  
Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 5

Transaction ID: C9774

Amount of Each Receipt this Period  
1851.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: In-kind tables and entertainment

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

Mailing Address 844 Pebblebrook Ln.

City State Zip Code  
East Lansing MI 48823

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

Name of Employer  
MESSA

Occupation  
Executive Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 0 6 / 2 0 0 5

Transaction ID: C9708

Amount of Each Receipt this Period  
2200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4451.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Susie Janis		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 5
Mailing Address 2410 W Aero Park Ct.		<b>Transaction ID:</b> C10573
City State Zip Code Traverse City MI 49686	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker Homemaker	Election Cycle-to-Date 2200.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Susie Janis		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 5
Mailing Address 2410 W Aero Park Ct.		<b>Transaction ID:</b> C9642
City State Zip Code Traverse City MI 49686	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker Homemaker	Election Cycle-to-Date 2200.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> William Janis		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 5
Mailing Address Century, Inc. 2410 West Aero Park Court		<b>Transaction ID:</b> C9641
City State Zip Code Traverse City MI 49686-9102	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Century Steel, Inc President	Election Cycle-to-Date 2200.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. William Janis</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 5
Mailing Address Century, Inc. 2410 West Aero Park Court		Transaction ID: C10572
City State Zip Code Traverse City MI 49686-9102	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Century Steel, Inc President	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2200.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Anthony Kavanagh</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address 2508-C S. Arlington Mill Drive		Transaction ID: C9707
City State Zip Code Arlington VA 22206	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation American Electric Power Vice President/Governmental Affairs	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. William Kring</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address TV 9&10 9543 Peterson Drive		Transaction ID: C9722
City State Zip Code Cadillac MI 49601	Amount of Each Receipt this Period 650.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation TV 9/10 Business Manager	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Robert Kuras		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 5
Mailing Address The Homestead Wood Ridge Road		Transaction ID: C9672
City State Zip Code Glen Arbor MI 49636	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Bayberry Mills, Inc. President	Election Cycle-to-Date ▼ 1100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Robert Kuras		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 5
Mailing Address The Homestead Wood Ridge Road		Transaction ID: C9759
City State Zip Code Glen Arbor MI 49636	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  * In-Kind: Prize: golf certificate
Name of Employer Occupation Bayberry Mills, Inc. President	Election Cycle-to-Date ▼ 1100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Avis Larkin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 5
Mailing Address 305 N. Bluff Drive		Transaction ID: C9665
City State Zip Code Gladstone MI 49837-2034	Amount of Each Receipt this Period 2200.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Retired Retired	Election Cycle-to-Date ▼ 4400.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Avis Larkin		Date of Receipt MM / DD / YYYY 08 / 26 / 2005
Mailing Address 305 N. Bluff Drive		<b>Transaction ID:</b> C9666
City Gladstone State MI Zip Code 49837-2034	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2200.00
Name of Employer Retired Occupation Retired	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 4400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John Larkin		Date of Receipt MM / DD / YYYY 08 / 26 / 2005
Mailing Address Escanaba & Lake Superior Railroad PO Box 217		<b>Transaction ID:</b> C9663
City Wells State MI Zip Code 49894-0217	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2200.00
Name of Employer Escanaba & Lake Superior Railroad Occupation CEO	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 4400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John Larkin		Date of Receipt MM / DD / YYYY 08 / 26 / 2005
Mailing Address Escanaba & Lake Superior Railroad PO Box 217		<b>Transaction ID:</b> C9664
City Wells State MI Zip Code 49894-0217	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2200.00
Name of Employer Escanaba & Lake Superior Railroad Occupation CEO	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 4400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Phyllis C Maki</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2005
Mailing Address 2820 Granite Pointe Drive		Transaction ID: C9616
City Marquette State MI Zip Code 49855-8843	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Public Service Garage Occupation CFO	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Steven D. Moskwa</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2005
Mailing Address P.O. Box 904		Transaction ID: C9657
City Mackinac Island State MI Zip Code 49757	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Horn's Gaslight Bar Occupation Self-employed-Owner	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Steven D. Moskwa</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2005
Mailing Address P.O. Box 904		Transaction ID: C9699
City Mackinac Island State MI Zip Code 49757	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Horn's Gaslight Bar Occupation Self-employed-Owner	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 400.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
R.D. Musser, II

Mailing Address 13855 Peacock Road

City Laingsburg State MI Zip Code 48848

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

Name of Employer Grand Hotel Occupation Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
08 / 05 / 2005

Transaction ID: C9574

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. R.D. Musser, III

Mailing Address 1348 Cambridge Road

City Lansing State MI Zip Code 48911-1003

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

Name of Employer Grand Hotel Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

540.00

Date of Receipt  
08 / 30 / 2005

Transaction ID: C9769

Amount of Each Receipt this Period  
540.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: In-kind food reception

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

Mailing Address 330 Gros Cap Rd.

