

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
Knollenberg for Congress Committee

ADDRESS (number and street) 31000 Telegraph Road, #110
 Check if different than previously reported. (ACC)
Bingham Farms MI 48025

2. **FEC IDENTIFICATION NUMBER** C00266767
CITY **STATE** MI **ZIP CODE** MI 9
STATE DISTRICT

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 11 07 2006 in the State of MI

5. Covering Period 10 19 2006 through 11 27 2006

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 Richard E. Mida

Signature of Treasurer Electronically Filed by Richard E. Mida Date 05 03 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Knollenberg for Congress Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	179201.00	2469070.74
(b) Total Contribution Refunds (from Line 20(d)).....	100.00	525.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	179101.00	2468545.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	326138.81	2703091.59
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	14033.21
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	326138.81	2689058.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	161348.91	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

**POST-ELECTION DETAILED
SUMMARY PAGE**
Report of Receipts and Disbursements

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

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

Write or Type Committee Name
Knollenberg for Congress Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>7</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> (date of general election)	M	M	1	1	D	D	0	7	Y	Y	Y	Y	2	0	0	6	COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>8</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> (date after general election) through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>7</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	8	Y	Y	Y	Y	2	0	0	6	M	M	1	1	D	D	2	7	Y	Y	Y	Y	2	0	0	6
M	M																																																	
1	1																																																	
D	D																																																	
0	7																																																	
Y	Y	Y	Y																																															
2	0	0	6																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	8																																																	
Y	Y	Y	Y																																															
2	0	0	6																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	7																																																	
Y	Y	Y	Y																																															
2	0	0	6																																															
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">131606.00</td></tr></table> (ii) Unitemized <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">4595.00</td></tr></table> (iii) Total of contributions from individuals <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">136201.00</td></tr></table>	131606.00	4595.00	136201.00	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">1601316.97</td></tr></table>	1601316.97	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">7125.00</td></tr></table>	7125.00																																											
131606.00																																																		
4595.00																																																		
136201.00																																																		
1601316.97																																																		
7125.00																																																		
(b) Political Party Committees <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">14723.00</td></tr></table>	14723.00	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00																																													
0.00																																																		
14723.00																																																		
0.00																																																		
(c) Other Political Committees <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">43000.00</td></tr></table>	43000.00	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">853030.77</td></tr></table>	853030.77	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00																																													
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**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate 0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) 179201.00	2469070.74	7125.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 0.00	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate 0.00	0.00	0.00
(b). All Other Loans 0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b)) 0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) 0.00	14033.21	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc) 0.00	37725.10	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) 179201.00	2520829.05	7125.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Knollenberg for Congress Committee

Report the covering period

From:

10

19

2006

To:

11

27

2006

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
326138.81	2703091.59	22130.05
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
100.00	525.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

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

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

100.00	525.00	0.00
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21. OTHER DISBURSEMENTS

65.00	166537.00	40.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

326303.81	2870153.59	22170.05
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

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

179101.00	2468545.74	7125.00
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IV. NET OPERATING EXPENDITURES

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

326138.81	2689058.38	22130.05
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	308451.72
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	179201.00
25. SUBTOTAL(add Line 23 and Line 24)	487652.72
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	326303.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	161348.91

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 / 124
	<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)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Ronald Acho

Mailing Address 32744 Biddlestone Ln.

City Farmington Hills State MI Zip Code 48334-4302

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

Name of Employer Cummings, McClorey, Davis & Ac Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 61025.C32853

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Margaret Allesee

Mailing Address 6560 Red Maple Lane

City Bloomfield Hills State MI Zip Code 48301-3224

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

Name of Employer Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1700.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: 61204.C32957

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Connie Armstrong

Mailing Address 9110 Highgrove Court

City Grand Blanc State MI Zip Code 48439

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

Name of Employer RK Armstrong Electric Occupation Owner

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2006

Transaction ID: 61204.C32960

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mihran Artinian

Mailing Address 102 Longmeadow Rd.

City Belmont State MA Zip Code 02478-1712

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61101.C32881

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Ed Bagale

Mailing Address University of Michigan - Dearborn
4901 Evergreen Road, 1130 AB

City Dearborn State MI Zip Code 48128-1491

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

Name of Employer University of Michigan Occupation Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61025.C32826

Amount of Each Receipt this Period
500.00

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

hosted event

C. Full Name (Last, First, Middle Initial)
Guy Barron

Mailing Address 5970 Wing Lake Road

City Bloomfield Hills State MI Zip Code 48301

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61204.C33025

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Marc Barron

Mailing Address 287 Ravine Rd.

City Birmingham State MI Zip Code 48009

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

Name of Employer State Of Michigan Occupation Judge

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61204.C32986

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Andrew Raymond Basile

Mailing Address 783 Suffield

City Birmingham State MI Zip Code 48009

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

Name of Employer Young & Basile, P.C. Occupation Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2006

Transaction ID: 61204.C33046

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
James Batmasian

Mailing Address 215 N. Federal Highway

City Boca Raton State FL Zip Code 33432

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

Name of Employer Investments Limited Occupation Developer

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2006

Transaction ID: 61026.C32857

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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 10 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Douglas Bawel

Mailing Address 815 Wernsing Road
P.O. Box 650

City Jasper State IN Zip Code 47547-0650

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

Name of Employer Jasper Engines & Transmissions
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2006

Transaction ID: 61204.C33026

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Samuel Bejakian

Mailing Address 4 Windsong Ln.

City Winchester State MA Zip Code 01890

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

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: 61101.C32885

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
James Bellinson

Mailing Address 4710 Ardmore Drive

City Bloomfield Hills State MI Zip Code 48302

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

Name of Employer Self Employed
Occupation Developer

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 61025.C32838

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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 11 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Sima Birach

Mailing Address 12865 Knight Arch Road

City State Zip Code
Fairfax VA 22030

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

Name of Employer Occupation
WDMV Radio Broadcaster

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

2000.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 61204.C33050

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Gerald Boerner

Mailing Address 6320 W. Winegar Rd.