City Saint Ignace State MI Zip Code 49781

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

Name of Employer Straits Area Hospital Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
09 / 06 / 2005

Transaction ID: C9702

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **890.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
Daniel P O'Neil

Mailing Address 130 E. 9th Street

City State Zip Code  
Traverse City MI 49684

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

Name of Employer Occupation  
Thompson, O'Neil, & Vanderveen Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

234.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2005

Transaction ID: C9669

Amount of Each Receipt this Period  
234.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Karol S. Perault

Mailing Address P.O. Box 155

City State Zip Code  
Mackinac Island MI 49757

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

Name of Employer Occupation  
Mackinac Island Carriage Tours Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

400.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2005

Transaction ID: C9694

Amount of Each Receipt this Period  
400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1543 Evers Drive

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer Occupation  
Preston/Gates/Ellis & Rouvelas Mee Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1500.00

Date of Receipt  
MM / DD / YYYY  
08 / 08 / 2005

Transaction ID: C9632

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1134.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Mark Ruge</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2005	
Mailing Address 1543 Evers Drive		<b>Transaction ID: C9631</b>	
City State Zip Code Mc Lean VA 22101		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Preston/Gates/Ellis & Rouvelas Mee Attorney		Election Cycle-to-Date 1500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Amy Swogger</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2005	
Mailing Address 631 Webster Street		<b>Transaction ID: C9533</b>	
City State Zip Code Traverse City MI 49686		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Ryder, Box, Clark & Swogger Attorney		Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. John Tanner</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2005	
Mailing Address 4379 Spencer Rd. SE		<b>Transaction ID: C9725</b>	
City State Zip Code Kalkaska MI 49646-9621		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Northwestern Michigan College Director of Maritime Academy		Election Cycle-to-Date 400.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. George Thompson</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 5	
Mailing Address 1224 Peninsula Drive		<b>Transaction ID: C9671</b>	
City State Zip Code Traverse City MI 49686		Amount of Each Receipt this Period 234.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Thompson, O'Neil, & Vanderveen		Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B. Gary Walker</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5	
Mailing Address 765 Lakewood Lane		<b>Transaction ID: C9588</b>	
City State Zip Code Marquette MI 49855		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Marquette County		Occupation Prosecutor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Matt Wesaw</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5	
Mailing Address 3939 Mayapple Lane		<b>Transaction ID: C9652</b>	
City State Zip Code Lansing MI 48911		Amount of Each Receipt this Period 850.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer State of Michigan		Occupation State Trooper	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1584.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
Thomas M Willson

Mailing Address 1630 Indian Woods

City State Zip Code  
Traverse City MI 49684-3030

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

Name of Employer 86th District Court    Occupation Probate Officer

Receipt For: 2006  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	5

Transaction ID: C9772

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: In-kind door prizes

**B.** Full Name (Last, First, Middle Initial)  
Thomas M Willson

Mailing Address 1630 Indian Woods

City State Zip Code  
Traverse City MI 49684-3030

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

Name of Employer 86th District Court    Occupation Probate Officer

Receipt For: 2006  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	0	5

Transaction ID: C9728

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	53229.00

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

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

FOR LINE NUMBER: PAGE 28 / 71  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Stupak for Congress

Full Name (Last, First, Middle Initial)  
**A. ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE)**  
 Mailing Address 4301 Wilson Boulevard  
 City State Zip Code  
 Arlington VA 22203  
 FEC ID number of contributing federal political committee. **C** C00002972  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2005  
**Transaction ID: C9544**  
 Amount of Each Receipt this Period  
 600.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**B. AIR LINE PILOTS ASSOCIATION PAC**  
 Mailing Address 1625 Massachusetts Ave. NW  
 8th Floor  
 City State Zip Code  
 Washington DC 20036  
 FEC ID number of contributing federal political committee. **C** C00035451  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2005  
**Transaction ID: C9736**  
 Amount of Each Receipt this Period  
 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**C. AIR LINE PILOTS ASSOCIATION PAC**  
 Mailing Address 1625 Massachusetts Ave. NW  
 8th Floor  
 City State Zip Code  
 Washington DC 20036  
 FEC ID number of contributing federal political committee. **C** C00035451  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2005  
**Transaction ID: C9768**  
 Amount of Each Receipt this Period  
 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5600.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 71
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. AMERICAN HOSPITAL ASSOCIATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 5
Mailing Address 325 7th Street NW, Suite 700		<b>Transaction ID: C9648</b>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b> C00106146		Amount of Each Receipt this Period 600.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN PUBLIC POWER ASSOCIATION PUBLIC OWNERSHIP OF ELECTRIC RESOURCES PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 5
Mailing Address Ms. Julie Walker 2301 M Street		<b>Transaction ID: C9735</b>
City WASHINGTON	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. <b>C</b> C00161570		Amount of Each Receipt this Period 150.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 5
Mailing Address 32 Ave. of the Americas		<b>Transaction ID: C9739</b>
City New York	State NY	Zip Code 10013
FEC ID number of contributing federal political committee. <b>C</b> C00185124		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 71
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. BLUE CROSS AND BLUE SHIELD OF MICHIGAN POLITICAL A</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2005	
Mailing Address 602 W IONIA		<b>Transaction ID: C9709</b>	
City State Zip Code LANSING MI 48933	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C C00084061</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Campaign Fund of WPS Corp</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2005	
Mailing Address P.O. Box 700		<b>Transaction ID: C9766</b>	
City State Zip Code Green Bay WI 54305	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C C00107813</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Campaign Fund of WPS Corp</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2005	
Mailing Address P.O. Box 700		<b>Transaction ID: C9767</b>	
City State Zip Code Green Bay WI 54305	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C C00107813</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 71
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITE

Mailing Address 101 Constitution Ave NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 22 / 2005

**Transaction ID:** C9535

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
CLEVELAND-CLIFFS INC POLITICAL ACTION COMMITTEE (C)