City State Zip Code
Perry MI 48872

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

Name of Employer Occupation
Clark Construction Project Director

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

1000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61103.C32926

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jeffrey Breneman

Mailing Address 136 Brittany Drive

City State Zip Code
Portage MI 49024

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

Name of Employer Occupation
Dykema Gossett Attorney

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

1250.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 61204.C33008

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	3500.00
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 / 124
	<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)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Malcolm Brown

Mailing Address 5996 Lahser Road

City State Zip Code
Bloomfield Hills MI 48301

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

Name of Employer Occupation
Butzel Long Attorney

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1075.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61204.C32961

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Susan Cambon

Mailing Address 908 Croton Drive

City State Zip Code
Alexandria VA 22308

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

Name of Employer Occupation
Homemaker

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61204.C33028

Amount of Each Receipt this Period
500.00

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

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

Mailing Address P.O. Box 349

City State Zip Code
Cheltenham PA 19012

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

Name of Employer Occupation
Cardone Executive

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61204.C32988

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 13 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
David Carroll

Mailing Address 5520 Putnam

City State Zip Code
West Bloomfield MI 48323

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

Name of Employer Occupation
Quicken Loans VP of Govt Relations

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

1000.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: 61102.C32909

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
John Casesa

Mailing Address 140 E. 83rd St. #14A

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
Information Requested

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

500.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: 61204.C32978

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Christina Chambers

Mailing Address 4220 Dandridge Terrace

City State Zip Code
Alexandria VA 22309

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

Name of Employer Occupation
Information Requested

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

2000.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 61025.C32852

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	2500.00
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 14 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Michelle Chebbani		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 211 Woodcrest Drive		Transaction ID: 61204.C33051	
City State Zip Code Dearborn MI 48124		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Occupation Homemaker			
Receipt For: <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. Cheryl Chorazewitz		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 25019 Arden Park Dr.		Transaction ID: 61204.C32989	
City State Zip Code Farmington Hills MI 48336		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Lockwood Group Attorney			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Richard Chyette		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 984 Mohegan		Transaction ID: 61025.C32834	
City State Zip Code Birmingham MI 48009		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Information Requested			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
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 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Steven Cicurel

Mailing Address 5386 Old Pond Way

City State Zip Code
West Bloomfield MI 48323

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2006

Transaction ID: 61204.C32942

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Steven Cicurel

Mailing Address 5386 Old Pond Way

City State Zip Code
West Bloomfield MI 48323

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: 61204.C32979

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Jeffrey Cohen

Mailing Address c/o Quicken Loans
20555 Victor Parkway

City State Zip Code
Livonia MI 48152

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

Name of Employer Occupation
Quicken Loans Executive

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 61025.C32839

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 124 (check only one) <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
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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Morton Collins</p> <p>Mailing Address 6721 W. Knollwood</p> <p>City State Zip Code West Bloomfield MI 48322</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Collins, Einhorn etc...PC Occupation Attorney</p> <p>Receipt For: Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2006</p> <p>Transaction ID: 61204.C32997</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Brian Connolly</p> <p>Mailing Address 920 Elsie Barber Court</p> <p>City State Zip Code Davidsonville MD 21035</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Atlantic Transportation Equipm Occupation President</p> <p>Receipt For: Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2006</p> <p>Transaction ID: 61023.C32824</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Peter Cummings</p> <p>Mailing Address 111 Willits, #200</p> <p>City State Zip Code Birmingham MI 48009</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer The Fisher Group Occupation Executive</p> <p>Receipt For: Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3100.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2006</p> <p>Transaction ID: 61023.C32820</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	3250.00
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 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Linda Cummins

Mailing Address 2563 Ashburton Ct.

City State Zip Code
Rochester Hills MI 48306

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

Name of Employer Occupation
Arvin Meritor Sen. Vice President

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61204.C33009

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Virginia Czarnecki

Mailing Address 1886 Heron Ridge Drive

City State Zip Code
Bloomfield Hills MI 48302

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

Name of Employer Occupation
Homemaker

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32850

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Walter Czarnecki

Mailing Address 1886 Heron Ridge Drive

City State Zip Code
Bloomfield Hills MI 48302

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

Name of Employer Occupation
Penske Corporation Executive Vice President

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32849

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 18 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Kenneth Dalto

Mailing Address 29260 Franklin Rd., #515

City State Zip Code
Southfield MI 48034

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

Name of Employer
Kenneth J. Dalto & Assoc.

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2006

Transaction ID: 61204.C33029

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mary Lee Davis

Mailing Address 41040 Willismsburg Blvd.

City State Zip Code
Canton MI 48188

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

Name of Employer
DeMattia Group

Occupation
Executive

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 61204.C33030

Amount of Each Receipt this Period
800.00

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

C. Full Name (Last, First, Middle Initial)
Neil Cornelius DeKoker

Mailing Address 261 North Clifton

City State Zip Code
Bloomfield Village MI 48301

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

Name of Employer
OESA

Occupation
Executive

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 61204.C33010

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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 19 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Kimberly DeMattia

Mailing Address 11953 Lorenz Way

City Plymouth State MI Zip Code 48170

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2006

Transaction ID: 61101.C32900

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Terence Desmond

Mailing Address 927 Sandhurst Rd.

City Bloomfield Hills State MI Zip Code 48302

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

Name of Employer Occupation
A. J. Desmond & Sons Funeral Director

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61101.C32871

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Samuel Difeo

Mailing Address 121 Lorraine Ave.

City Spring Lake State NJ Zip Code 07762

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

Name of Employer Occupation
Information Requested

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2006

Transaction ID: 61023.C32815

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4350.00
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 20 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Ananias Diokno

Mailing Address 480 Hillspur Road

City State Zip Code
Ann Arbor MI 48105

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

Name of Employer Occupation
Beaumont Hospital Corp. Medical Director

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 100032865

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mark Drane

Mailing Address 4614 Elmwood Ave.

City State Zip Code
Royal Oak MI 48073

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

Name of Employer Occupation
Rogvoy Architects Architect

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61103.C32930

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
David Duetsch

Mailing Address 6271 Scio Church

City State Zip Code
Ann Arbor MI 48103

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

Name of Employer Occupation
Bostwick Co. President

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61204.C32950

Amount of Each Receipt this Period
800.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2550.00
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 21 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Anthony Earley

Mailing Address 5000 Brookdale Road

City State Zip Code
Bloomfield Hills MI 48304-3610

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

Name of Employer Occupation
DTE Energy Chairman & CEO

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61023.C32811

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
William Eisenberg

Mailing Address 4719 Morris Lake Circle

City State Zip Code
West Bloomfield MI 48323

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

Name of Employer Occupation
Grand Sawka Corp. Real Estate

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

3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61204.C32945

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Jeffrey Eisenshtadt

Mailing Address 4542 Sunnungdale Drive

City State Zip Code
Bloomfield MI 48302

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

Name of Employer Occupation
Title Source Inc. President

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32831

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 22 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Eugene Enlow

Mailing Address 11 Ashland Terrace

City State Zip Code
Chester NJ 07930

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

Name of Employer Occupation
Atlantic Detroit Diesel Chairman

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32828

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Fred Fechheimer

Mailing Address 470 N. Cranbrook

City State Zip Code
Bloomfield Hills MI 48301

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

Name of Employer Occupation
Dykema Gossett PLLC Attorney

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61204.C33011

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Cynthia Flora

Mailing Address 1684 Cassady Place

City State Zip Code
Plymouth MI 48170

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

Name of Employer Occupation
Toshiba National Sales Manager

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

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61101.C32899

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	3600.00
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 23 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Nathan Forbes

Mailing Address 31625 Nottingham

City State Zip Code
Franklin MI 48025

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

Name of Employer Occupation
Forbes Company Executive

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32841

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Timothy Fox

Mailing Address 583 Washington Road

City State Zip Code
Grosse Pointe MI 48230

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

Name of Employer Occupation
MHT Housing Executive

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61204.C32964

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Brian France

Mailing Address 10100 Santa Monica Blvd.