Mailing Address 1100 SUPERIOR AVENUE ROOM 1800

City CLEVELAND State OH Zip Code 44114

FEC ID number of contributing federal political committee. **C** C00039016

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2005

**Transaction ID:** C9680

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
CMS ENERGY EMPLOYEES FOR BETTER GOVERNMENT - FEDER

Mailing Address 212 West Michigan Avenue

City Jackson State MI Zip Code 49201-2277

FEC ID number of contributing federal political committee. **C** C00075473

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2005

**Transaction ID:** C9659

Amount of Each Receipt this Period  
4000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 71
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 16 / 2005
Mailing Address 100 INDIANA AVE., N. W.		<b>Transaction ID: C9737</b>
City	State	Zip Code
WASHINGTON	DC	20001
FEC ID number of contributing federal political committee. <b>C</b> C00023580		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2005
Mailing Address 601 Pennsylvania Avenue NW South Building Suite 600		<b>Transaction ID: C9710</b>
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee. <b>C</b> C00007880		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6500.00	

Full Name (Last, First, Middle Initial) <b>C. CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2005
Mailing Address 601 Pennsylvania Avenue NW South Building Suite 600		<b>Transaction ID: C9719</b>
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee. <b>C</b> C00007880		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 71
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUC

Mailing Address 25 Louisiana Ave. NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2005

**Transaction ID:** C9537

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
DTE ENERGY CO. PAC - FEDERAL

Mailing Address 2000 SECOND AVENUE 1079 WCB

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C** C00081547

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 03 / 2005

**Transaction ID:** C9571

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
DTE ENERGY CO. PAC - FEDERAL

Mailing Address 2000 SECOND AVENUE 1079 WCB

City State Zip Code  
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C** C00081547

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2005

**Transaction ID:** C9660

Amount of Each Receipt this Period  
3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 71
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF SNOWMOBILING PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2005
Mailing Address 1640 Haslett Road Suite 170		Transaction ID: C9532
City State Zip Code Haslett MI 48840	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b> C00380196		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SNOWMOBILING PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2005
Mailing Address 1640 Haslett Road Suite 170		Transaction ID: C9717
City State Zip Code Haslett MI 48840	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b> C00380196		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. HUNTINGTON BANCSHARES INCORPORATED POLITICAL ACTION COMMITTEE(HBI-PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2005
Mailing Address 41 SOUTH HIGH STREET		Transaction ID: C9536
City State Zip Code COLUMBUS OH 43215	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00165589		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 71
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stupak for Congress

**A. MANITOWOC COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address Mr. Al Bernard  
PO BOX 66

City State Zip Code  
MANITOWOC WI 54221

FEC ID number of contributing federal political committee. **C** C00287847

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2005

**Transaction ID: C9740**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B. MCI EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address Mr. Frank J. Cantrel, Jr.  
1300 Eye Street, NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2005

**Transaction ID: C9711**

Amount of Each Receipt this Period  
4000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C. NATIONAL ASSOCIATION OF RETIRED FEDERAL EMPLOYEES**

Full Name (Last, First, Middle Initial)  
Mailing Address 606 NORTH WASHINGTON STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00091561

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 11 / 2005

**Transaction ID: C9524**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 36 / 71  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
OPERATING ENGINEERS LOCAL 324 NATIONAL POLITICAL A  
 Mailing Address 37450 SCHOOLCRAFT ROAD SUITE 110  
 City State Zip Code  
 LIVONIA MI 48150  
 FEC ID number of contributing federal political committee. **C** C00093989  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 15 / 2005  
**Transaction ID:** C9520  
 Amount of Each Receipt this Period  
 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
SBC Comm. Inc. Emp Fed P A C  
 Mailing Address 175 E Houston Rm 7-A-50  
 City State Zip Code  
 San Antonio TX 78205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 09 / 2005  
**Transaction ID:** C9730  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
SPRINT CORPORATION POLITICAL ACTION COMMITTEE  
 Mailing Address 6450 SPRINT PARKWAY KSOPNH0204-2B412  
 City State Zip Code  
 OVERLAND PARK KS 66251  
 FEC ID number of contributing federal political committee. **C** C00089342  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 24 / 2005  
**Transaction ID:** C9661  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 71
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. THE AMERICAN ELECTRIC POWER COMMITTEE FOR RESPONS</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address 1 Riverside Plaza - 26th Floor P.O. Box 16036		<b>Transaction ID: C9706</b>
City Columbus State OH Zip Code 43215	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00096842	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>B. UA Plumbing &amp; Pipe Fitting - P.E.C.</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5
Mailing Address 901 Massachusetts Ave., NW		<b>Transaction ID: C9754</b>
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00012476	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMIT</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 5
Mailing Address 55 Glenlake Parkway N.E.		<b>Transaction ID: C9643</b>
City Atlanta State GA Zip Code 30328	Amount of Each Receipt this Period 850.00	
FEC ID number of contributing federal political committee. <b>C</b> C00064766	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 38 / 71
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
UNITED STEELWORKERS OF AMERICA POLITICAL ACTION FU

Mailing Address FIVE GATEWAY CENTER

City State Zip Code  
PITTSBURGH PA 15222

FEC ID number of contributing federal political committee. **C** C00003590

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2005

**Transaction ID: C9683**

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
WISCONSIN ELECTRIC POLITICAL ACTION COMMITTEE (WEP)