City State Zip Code
Los Angeles CA 90067-4003

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

Name of Employer Occupation
NASCAR Executive

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: 61204.C33052

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4250.00**

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 24 / 124 (check only one) <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
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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial) David Friedman Mailing Address 34975 W. 12 Mile Road, #100 City State Zip Code Farmington Hills MI 48331 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6 Transaction ID: 61025.C32836 Amount of Each Receipt this Period 1000.00
Name of Employer Occupation Friedman Real Estate Group President Receipt For: Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 1000.00

B. Full Name (Last, First, Middle Initial) Richard Gabriel Mailing Address P.O. Box 605 City State Zip Code Mira Loma CA 91752 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 61101.C32904 Amount of Each Receipt this Period 1000.00
Name of Employer Occupation Heritage Container Owner Receipt For: Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 1000.00

C. Full Name (Last, First, Middle Initial) Joseph Gantz Mailing Address 100 Park Ave., #2100 City State Zip Code New York NY 10017 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6 Transaction ID: 61103.C32912 Amount of Each Receipt this Period 1000.00
Name of Employer Occupation Jogan Capital, LLC Owner Receipt For: Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 2000.00

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
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 25 / 124 (check only one) <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
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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Yousif Ghafari</p> <p>Mailing Address 411 Goodhue</p> <p>City State Zip Code Bloomfield Hills MI 48304</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ghafari Associates, Inc. Occupation Chairman</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 11 / 01 / 2006</p> <p>Transaction ID: 61101.C32906</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) James Giftos</p> <p>Mailing Address 27947 Groesbeck Hwy.</p> <p>City State Zip Code Roseville MI 48066-5221</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer National Coney Island Occupation CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 11 / 03 / 2006</p> <p>Transaction ID: 61204.C32947</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Jack Goggins</p> <p>Mailing Address 1136 E. Main</p> <p>City State Zip Code Flushing MI 48433</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Security Packaging Occupation CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 3505.00</p>	<p>Date of Receipt 10 / 28 / 2006</p> <p>Transaction ID: 61030.C32862</p> <p>Amount of Each Receipt this Period 1005.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	2505.00
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 26 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Kelley Golich

Mailing Address 1593 Gleneagles

City Highland State MI Zip Code 48357

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

Name of Employer Golich Building Supply Occupation Owner

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2006

Transaction ID: 61204.C32965

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Karen Gotting

Mailing Address

City State Zip Code

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

Name of Employer Information Requested Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2006

Transaction ID: 61204.C33053

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Jeffrey Grabiell

Mailing Address 1153 Buckingham

City Birmingham State MI Zip Code 48009

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

Name of Employer Self Employed Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61204.C32946

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 27 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Terence Griffin

Mailing Address 35698 Castlemeadow

City Farmington Hills State MI Zip Code 48335

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

Name of Employer Self Employed Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61030.C32861

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Lindsay Gross

Mailing Address 26520 Willowgreen Drive

City Franklin State MI Zip Code 48025

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

Name of Employer LEG Ventures LLC Occupation Mortgage Rep

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32833

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Brian Hard

Mailing Address 10 Seven Springs Drive

City Reading State PA Zip Code 19607

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

Name of Employer Penske Truck Leasing Co. Occupation President

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61030.C32863

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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 28 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Patrick Harrington

Mailing Address 4410 Seneca Drive

City State Zip Code
Okemos MI 48864-2946

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

Name of Employer Occupation
Muchmore Harrington Associates Partner

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2006

Transaction ID: 61204.C33032

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Jonathan Hinton

Mailing Address 4445 Parklane Court

City State Zip Code
Bloomfield Hills MI 48304

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

Name of Employer Occupation

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61204.C32982

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 641 Dewey Lane

City State Zip Code
Birmingham MI 48009

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

Name of Employer Occupation
Magna International President

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 61204.C33013

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
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 29 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Eric Hunt

Mailing Address 2155 Lakeside

City State Zip Code
Troy MI 48085

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

Name of Employer Occupation
Beaumont Hospital VP of Ambulatory Services

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2006

Transaction ID: 61204.C33033

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Angelo lafrate

Mailing Address 69659 Riverbend Lane

City State Zip Code
Armada MI 48005

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

Name of Employer Occupation
lafrate Const. Co. Owner

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3100.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61103.C32931

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Bruce Israel

Mailing Address 1780 Highwood East

City State Zip Code
Pontiac MI 48340-1237

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

Name of Employer Occupation
B & L Construction Owner

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61103.C32914

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3350.00
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 30 / 124
	<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	

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Scott Jacobson

Mailing Address 455 Aspen Road

City Birmingham State MI Zip Code 48009-1655

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

Name of Employer Self Employed Occupation Builder

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61103.C32929

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
John Jamian

Mailing Address 1862 Chipping Way

City Bloomfield State MI Zip Code 48302-1710

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

Name of Employer U.S. Dept of Transportation Occupation Maritime Administration

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61204.C32990

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mary Jung

Mailing Address 4669 Ravine Drive

City Bloomfield Hills State MI Zip Code 48301

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

Name of Employer Information Requested Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32855

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3600.00
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 31 / 124 (check only one) <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
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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial) Robert Kaloosdian Mailing Address 43 Mt. Auburn St. City State Zip Code Watertown MA 02472 FEC ID number of contributing federal political committee. C Name of Employer Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 61101.C32891 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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B. Full Name (Last, First, Middle Initial) David Katzman Mailing Address 26050 Hawthorne City State Zip Code Franklin MI 48025 FEC ID number of contributing federal political committee. C Name of Employer Occupation Camelot Ventures Partner Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 Transaction ID: 61025.C32840 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
---	---

C. Full Name (Last, First, Middle Initial) Paul Katzman Mailing Address 4547 Kiftsgate Bend City State Zip Code Bloomfield Hills MI 48302-2331 FEC ID number of contributing federal political committee. C Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 Transaction ID: 61025.C32837 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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SUBTOTAL of Receipts This Page (optional) ▶	3500.00
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 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Sarkis Kechejian

Mailing Address 5515 Edlen Dr.

City State Zip Code
Dallas TX 75220-2105

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

Name of Employer Self Employed Occupation
Self Employed Doctor

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2006

Transaction ID: 61106.C32933

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Bruce Kennedy

Mailing Address 2048 S. Halifax Dr.

City State Zip Code
Daytona Beach FL 32118-5206

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2006

Transaction ID: 61023.C32813

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Lesa Kennedy

Mailing Address 2084 S. Halifax Dr.