Mailing Address 231 WEST MICHIGAN STREET

City State Zip Code  
MILWAUKEE WI 53203

FEC ID number of contributing federal political committee. **C** C00099945

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1850.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2005

**Transaction ID: C9681**

Amount of Each Receipt this Period  
850.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>70400.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 71
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
SBC Accounts Payable

Mailing Address P.O. Box 78339

City State Zip Code  
Saint Louis MO 63178

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
873.70

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	5	/	2	0	0	5

Transaction ID: C9514

Amount of Each Receipt this Period  
873.70

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	873.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	873.70

# 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 40 / 71

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Arlington Washington Golf Center</b>		Transaction ID: D1921 Date of Disbursement 07 / 12 / 2005	
Mailing Address 2625 Shirlington Road		Amount of Each Disbursement this Period 1486.14	
City Arlington State VA Zip Code 22206	Purpose of Disbursement Golf balls	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Transaction ID: D1945 Date of Disbursement 07 / 27 / 2005	
Mailing Address Bill Payment Center		Amount of Each Disbursement this Period 194.92	
City Saginaw State MI Zip Code 48663-0003	Purpose of Disbursement Telephone service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Transaction ID: D1971 Date of Disbursement 08 / 19 / 2005	
Mailing Address Bill Payment Center		Amount of Each Disbursement this Period 214.67	
City Saginaw State MI Zip Code 48663-0003	Purpose of Disbursement telephone service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1895.73</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

<b>A. AT&amp;T</b> Full Name (Last, First, Middle Initial) Mailing Address Bill Payment Center City Saginaw State MI Zip Code 48663-0003 Purpose of Disbursement telephone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1999</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2005 Amount of Each Disbursement this Period 201.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

<b>B. Bart Stupak PC</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 143 City Menominee State MI Zip Code 49858 Purpose of Disbursement Office Equipment Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1956</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2005 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

<b>C. Bart Stupak</b> Full Name (Last, First, Middle Initial) Mailing Address W5499 48th Avenue City Menominee State MI Zip Code 49858 Purpose of Disbursement Mileage Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1919</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2005 Amount of Each Disbursement this Period 2754.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3555.82</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 71

17     18     19a     19b  
 20a     20b     20c     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)  
Stupak for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Bart Stupak Mailing Address W5499 48th Avenue City Menominee State MI Zip Code 49858 Purpose of Disbursement rent-2nd quarter Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>Transaction ID:</b> D1957 <b>Date of Disbursement</b> <input type="text" value="08"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="05"/> <b>Amount of Each Disbursement this Period</b> <input type="text" value="2100.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Marlee Brown Mailing Address Grand Hotel City Mackinac Island State MI Zip Code 49757 Purpose of Disbursement In-kind food reception Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>Transaction ID:</b> D2038 <b>Date of Disbursement</b> <input type="text" value="08"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="05"/> <b>Amount of Each Disbursement this Period</b> <input type="text" value="540.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Brown Mailing Address c/o Arnold Transit Company PO Box 220 City Mackinac Island State MI Zip Code 49757 Purpose of Disbursement In-kind ferry passes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>Transaction ID:</b> D2044 <b>Date of Disbursement</b> <input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="05"/> <b>Amount of Each Disbursement this Period</b> <input type="text" value="1080.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3720.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Cellular One</b>		<b>Transaction ID: D1960</b> Date of Disbursement 08 / 11 / 2005	
Mailing Address P.O. Box 6408		Amount of Each Disbursement this Period 170.38	
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Cell phone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Cellular One</b>		<b>Transaction ID: D1996</b> Date of Disbursement 09 / 15 / 2005	
Mailing Address P.O. Box 6408		Amount of Each Disbursement this Period 50.74	
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement cell phone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. City of Menominee</b>		<b>Transaction ID: D1950</b> Date of Disbursement 07 / 27 / 2005	
Mailing Address 2511 10th Street		Amount of Each Disbursement this Period 612.97	
City Menominee State MI Zip Code 49858	Purpose of Disbursement Summer Tax 2005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>834.09</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		<b>Transaction ID: D1943</b> Date of Disbursement 07 / 27 / 2005	
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 103.43	
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		<b>Transaction ID: D1974</b> Date of Disbursement 08 / 27 / 2005	
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 209.27	
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		<b>Transaction ID: D2000</b> Date of Disbursement 09 / 27 / 2005	
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 106.06	
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>418.76</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. GE Capital</b>		<b>Transaction ID: D1934</b> Date of Disbursement 07 / 13 / 2005
Mailing Address PO Box 642111		Amount of Each Disbursement this Period 85.85
City Pittsburgh State PA Zip Code 15264-2111	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Minolta copier rental	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. GE Capital</b>		<b>Transaction ID: D1967</b> Date of Disbursement 08 / 19 / 2005
Mailing Address PO Box 642111		Amount of Each Disbursement this Period 90.10
City Pittsburgh State PA Zip Code 15264-2111	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Minolta copier rental	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. GE Capital</b>		<b>Transaction ID: D1991</b> Date of Disbursement 09 / 15 / 2005
Mailing Address PO Box 642111		Amount of Each Disbursement this Period 90.10
City Pittsburgh State PA Zip Code 15264-2111	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Minolta copier rental	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	266.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Keith H Gornick		<b>Transaction ID:</b> D2039 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 5
Mailing Address 685 East M-32 P.O. Box 85		Amount of Each Disbursement this Period 250.00
City Gaylord State MI Zip Code 49734	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind golf certificates	Candidate Name	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Grand Hotel		<b>Transaction ID:</b> D2011 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 5
Mailing Address PO Box 286		Amount of Each Disbursement this Period 120.14
City Mackinac Island State MI Zip Code 49757	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging	Candidate Name	[MEMO ITEM] Lodging Grand Hotel
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Grand Hotel		<b>Transaction ID:</b> D2036 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 5
Mailing Address PO Box 286		Amount of Each Disbursement this Period 226.19
City Mackinac Island State MI Zip Code 49757	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging	Candidate Name	[MEMO ITEM] Lodging Grand Hotel
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