City State Zip Code
Daytona Beach FL 32118-5206

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2006

Transaction ID: 61023.C32814

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
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 33 / 124 (check only one) <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
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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial) Haig Khorenian Mailing Address 1590 Anderson Ave., #4J City State Zip Code Fort Lee NJ 07024 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: 61204.C32974 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Self Employed Consultant Receipt For: Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Gabriel Klanian Mailing Address 7 Torrey Pine Dr. City State Zip Code Newport Coast CA 92657-1539 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 61101.C32876 Amount of Each Receipt this Period 50.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Retired Receipt For: Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00	

C. Full Name (Last, First, Middle Initial) Ken Klein Mailing Address 10315 Folk Street City State Zip Code Silver Spring MD 20902 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 Transaction ID: 61204.C33000 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation OAAA Exec VP, Govt Affiars Receipt For: Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional) ▶	550.00
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 34 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
W. Bruce Knight

Mailing Address 1290 Lake Angelus Shores

City State Zip Code
Lake Angelus MI 48326

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

Name of Employer Self Employed Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61204.C32948

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Ludvik Koci

Mailing Address 4744 Fairway Ridge S.

City State Zip Code
West Bloomfield MI 48323-3311

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 61204.C33001

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Robert Kramer

Mailing Address 1 Norman Place

City State Zip Code
Rye NY 10580

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

Name of Employer Boomarang Advisors Inc. Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: 61102.C32908

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Scott Larry

Mailing Address 30100 Telegraph Rd., #426

City State Zip Code
Bingham Farms MI 48025

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

Name of Employer Occupation
Lockwood Construction Executive

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61030.C32860

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 5215 Winlane Drive

City State Zip Code
Bloomfield Hills MI 48302

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

Name of Employer Occupation
Lau & Lau Associates Life Insurance Agent

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61204.C33035

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Kathleen Ligocki

Mailing Address 3296 Pine Lake Road

City State Zip Code
West Bloomfield MI 48324

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

Name of Employer Occupation
Tower Automotive CEO

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32829

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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: <input 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
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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) James Logue</p> <p>Mailing Address 10333 river Rock Blvd.</p> <p>City State Zip Code Dimondale MI 48821</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Great Lakes Capital Fund Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 6</p> <p>Transaction ID: 61204.C32969</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Dov Loketch</p> <p>Mailing Address 25940 Stratford</p> <p>City State Zip Code Oak Park MI 48237</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Sterling Group Realtor</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6</p> <p>Transaction ID: 61103.C32918</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Howard Luckoff</p> <p>Mailing Address 4865 Fairway Ridge South</p> <p>City State Zip Code West Bloomfield MI 48323</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Honigman Miller Schwartz Cohn Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6</p> <p>Transaction ID: 61103.C32927</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>2500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mark Lyon

Mailing Address 110 Ice House Point Drive

City State Zip Code
Queenstown MD 21658

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

Name of Employer Information Requested Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61101.C32898

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Richard Mandell

Mailing Address 4787 S. Valleyview Road

City State Zip Code
West Bloomfield MI 48323

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

Name of Employer Quicken Loans Occupation Mortgage Rep

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32832

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Sarah McClure

Mailing Address 55 Cabot Place

City State Zip Code
Bloomfield Hills MI 48304

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

Name of Employer Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61204.C33014

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
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 38 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Robert McDowell

Mailing Address 33854 Kennedy Dr.

City State Zip Code
Sterling Heights MI 48310

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

Name of Employer
McDowell & Assoc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61204.C32970

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Robert McKenna

Mailing Address 149 Perfect Moment Dr.

City State Zip Code
Durham NC 27713

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

Name of Employer
MEMA

Occupation
Executive

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61204.C32992

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
John McManus

Mailing Address 4075 Kingston Drive

City State Zip Code
Milan MI 48160

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

Name of Employer
Unibar Maintenance

Occupation
Executive

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32847

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Daniel McNulty

Mailing Address 57189 Breckenridge Dr.

City State Zip Code
Washington MI 48094

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

Name of Employer Atwell-Hicks, Inc. Occupation Engineer

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61103.C32928

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Patrick McQueen

Mailing Address 1915 Hickory Bark Lane

City State Zip Code
Bloomfield Hills MI 48304-1119

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

Name of Employer Bank of Bloomfield Hills Occupation President

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61103.C32915

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
David Meador

Mailing Address 1590 Cranbrook Drive

City State Zip Code
Troy MI 48084

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

Name of Employer DTE Energy Occupation CFO

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61023.C32812

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 40 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Jerome Morgan

Mailing Address 4550 River Trail

City State Zip Code
Bloomfield Townshi MI 48301

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

Name of Employer Occupation
Jerome Plumbing President

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: 61204.C33037

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Jon Morrison

Mailing Address 1039 Miners Run

City State Zip Code
Rochester MI 48306

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

Name of Employer Occupation
Meritor WABCO President

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61204.C33015

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Elaine Mosesian

Mailing Address 300 Boylston St., #904

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61101.C32892

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 124
	<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)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mandy Mullins

Mailing Address 12884 Lenore

City State Zip Code
Redford MI 48239-2609

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

Name of Employer Occupation
Cornerstone Schools Executive

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61204.C32983

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Christopher Myrick

Mailing Address 122 C Street NW, #500

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation
Larson Stewart Myrick & Link Partner

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2006

Transaction ID: 61204.C32952

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Bob Naftaly

Mailing Address 5402 Pleasant Lake Drive

City State Zip Code
West Bloomfield MI 48322

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

Name of Employer Occupation
Blue Cross Blue Shield of Mich Executive Vice President

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61103.C32919

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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 42 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Sonya Nersessian

Mailing Address 3 Young Rd.

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: 61101.C32882

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Terry Nosan

Mailing Address 6024 W. Maple Rd., #106

City State Zip Code
West Bloomfield MI 48322

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

Name of Employer Occupation
Nosan Ent. President

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: 61204.C32958

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Joseph Nusbaum

Mailing Address 15041 Burton

City State Zip Code
Oak Park MI 48237

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

Name of Employer Occupation
Sterling Group Real Estate Investor

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61103.C32916

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
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 43 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
John OGreen

Mailing Address 619 Rivenoak

City State Zip Code
Birmingham MI 48009

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

Name of Employer Occupation
Boss Development COO

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61103.C32923

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Richard OReilly

Mailing Address 7 Swan Road

City State Zip Code
Winchester MA 01890

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

Name of Employer Occupation
Retired

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: 61204.C32943

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
M. Bruce Ohanian

Mailing Address 224 Marsh Street

City State Zip Code
Belmont MA 02478

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

Name of Employer Occupation
Boston Storage President

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61101.C32894

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 44 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
M. Pandya

Mailing Address 766 Woodchester Drive

City State Zip Code
Bloomfield Hills MI 48304

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

Name of Employer Occupation
Homemaker

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

251.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2006

Transaction ID: 61204.C33039

Amount of Each Receipt this Period
251.00

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

B. Full Name (Last, First, Middle Initial)
Cynthia Pasky

Mailing Address 200 Riverfront Dr., #24K

City State Zip Code
Detroit MI 48226-4525

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

Name of Employer Occupation
Strategic Staffing Solutions President & CEO

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

2000.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 61025.C32846

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Roger Penske

Mailing Address 2555 Telegraph Road

City State Zip Code
Bloomfield Hills MI 48302-0954

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

Name of Employer Occupation
Penske Corp Chairman

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

2000.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2006

Transaction ID: 61023.C32816

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4251.00
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 45 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Bruce Peterson

Mailing Address 571 Linden Road

City Birmingham State MI Zip Code 48009

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

Name of Employer DTE Energy Occupation Executive

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 100032867

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 952 Brookwood

City Birmingham State MI Zip Code 48009

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

Name of Employer Bank of Bloomfield Hills Occupation Banker

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61103.C32920

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Nicholas Pyett

Mailing Address 20861 Dundee Drive

City Novi State MI Zip Code 48375

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

Name of Employer Information Requested Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: 61204.C32984

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Nicholas Pyett

Mailing Address 20861 Dundee Drive

City State Zip Code
Novi MI 48375

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

Name of Employer Information Requested Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: 61102.C32910

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Richard Ravid

Mailing Address 1930 Long Lake Shore Drive

City State Zip Code
Bloomfield Hills MI 48302

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

Name of Employer Richard Ravid Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2006

Transaction ID: 61204.C32944

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Daniel Reddy

Mailing Address 1235 N. Glenhurst Dr.

City State Zip Code
Birmingham MI 48009

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

Name of Employer Henry Ford Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1475.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 61025.C32843

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Daniel Reddy

Mailing Address 1235 N. Glenhurst Dr.

City State Zip Code
Birmingham MI 48009

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

Name of Employer Occupation
Henry Ford Hospital Physician

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1575.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61204.C32955

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 12103 Greenleaf Avenue

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
Reznick Group Partner

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: 61204.C33019

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Darlene Richter

Mailing Address 7057 Hickory Hollow Circle

City State Zip Code
Clarkston MI 48348

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

Name of Employer Occupation
Daimler Chrysler Executive

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61101.C32903

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional) ► 2700.00

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 48 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Scott Richter		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 7057 Hickory Hollow Circle		Transaction ID: 61101.C32902	
City State Zip Code Clarkston MI 48348	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Daimler Chrysler Executive	Election Cycle-to-Date ▼ 2100.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Leslie Rocher		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 6774 Stonebridge Court		Transaction ID: 61204.C33020	
City State Zip Code West Bloomfield MI 48322	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Beaumont Hospital Medical Adminsitrator	Election Cycle-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. James Rodney		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 6	
Mailing Address 19100 West Eight Mile Road		Transaction ID: 61204.C32971	
City State Zip Code Southfield MI 48075	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Detroit Forming Inc. Executive	Election Cycle-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2850.00
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 49 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Steve Rosenthal

Mailing Address 26091 Romany Way

City State Zip Code
Franklin MI 48025

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

Name of Employer Occupation
Rock Companies Vice President

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61102.C32907

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Susan Rush

Mailing Address 3648 Aynsley Drive

City State Zip Code
Rochester Hills MI 48306

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

Name of Employer Occupation
Homemaker

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61204.C33016

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Timothy Sanders

Mailing Address c/o Cornerstone Govt Affairs
300 Independence Ave. SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Cornerstone Govt Affairs Consultant

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61204.C32993

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Sheldon Sandler

Mailing Address 71 Tamarack Circle

City State Zip Code
Skillman NJ 08558-2019

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

Name of Employer Occupation
Self Employed Auto Dealer

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: 61204.C32959

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
H. Ted Santo

Mailing Address 7542 McEwen Road

City State Zip Code
Dayton OH 45459

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

Name of Employer Occupation
DefenderTech Internl Solu- President
tions

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: 61204.C33021

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Nancy Schlichting

Mailing Address 15 Turnberry Lane

City State Zip Code
Dearborn MI 48120

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

Name of Employer Occupation
Henry Ford Health System President

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

1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 100032868

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 124
	<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)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Akshay Shah

Mailing Address 4225 Lake Ridge Court

City State Zip Code
Bloomfield Hills MI 48302

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

Name of Employer
Self Employed

Occupation
Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61101.C32878

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Charles Shanley

Mailing Address 15 Waverly Lane

City State Zip Code
Grosse Pointe Farm MI 48236

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

Name of Employer
Beaumont Hospital

Occupation
VP, Surgery

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 100032869

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Andrew Shapiro

Mailing Address

City State Zip Code

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

Name of Employer
United Auto Group

Occupation
Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32827

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	2500.00
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 52 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Howard Sims

Mailing Address 103 ford building
615 Griswold

City State Zip Code
Detroit MI 48226

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

Name of Employer Occupation
SDG Associates Chairman

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61204.C32994

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Carl Skrzyński

Mailing Address 1620 Park Creek Ct.

City State Zip Code
Rochester Hills MI 48309

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

Name of Employer Occupation
Lockwood Group Attorney

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61204.C32995

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Ronald Slavik

Mailing Address 32605 W. 12 Mile Rd., #350

City State Zip Code
Farmington Hills MI 48334

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

Name of Employer Occupation
J&J Slavik CEO

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61204.C32972

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 53 / 124
	<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	

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Julie Stackpoole

Mailing Address 28126 Jefferson Ave.

City State Zip Code
St. Clair Shores MI 48081

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

Name of Employer Occupation
Boss Development V.P. Government Affairs

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61103.C32922

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Denise Stein

Mailing Address 4485 Parklane Ct.

City State Zip Code
Bloomfield Hills MI 48304

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

Name of Employer Occupation
Art of Leadership Foundation Executive

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61103.C32911

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
James Stewart

Mailing Address 29633 Meadow Ridge S.

City State Zip Code
Farmington Hills MI 48334-4852

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

Name of Employer Occupation
Retired

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: 61204.C32956

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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 54 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Marjorie Strayer

Mailing Address 45 Carriage House Circle Rd.

City State Zip Code
Alexandria VA 22304

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

Name of Employer Occupation
The Livingston Group Consultant

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 61204.C33022

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Charles Talanian

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: 61019.C32635

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Martin Tibbitts

Mailing Address 12 Alger Place

City State Zip Code
Grosse Pointe MI 48230

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

Name of Employer Occupation
Boss Development CEO

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61103.C32924

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	3500.00
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 55 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Gary Torgow

Mailing Address 14661 Ludlow

City State Zip Code
Oak Park MI 48237

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

Name of Employer Occupation
Sterling Group Attorney

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61103.C32917

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Maria Vaz

Mailing Address 6764 Maple Creek Blvd.