370.14

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Grand Hotel</b>		<b>Transaction ID: D2037</b> Date of Disbursement 08 / 01 / 2005
Mailing Address PO Box 286		Amount of Each Disbursement this Period 336.09
City Mackinac Island State MI Zip Code 49757	Purpose of Disbursement Grand Hotel Dinner Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Grand Hotel Dinner

Full Name (Last, First, Middle Initial) <b>B. Grand Hotel</b>		<b>Transaction ID: D1980</b> Date of Disbursement 09 / 03 / 2005
Mailing Address PO Box 286		Amount of Each Disbursement this Period 367.75
City Mackinac Island State MI Zip Code 49757	Purpose of Disbursement lodging Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Grand Hotel</b>		<b>Transaction ID: D1988</b> Date of Disbursement 09 / 15 / 2005
Mailing Address PO Box 286		Amount of Each Disbursement this Period 23379.36
City Mackinac Island State MI Zip Code 49757	Purpose of Disbursement Lodging, FR Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

23747.11

**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 48 / 71

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Grand Traverse Resort &amp; Spa</b>		<b>Transaction ID: D1995</b> Date of Disbursement 09 / 15 / 2005
Mailing Address 100 Grand Traverse Village Blvd P.O. Box 404		Amount of Each Disbursement this Period 5930.31
City Acme State MI Zip Code 49610	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Golf FR	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. David Haynes</b>		<b>Transaction ID: D2040</b> Date of Disbursement 08 / 05 / 2005
Mailing Address Martha Van Der Kamp 420 E. Ridge Street		Amount of Each Disbursement this Period 1851.00
City Marquette State MI Zip Code 49855	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind tables and entertainment	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

\* in-kind received

Full Name (Last, First, Middle Initial) <b>C. Johnston Printing &amp; Offset, Inc.</b>		<b>Transaction ID: D1942</b> Date of Disbursement 07 / 27 / 2005
Mailing Address 711 Ludington Street		Amount of Each Disbursement this Period 2968.00
City Escanaba State MI Zip Code 49829	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement note pads	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>10749.31</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 71

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

<b>A. Kenneth J. Jones CPA</b> Full Name (Last, First, Middle Initial) Mailing Address 1104 20th Avenue P.O. Box 5 City Menominee State MI Zip Code 49858-0005 Purpose of Disbursement Accounting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1933</b> Date of Disbursement 07 / 13 / 2005 Amount of Each Disbursement this Period 90.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

<b>B. Laurie Stupak</b> Full Name (Last, First, Middle Initial) Mailing Address W5499 48th Avenue City Menominee State MI Zip Code 49858 Purpose of Disbursement June-wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1977</b> Date of Disbursement 07 / 13 / 2005 Amount of Each Disbursement this Period 2540.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

<b>C. Laurie Stupak</b> Full Name (Last, First, Middle Initial) Mailing Address W5499 48th Avenue City Menominee State MI Zip Code 49858 Purpose of Disbursement expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1961</b> Date of Disbursement 08 / 01 / 2005 Amount of Each Disbursement this Period 4078.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Grand Hotel Dinner and Lodging
---	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2630.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 50 / 71

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Laurie Stupak</b>		<b>Transaction ID: D1963</b> Date of Disbursement 08 / 11 / 2005
Mailing Address W5499 48th Avenue		Amount of Each Disbursement this Period 2540.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Menominee State MI Zip Code 49858	Category/ Type	
Purpose of Disbursement July wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Laurie Stupak</b>		<b>Transaction ID: D1984</b> Date of Disbursement 09 / 09 / 2005
Mailing Address W5499 48th Avenue		Amount of Each Disbursement this Period 2540.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Menominee State MI Zip Code 49858	Category/ Type	
Purpose of Disbursement Aug Wages		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. M&amp;M Area Community Foundation</b>		<b>Transaction ID: D1985</b> Date of Disbursement 09 / 11 / 2005
Mailing Address 1101 11th Avenue		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Menominee State MI Zip Code 49858	Category/ Type	
Purpose of Disbursement Table Sponsor		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5430.40</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael Miller</b>		<b>Transaction ID: D1965</b> Date of Disbursement 08 / 09 / 2005
Mailing Address Riverside Country Club P.O. Box 164		Amount of Each Disbursement this Period 105.95
City Menominee	State MI	
Zip Code 49858	Purpose of Disbursement Raffle prize	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael Miller</b>		<b>Transaction ID: D2003</b> Date of Disbursement 08 / 26 / 2005
Mailing Address Riverside Country Club P.O. Box 164		Amount of Each Disbursement this Period 116.55
City Menominee	State MI	
Zip Code 49858	Purpose of Disbursement Raffle prize FC	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Ms. Jenny Anderla</b>		<b>Transaction ID: D1920</b> Date of Disbursement 07 / 01 / 2005
Mailing Address 2401 14th Avenue		Amount of Each Disbursement this Period 616.64
City Menominee	State MI	
Zip Code 49858	Purpose of Disbursement Wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	839.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 71