City State Zip Code
West Bloomfield MI 48322

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

Name of Employer Occupation
Lawrence Tech University University Administrator

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32844

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
David Victor

Mailing Address 401 S. Old Woodward Ave., #333

City State Zip Code
Birmingham MI 48009-6612

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

Name of Employer Occupation
American Educational Inst. President

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

1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32835

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 56 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Lewis Walker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 12600 Beacon Hill Court		Transaction ID: 61025.C32845	
City Plymouth	State MI	Amount of Each Receipt this Period 1000.00	
Zip Code 48170		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Richard Weiss		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 106 Canfield Hill Drive		Transaction ID: 61204.C32985	
City Gaithersburg	State MD	Amount of Each Receipt this Period 500.00	
Zip Code 20878		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested KSA Consulting	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Randy Wertheimer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 597 Westwood Drive		Transaction ID: 61103.C32925	
City Birmingham	State MI	Amount of Each Receipt this Period 1000.00	
Zip Code 48009		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
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 57 / 124
	<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mark Weshinsky

Mailing Address 11194 Edwards Farm Lane

City State Zip Code
Purcellville VA 20132

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

Name of Employer Occupation
First Centrum Real Estate Developer

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2006

Transaction ID: 61204.C33006

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Richard Widerstedt

Mailing Address 1135 Lakeside Drive

City State Zip Code
Birmingham MI 48009

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

Name of Employer Occupation
Rogvoy Architects Architect

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61103.C32932

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
J. Bryan Williams

Mailing Address 993 Suffield Ave.

City State Zip Code
Birmingham MI 48009-1242

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

Name of Employer Occupation
Dickinson, Wright, Moon, Van D Attorney

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 100032864

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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 58 / 124 (check only one) <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
--	--

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Ann Wilson

Mailing Address 302 Walnut St.

City Falls Church State VA Zip Code 22046-2537

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

Name of Employer MEMA Occupation Vice President Govt Affairs

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 61204.C33017

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Alfred Wood

Mailing Address 43 Ridge Road

City Pleasant Ridge State MI Zip Code 48069

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

Name of Employer Dykema Gossett PLLC Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 61204.C33018

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Syamasundera Zampani

Mailing Address 1917 Sherwood Glen

City Bloomfield Hills State MI Zip Code 48302

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

Name of Employer Ann Arbor Cardiology Consultant Occupation Physicians

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 61204.C33024

Amount of Each Receipt this Period
250.00

Receipt
 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:		PAGE 59 / 124	
	(check only one)			
<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Salah Zoma

Mailing Address 4312 Hickory Ct.

City Orchard Lake State MI Zip Code 48323

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

Name of Employer PES Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32848

Amount of Each Receipt this Period
1000.00

Receipt
 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)	▶	131606.00

**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 60 / 124
	<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	

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Hon. John Boehner

Mailing Address The Freedom Project PAC
509 7th Street, NW 3rd Floor

City Washington State DC Zip Code 20004

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

Name of Employer Occupation
Hon. Chairman

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61023.C32821

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
Hon. Tom Cole

Mailing Address Cole for Congress
P.O. Box 722256

City Norman State OK Zip Code 73070

FEC ID number of contributing federal political committee. **C** C00379735

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61106.C32934

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Kris Nicholoff

Mailing Address American Dental PAC
1111 Fourteenth St., NW, # 1110

City Washington State DC Zip Code 20005

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

Name of Employer Occupation
Executive Director

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32842

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	9000.00
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 61 / 124
	(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)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Anthony Bedell

Mailing Address The Intuit 21st Century Leadership
601 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61103.C32913

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Brian Cooney

Mailing Address Manufactured Housing Institute PAC
2101 Wilson Blvd. #610

City Arlington State VA Zip Code 22201-3062

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

Name of Employer Occupation
Vice President Govt Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2006

Transaction ID: 61026.C32858

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Chip Stalter

Mailing Address White Castle PAC
PO Box 1498

City Columbus State OH Zip Code 43216

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

Name of Employer Occupation
Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2006

Transaction ID: 61204.C32977

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 62 / 124
	(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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Dan Brouillette

Mailing Address Ford Motor Co. Civic Action Fund
1350 I Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 61204.C33031

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Dan Conway

Mailing Address Chubb PAC
1 Massachusetts Ave. N.W.

City Washington State DC Zip Code 20510

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2006

Transaction ID: 61023.C32823

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. David G Mengebier

Mailing Address CMS Energy PAC of Consumers Energy
1016 - 16th Street, NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation
Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2006

Transaction ID: 61023.C32825

Amount of Each Receipt this Period
3000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
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 63 / 124
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Gary Mayo

Mailing Address Visteon Corporation PAC
One Village Center Drive

City State Zip Code
Van Buren Twp. MI 48111-5711

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

Name of Employer Occupation
Director, Government Affairs

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1750.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61204.C32996

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Gerald Jonas

Mailing Address Veterans of Foreign Wars PAC
200 Maryland Ave., NE, #506

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation
Treasurer

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2006

Transaction ID: 61026.C32859

Amount of Each Receipt this Period
3000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. John Gage

Mailing Address American Federation Govt. Emps. PA
80 F Street NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation
President

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4500.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2006

Transaction ID: 61101.C32870

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4000.00**

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 64 / 124
	(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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. Mark Fleischaker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address Arent Fox PAC 1050 Connecticut Ave NW		Transaction ID: 61204.C33007	
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Arent Fox	Occupation Executive	Election Cycle-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Michael P. McGee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address Michigan Independent PAC 150 West Jefferson Avenue		Transaction ID: 61025.C32856	
City Detroit	State MI	Zip Code 48226	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Renze Hoeksema		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address DTE Energy PAC of Detroit Edison C 2000 Second Avenue, #1069-WCB		Transaction ID: 100032866	
City Detroit	State MI	Zip Code 48226	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C C00081547		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation Treasurer	Election Cycle-to-Date ▼ 10000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 65 / 124
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard Crawford

Mailing Address Political Action by Coors Emps -P
801 Pennsylvania Avenue NW, #252

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 61023.C32822

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Sam Stone

Mailing Address Dairy Farmers of America PAC
10220 N. Executive Hills Blvd., #1

City Kansas City State MO Zip Code 64153

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

Name of Employer Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: 61101.C32905

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Stephen Zimmerman

Mailing Address Dykema Gossett Federal PAC
1300 I Street, NW, #300 West

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 61025.C32830

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4000.00**

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 66 / 124
	(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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Steven R. Phillips

Mailing Address DLA Piper PAC
1200 19th. Street NW

City State Zip Code
Washington DC 20036-2412

FEC ID number of contributing federal political committee. **C** C00151340

Name of Employer Occupation
Treasurer

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61101.C32895

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Stuart Gosswein

Mailing Address Specialty Equipment Market PAC
1317 F Street NW, #500

City State Zip Code
Washington DC 20004-1105

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

Name of Employer Occupation
Director, Federal Govt Affairs

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61023.C32818

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Debbie Shannon

Mailing Address American Bankers Assoc. PAC
1120 Connecticut Ave NW, #85

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Transaction ID: 61023.C32817

Amount of Each Receipt this Period
2000.00

Receipt
 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 67 / 124
	<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	

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Ms. Donna Brady		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address Citizens Financial Group, INC PAC One Citizens Plaza 12th Floor		Transaction ID: 61025.C32851	
City State Zip Code Providence RI 02903		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		Election Cycle-to-Date 4500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Ms. Judith Maskrey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address PPG Better Govt Team PAC- PPG Industries, Inc.		Transaction ID: 61204.C33004	
City State Zip Code Pittsburgh PA 15272		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00034298		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		Election Cycle-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Ms. Marie Remboulis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address Federal Mogul PAC 26555 Northwestern Hwy.		Transaction ID: 61204.C33012	
City State Zip Code Southfield MI 48034		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Federal Mogul Corp. Executive		Election Cycle-to-Date 1500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	3000.00
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 68 / 124
	<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	

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Ms. Sonja S. Simmons		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address Credit Union Legis Action Council 601 Pennsylvania Ave., NW, #600		Transaction ID: 61101.C32896	
City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00007880		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Assistant Treasurer			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 8800.00	

Full Name (Last, First, Middle Initial) B. Ms. Wendy Acho		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 6	
Mailing Address LaSalle Bank/Standard Federal Bank 2600 W. Big Beaver Road		Transaction ID: 61023.C32819	
City State Zip Code Troy MI 48084-3323		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Tiffany Henry		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address Electrical Construction PAC of Natl Electrical Contractors Assoc		Transaction ID: 61103.C32921	
City State Zip Code Bethesda MD 20814-3299		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	43000.00

**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)

<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. AAMS		Transaction ID: 61023.E12959 Date of Disbursement 10 / 31 / 2006
Mailing Address 75 - BRSH 1231 Durrett Lane		Amount of Each Disbursement this Period 181.42
City Louisville State KY Zip Code 40213-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MERCHANT FEES	Candidate Name	MERCHANT FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ABA Communications		Transaction ID: 61204.E13082 Date of Disbursement 10 / 27 / 2006
Mailing Address 22920 Lahser Road		Amount of Each Disbursement this Period 95.00
City Southfield State MI Zip Code 48034-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE REPAIR	Candidate Name	PHONE REPAIR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ADP Total Resources		Transaction ID: 61204.E13234 Date of Disbursement 10 / 20 / 2006
Mailing Address Attn: Kristie Negro 42400 Grand River Ave.		Amount of Each Disbursement this Period 1455.20
City Novi State MI Zip Code 48375-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL SERVICE: SEE BELOW	Candidate Name	PAYROLL SERVICE: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1731.62
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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial)

A. ADP Total Resources

Mailing Address Attn: Kristie Negro
42400 Grand River Ave.

City State Zip Code
Novi MI 48375-

Purpose of Disbursement
PAYROLL SERVICE: SEE BELOW

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61204.E13235

Date of Disbursement

^M 1	^M 0	/	^D 2	^D 7	/	^Y 2	^Y 0	^Y 0	^Y 6
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Amount of Each Disbursement this Period

1455.20

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

PAYROLL SERVICE: SEE BELOW

Full Name (Last, First, Middle Initial)

B. ADP Total Resources

Mailing Address Attn: Kristie Negro
42400 Grand River Ave.

City State Zip Code
Novi MI 48375-

Purpose of Disbursement
TAXES & SERVICE FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61204.E13242

Date of Disbursement

^M 1	^M 0	/	^D 2	^D 7	/	^Y 2	^Y 0	^Y 0	^Y 6
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Amount of Each Disbursement this Period

230.20

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

[MEMO ITEM]

MEMO: TAXES & SERVICE FEE

Full Name (Last, First, Middle Initial)

C. Alexis Kiriluk

Mailing Address 1347 Villa

City State Zip Code
Birmingham MI 48009-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61204.E13249

Date of Disbursement

^M 1	^M 0	/	^D 2	^D 7	/	^Y 2	^Y 0	^Y 0	^Y 6
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Amount of Each Disbursement this Period

475.00

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

[MEMO ITEM]

MEMO: PAYROLL

SUBTOTAL of Disbursements This Page (optional) ►

1455.20

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

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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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Debra Lee Joslin Kling		Transaction ID: 61204.E13256 Date of Disbursement 10 / 27 / 2006	
Mailing Address 416 E. Sibley		Amount of Each Disbursement this Period 750.00	
City Howell	State MI	Zip Code 48843-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PAYROLL
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

Full Name (Last, First, Middle Initial) B. ADP Total Resources		Transaction ID: 61204.E13236 Date of Disbursement 11 / 03 / 2006	
Mailing Address Attn: Kristie Negro 42400 Grand River Ave.		Amount of Each Disbursement this Period 1455.20	
City Novi	State MI	Zip Code 48375-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL SERVICE: SEE BELOW
Purpose of Disbursement PAYROLL SERVICE: SEE BELOW		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

Full Name (Last, First, Middle Initial) C. ADP Total Resources		Transaction ID: 61204.E13243 Date of Disbursement 11 / 03 / 2006	
Mailing Address Attn: Kristie Negro 42400 Grand River Ave.		Amount of Each Disbursement this Period 230.20	
City Novi	State MI	Zip Code 48375-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TAXES & SERVICE FEE
Purpose of Disbursement TAXES & SERVICE FEE		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1455.20
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Alexis Kiriluk		Transaction ID: 61204.E13250 Date of Disbursement 11 / 03 / 2006	
Mailing Address 1347 Villa		Amount of Each Disbursement this Period 475.00	
City Birmingham State MI Zip Code 48009-	Purpose of Disbursement PAYROLL	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAYROLL	

Full Name (Last, First, Middle Initial) B. Debra Lee Joslin Kling		Transaction ID: 61204.E13257 Date of Disbursement 11 / 03 / 2006	
Mailing Address 416 E. Sibley		Amount of Each Disbursement this Period 750.00	
City Howell State MI Zip Code 48843-	Purpose of Disbursement PAYROLL	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAYROLL	

Full Name (Last, First, Middle Initial) C. ADP Total Resources		Transaction ID: 61204.E13237 Date of Disbursement 11 / 10 / 2006	
Mailing Address Attn: Kristie Negro 42400 Grand River Ave.		Amount of Each Disbursement this Period 1455.20	
City Novi State MI Zip Code 48375-	Purpose of Disbursement PAYROLL SERVICE: SEE BELOW	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL SERVICE: SEE BELOW	