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Ms. Jenny Anderla</b>		<b>Transaction ID: D1936</b> Date of Disbursement 07 / 15 / 2005	
Mailing Address 2401 14th Avenue		Amount of Each Disbursement this Period 616.64	
City Menominee State MI Zip Code 49858	Purpose of Disbursement Wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Ms. Jenny Anderla</b>		<b>Transaction ID: D1947</b> Date of Disbursement 07 / 29 / 2005	
Mailing Address 2401 14th Avenue		Amount of Each Disbursement this Period 557.88	
City Menominee State MI Zip Code 49858	Purpose of Disbursement Wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Ms. Jenny Anderla</b>		<b>Transaction ID: D1964</b> Date of Disbursement 08 / 11 / 2005	
Mailing Address 2401 14th Avenue		Amount of Each Disbursement this Period 616.64	
City Menominee State MI Zip Code 49858	Purpose of Disbursement Wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1791.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Ms. Jenny Anderla</b>		<b>Transaction ID: D1972</b> Date of Disbursement 08 / 26 / 2005	
Mailing Address 2401 14th Avenue		Amount of Each Disbursement this Period 616.64	
City Menominee State MI Zip Code 49858	Purpose of Disbursement Wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Ms. Jenny Anderla</b>		<b>Transaction ID: D1983</b> Date of Disbursement 09 / 09 / 2005	
Mailing Address 2401 14th Avenue		Amount of Each Disbursement this Period 528.50	
City Menominee State MI Zip Code 49858	Purpose of Disbursement Wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Ms. Jenny Anderla</b>		<b>Transaction ID: D1997</b> Date of Disbursement 09 / 26 / 2005	
Mailing Address 2401 14th Avenue		Amount of Each Disbursement this Period 410.98	
City Menominee State MI Zip Code 49858	Purpose of Disbursement Wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1556.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. R.D. Musser, III		<b>Transaction ID:</b> D2025 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 5
Mailing Address 1348 Cambridge Road		Amount of Each Disbursement this Period 540.00
City Lansing State MI Zip Code 48911-1003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind food reception	Candidate Name	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) National Democratic Club		<b>Transaction ID:</b> D1944 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 5
Mailing Address 30 Ivy St. SE		Amount of Each Disbursement this Period 353.21
City Washington State DC Zip Code 20003-4071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Club charges & dues	Candidate Name	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) National Democratic Club		<b>Transaction ID:</b> D1969 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5
Mailing Address 30 Ivy St. SE		Amount of Each Disbursement this Period 189.58
City Washington State DC Zip Code 20003-4071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement club charges & dues	Candidate Name	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1082.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		<b>Transaction ID: D1989</b> Date of Disbursement 09 / 15 / 2005
Mailing Address 30 Ivy St. SE		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20003-4071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Membership dues Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. New York Deli</b>		<b>Transaction ID: D1962</b> Date of Disbursement 08 / 11 / 2005
Mailing Address 102 W. Washington Street		Amount of Each Disbursement this Period 672.00
City Marquette State MI Zip Code 49855	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reception food Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		<b>Transaction ID: D1939</b> Date of Disbursement 07 / 03 / 2005
Mailing Address 2200 Roosevelt Road		Amount of Each Disbursement this Period 31.40
City Marinette State WI Zip Code 54143	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	728.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

<b>A. Office Max</b> Full Name (Last, First, Middle Initial) Mailing Address 2200 Roosevelt Road City Marinette State WI Zip Code 54143 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1986</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2005 Amount of Each Disbursement this Period 50.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	--

<b>B. Printers Plus</b> Full Name (Last, First, Middle Initial) Mailing Address 3309 13th Street PO Box 424 City Menominee State MI Zip Code 49858 Purpose of Disbursement Tournament signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D2005</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2005 Amount of Each Disbursement this Period 103.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

<b>C. Quincy Mine Hoist Assoc., Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address Mr. Ed Yarbrough 49750 US-41 City Hancock State MI Zip Code 49930-9999 Purpose of Disbursement Tours Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D2007</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2005 Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	854.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# 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 / 71

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Riverside Country Club</b>		<b>Transaction ID:</b> D1966 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5
Mailing Address P. O. Box 164		Amount of Each Disbursement this Period 450.27
City Menominee State MI Zip Code 49858	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Charity Classic Table Sponsor		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Riverside Country Club</b>		<b>Transaction ID:</b> D1982 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 5
Mailing Address P. O. Box 164		Amount of Each Disbursement this Period 117.23
City Menominee State MI Zip Code 49858	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meals		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sam's Club</b>		<b>Transaction ID:</b> D1940 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 5
Mailing Address P.O. Box 9001152		Amount of Each Disbursement this Period 443.10
City Louisville State KY Zip Code 40290	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Parade supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1010.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 71

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Sam's Club</b>		<b>Transaction ID:</b> D2012 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 5
Mailing Address P.O. Box 9001152		Amount of Each Disbursement this Period 252.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40290	Purpose of Disbursement FR supplies Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sam's Club</b>		<b>Transaction ID:</b> D1978 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 5
Mailing Address P.O. Box 9001152		Amount of Each Disbursement this Period 273.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40290	Purpose of Disbursement Parade supplies Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bret Schwanz</b>		<b>Transaction ID:</b> D1937 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 5
Mailing Address 2014 18th Street		Amount of Each Disbursement this Period 290.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Menominee State MI Zip Code 49858	Purpose of Disbursement Wages - web page design Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	815.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. State of Michigan Department of Treasury</b>		<b>Transaction ID: D1951</b> Date of Disbursement 07 / 13 / 2005
Mailing Address Dept 77003		Amount of Each Disbursement this Period 461.28
City Detroit State MI Zip Code 48277-0003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement State taxes Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. State of Michigan</b>		<b>Transaction ID: D1929</b> Date of Disbursement 07 / 13 / 2005
Mailing Address Department of Consumer and Industr Bureau of Workers and Unemployment		Amount of Each Disbursement this Period 345.79
City Detroit State MI Zip Code 48232-5598	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Unemployment quarterly tax report Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Stephenson National Bank &amp; Trust</b>		<b>Transaction ID: D1926</b> Date of Disbursement 07 / 13 / 2005
Mailing Address 1820 Hall Avenue		Amount of Each Disbursement this Period 21.45
City Marinette State WI Zip Code 54143	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Form 8109 Fed Tax Deposit Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	828.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Stephenson National Bank &amp; Trust</b>		<b>Transaction ID: D1925</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2005	
Mailing Address 1820 Hall Avenue		Amount of Each Disbursement this Period 1373.58	
City Marinette State WI Zip Code 54143	Purpose of Disbursement 941 Tax	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) <b>B. Stephenson National Bank &amp; Trust</b>		<b>Transaction ID: D1941</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2005	
Mailing Address 1820 Hall Avenue		Amount of Each Disbursement this Period 61.00	
City Marinette State WI Zip Code 54143	Purpose of Disbursement Bank Statements	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) <b>C. Stephenson National Bank &amp; Trust</b>		<b>Transaction ID: D2017</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2005	
Mailing Address 1820 Hall Avenue		Amount of Each Disbursement this Period 24.75	
City Marinette State WI Zip Code 54143	Purpose of Disbursement Check Printing	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1459.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

<b>A. Stephenson National Bank &amp; Trust</b> Full Name (Last, First, Middle Initial) Mailing Address 1820 Hall Avenue City Marinette State WI Zip Code 54143 Purpose of Disbursement 941 taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1958</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 1651.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

<b>B. Stephenson National Bank &amp; Trust</b> Full Name (Last, First, Middle Initial) Mailing Address 1820 Hall Avenue City Marinette State WI Zip Code 54143 Purpose of Disbursement 941 tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1987</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 1462.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

<b>C. The Abbey</b> Full Name (Last, First, Middle Initial) Mailing Address c/o Mr. Malcolm Hudson 700 Calumet Street City Lake Linden State MI Zip Code 49945 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D2015</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 5 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3414.19</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 71

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Time Warner Cable</b>		<b>Transaction ID: D1930</b> Date of Disbursement 07 / 13 / 2005
Mailing Address P.O. Box 145		Amount of Each Disbursement this Period 128.94
City Kimberly	State WI	
Zip Code 54136-0145		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Cable & rr services		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Time Warner Cable</b>		<b>Transaction ID: D1968</b> Date of Disbursement 08 / 19 / 2005
Mailing Address P.O. Box 145		Amount of Each Disbursement this Period 128.94
City Kimberly	State WI	
Zip Code 54136-0145		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement cable & rr services		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Time Warner Cable</b>		<b>Transaction ID: D1990</b> Date of Disbursement 09 / 15 / 2005
Mailing Address P.O. Box 145		Amount of Each Disbursement this Period 128.94
City Kimberly	State WI	
Zip Code 54136-0145		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Cable & rr services		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>386.82</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		<b>Transaction ID: D1922</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 5	
Mailing Address 801 11th Street		Amount of Each Disbursement this Period 118.05	
City Menominee State MI Zip Code 49858	Purpose of Disbursement postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		<b>Transaction ID: D1935</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 5	
Mailing Address 801 11th Street		Amount of Each Disbursement this Period 120.00	
City Menominee State MI Zip Code 49858	Purpose of Disbursement postage stamps	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		<b>Transaction ID: D1938</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 5	
Mailing Address 801 11th Street		Amount of Each Disbursement this Period 111.00	
City Menominee State MI Zip Code 49858	Purpose of Disbursement Postage stamps	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	349.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		<b>Transaction ID:</b> D2004 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5
Mailing Address 801 11th Street		Amount of Each Disbursement this Period 277.50
City Menominee State MI Zip Code 49858	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage stamps Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		<b>Transaction ID:</b> D1994 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5
Mailing Address 801 11th Street		Amount of Each Disbursement this Period 126.00
City Menominee State MI Zip Code 49858	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PO Box fee Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Wildlife Unlimited</b>		<b>Transaction ID:</b> D1955 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5
Mailing Address c/o 10771 S. River Lane		Amount of Each Disbursement this Period 260.87
City Cornell State MI Zip Code 49818	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cost of donated raffle prize Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	664.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Wildlife Unlimited</b>		Transaction ID: D1954 Date of Disbursement 08 / 19 / 2005
Mailing Address c/o 10771 S. River Lane		Amount of Each Disbursement this Period 130.00
City State Zip Code Cornell MI 49818	Purpose of Disbursement Membership renewal & banquet Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Thomas M Willson</b>		Transaction ID: D2042 Date of Disbursement 08 / 29 / 2005
Mailing Address 1630 Indian Woods		Amount of Each Disbursement this Period 300.00
City State Zip Code Traverse City MI 49684-3030	Purpose of Disbursement In-kind door prizes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  * in-kind received

Full Name (Last, First, Middle Initial) <b>C. Wisconsin Dept. of Revenue</b>		Transaction ID: D1928 Date of Disbursement 07 / 13 / 2005
Mailing Address P.O. Box 93931		Amount of Each Disbursement this Period 143.46
City State Zip Code Madison WI 53708	Purpose of Disbursement State payroll withholding Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	573.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Wisconsin Public Service</b>		<b>Transaction ID: D1959</b> Date of Disbursement 08 / 11 / 2005
Mailing Address P.O. Box 19003		Amount of Each Disbursement this Period 80.07
City Green Bay State WI Zip Code 54307-9003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement utilities Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Wisconsin Public Service</b>		<b>Transaction ID: D1993</b> Date of Disbursement 09 / 15 / 2005
Mailing Address P.O. Box 19003		Amount of Each Disbursement this Period 80.07
City Green Bay State WI Zip Code 54307-9003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement utilities Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Holiday Inns</b>		<b>Transaction ID: D2031</b> Date of Disbursement 07 / 27 / 2005
Mailing Address 2650 Jefferson Davis Highway		Amount of Each Disbursement this Period 207.35
City Crystal City State VA Zip Code 22202-3229	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	160.14
<b>TOTAL</b> This Period (last page this line number only) .....	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. Michigan Peddler</b>		<b>Transaction ID: D2033</b> Date of Disbursement 07 / 27 / 2005
Mailing Address Main Street Centre P.O. Box 1297		Amount of Each Disbursement this Period 280.46
City Mackinac Island State MI Zip Code 49757	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Wine glasses gifts Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mackinac Associates</b>		<b>Transaction ID: D2034</b> Date of Disbursement 08 / 27 / 2005
Mailing Address P.O. Box 873		Amount of Each Disbursement this Period 350.00
City Mackinaw City State MI Zip Code 49701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Association Membership Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Green Bay Packers</b>		<b>Transaction ID: D2035</b> Date of Disbursement 08 / 27 / 2005
Mailing Address PO Box 10628		Amount of Each Disbursement this Period 378.00
City Green Bay State WI Zip Code 54307-0628	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Purpose of Disbursement FR Tickets Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. US House of Representatives</b>		Transaction ID: D2032 Date of Disbursement 07 / 27 / 2005	
Mailing Address Longworth Building		Amount of Each Disbursement this Period 545.04	
City Washington State DC Zip Code 20515	Purpose of Disbursement Golf Prizes	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. US Bank</b>		Transaction ID: D1946 Date of Disbursement 07 / 27 / 2005	
Mailing Address P.O. Box 6345		Amount of Each Disbursement this Period 261.30	
City Fargo State ND Zip Code 58125-6345	Purpose of Disbursement Credit card payment	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. US Bank</b>		Transaction ID: D1975 Date of Disbursement 08 / 27 / 2005	
Mailing Address P.O. Box 6345		Amount of Each Disbursement this Period 972.29	
City Fargo State ND Zip Code 58125-6345	Purpose of Disbursement Credit card payment	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1233.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 71

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	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)  
Stupak for Congress

Full Name (Last, First, Middle Initial) <b>A. MBNA America</b>		<b>Transaction ID: D1976</b> Date of Disbursement 08 / 27 / 2005	
Mailing Address P.O. Box 15288		Amount of Each Disbursement this Period 728.00	
City Wilmington	State DE	Zip Code 19886-5288	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Credit card payment		Category/ Type	
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Bank</b>		<b>Transaction ID: D1998</b> Date of Disbursement 09 / 27 / 2005	
Mailing Address P.O. Box 6345		Amount of Each Disbursement this Period 399.80	
City Fargo	State ND	Zip Code 58125-6345	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement credit card payment		Category/ Type	
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

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

1127.80

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

72493.02

**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 / 71

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input checked="" type="checkbox"/>	20c	<input type="checkbox"/>	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)  
Stupak for Congress

A. Full Name (Last, First, Middle Initial)  
U.P. Power

Mailing Address David Forsberg  
P.O. Box 19002

City Green Bay State WI Zip Code 54307-9002

Purpose of Disbursement  
Refund check

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2013

Date of Disbursement

08 / 17 / 2005

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

200.00

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

200.00

**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 71 / 71

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	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)  
Stupak for Congress

**A.** Full Name (Last, First, Middle Initial)  
Stabenow for U.S. Senate

Mailing Address Attn: Shannon Horvath, Treasurer  
P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement Contribution  
011  
Category/Type

Candidate Name  
Debbie Stabenow

Office Sought:  House  Senate  President  
State: MI District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: D2009

Date of Disbursement

<sup>M</sup> 0	<sup>M</sup> 7	/	<sup>D</sup> 2	<sup>D</sup> 7	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 5
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Amount of Each Disbursement this Period

500.00
--------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

500.00

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

500.00