SUBTOTAL of Disbursements This Page (optional) ▶	1455.20
TOTAL 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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. ADP Total Resources		Transaction ID: 61204.E13238 Date of Disbursement 11 / 17 / 2006
Mailing Address Attn: Kristie Negro 42400 Grand River Ave.		Amount of Each Disbursement this Period 1455.20
City Novi State MI Zip Code 48375-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL SERVICE: SEE BELOW	Candidate Name	PAYROLL SERVICE: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ADP Total Resources		Transaction ID: 61204.E13245 Date of Disbursement 11 / 17 / 2006
Mailing Address Attn: Kristie Negro 42400 Grand River Ave.		Amount of Each Disbursement this Period 230.20
City Novi State MI Zip Code 48375-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TAXES & SERVICE FEE	Candidate Name	[MEMO ITEM] MEMO: TAXES & SERVICE FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Alexis Kiriluk		Transaction ID: 61204.E13252 Date of Disbursement 11 / 17 / 2006
Mailing Address 1347 Villa		Amount of Each Disbursement this Period 475.00
City Birmingham State MI Zip Code 48009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Candidate Name	[MEMO ITEM] MEMO: PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1455.20
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Debra Lee Joslin Kling		Transaction ID: 61204.E13259 Date of Disbursement 11 / 17 / 2006	
Mailing Address 416 E. Sibley		Amount of Each Disbursement this Period 750.00	
City Howell	State MI	Zip Code 48843-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PAYROLL		Category/ Type	
Candidate Name		<input type="checkbox"/> MEMO ITEM MEMO: PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ADP Total Resources		Transaction ID: 61204.E13239 Date of Disbursement 11 / 24 / 2006	
Mailing Address Attn: Kristie Negro 42400 Grand River Ave.		Amount of Each Disbursement this Period 1455.20	
City Novi	State MI	Zip Code 48375-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PAYROLL SERVICE: SEE BELOW		Category/ Type	
Candidate Name		<input type="checkbox"/> PAYROLL SERVICE: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ADP Total Resources		Transaction ID: 61204.E13246 Date of Disbursement 11 / 24 / 2006	
Mailing Address Attn: Kristie Negro 42400 Grand River Ave.		Amount of Each Disbursement this Period 230.20	
City Novi	State MI	Zip Code 48375-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TAXES & SERVICE FEE		Category/ Type	
Candidate Name		<input type="checkbox"/> MEMO ITEM MEMO: TAXES & SERVICE FEE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1455.20
TOTAL 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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Alexis Kiriluk		Transaction ID: 61204.E13253 Date of Disbursement 11 / 24 / 2006	
Mailing Address 1347 Villa		Amount of Each Disbursement this Period 475.00	
City Birmingham State MI Zip Code 48009-	Purpose of Disbursement PAYROLL Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Debra Lee Joslin Kling		Transaction ID: 61204.E13260 Date of Disbursement 11 / 24 / 2006	
Mailing Address 416 E. Sibley		Amount of Each Disbursement this Period 750.00	
City Howell State MI Zip Code 48843-	Purpose of Disbursement PAYROLL Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. American Community Insurance		Transaction ID: 61204.E13081 Date of Disbursement 10 / 27 / 2006	
Mailing Address 39201 Seven Mile Road		Amount of Each Disbursement this Period 121.31	
City Livonia State MI Zip Code 48152-	Purpose of Disbursement HEALTH INSURANCE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 HEALTH INSURANCE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	121.31
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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Andiamo Italia West		Transaction ID: 61204.E13223 Date of Disbursement 11 / 27 / 2006	
Mailing Address 6676 Telegraph Road		Amount of Each Disbursement this Period 350.00	
City Bloomfield Hills State MI Zip Code 48301-	Purpose of Disbursement ROOM DEPOSIT	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ROOM DEPOSIT	

Full Name (Last, First, Middle Initial) B. Arena Communications		Transaction ID: 61204.E13086 Date of Disbursement 10 / 27 / 2006	
Mailing Address 1142 West 2320 South Suite D		Amount of Each Disbursement this Period 4790.59	
City Salt Lake City State UT Zip Code 84119-	Purpose of Disbursement AV PHONE CALLS	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AV PHONE CALLS	

Full Name (Last, First, Middle Initial) C. Aristotle Industries		Transaction ID: 61204.E13221 Date of Disbursement 11 / 08 / 2006	
Mailing Address 205 Pennsylvania Avenue, S.E.		Amount of Each Disbursement this Period 34.45	
City Washington State DC Zip Code 20003-	Purpose of Disbursement CREDIT CARD DONATION PROCESSING FEE	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD DONATION PROC- ESSING FEE	

SUBTOTAL of Disbursements This Page (optional) ▶	5175.04
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Aristotle Industries		Transaction ID: 61204.E13222 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 205 Pennsylvania Avenue, S.E.		Amount of Each Disbursement this Period 149.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		CREDIT CARD PROCESSING FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AT&T Phone Company		Transaction ID: 61204.E13075 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address Bill Payment Center		Amount of Each Disbursement this Period 496.28
City Saginaw State MI Zip Code 48663-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE BILL		PHONE BILL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AT&T Phone Company		Transaction ID: 61204.E13076 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address Bill Payment Center		Amount of Each Disbursement this Period 36.07
City Saginaw State MI Zip Code 48663-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE BILL		PHONE BILL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	681.35
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. AT&T Phone Company		Transaction ID: 61204.E13166 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address Bill Payment Center		Amount of Each Disbursement this Period 517.75
City Saginaw State MI Zip Code 48663-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE BILL	Candidate Name	PHONE BILL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AT&T Phone Company		Transaction ID: 61204.E13165 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address Bill Payment Center		Amount of Each Disbursement this Period 40.91
City Saginaw State MI Zip Code 48663-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE BILL	Candidate Name	PHONE BILL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ed Bagale		Transaction ID: 61025.C32826IK Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address University of Michigan - Dearborn 4901 Evergreen Road, 1130 AB		Amount of Each Disbursement this Period 500.00
City Dearborn State MI Zip Code 48128-1491	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HOSTED EVENT	Candidate Name	IN KIND: HOSTED EVENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1058.66
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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Cardmember Service		Transaction ID: 61204.E13077 Date of Disbursement 10 / 27 / 2006
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 158.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) B. Carroll Travel		Transaction ID: 61204.E13078 Date of Disbursement 10 / 27 / 2006
Mailing Address 201 Massachusetts Ave., NE		Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-	Purpose of Disbursement TRAVEL AGENT FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: TRAVEL AGENT FEE

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 61204.E13079 Date of Disbursement 10 / 27 / 2006
Mailing Address 5101 Northwest Drive Department A5200		Amount of Each Disbursement this Period 128.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Paul State MN Zip Code 55111-3034	Purpose of Disbursement AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶	158.60
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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Cardmember Service		Transaction ID: 61204.E13180 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 65.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palatine State IL Zip Code 60094-4014		
Purpose of Disbursement CREDIT CARD: SEE BELOW		CREDIT CARD: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. America on Line		Transaction ID: 61204.E13182 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 28640		Amount of Each Disbursement this Period 51.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jacksonville State FL Zip Code 32226-8640		
Purpose of Disbursement INTERNET SERVICE		[MEMO ITEM] MEMO: INTERNET SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cardmember Service		Transaction ID: 61204.E13169 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 2163.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palatine State IL Zip Code 60094-4014		
Purpose of Disbursement CREDIT CARD: SEE BELOW		CREDIT CARD: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2228.90
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)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Carroll Travel		Transaction ID: 61204.E13170 Date of Disbursement 11 / 15 / 2006	
Mailing Address 201 Massachusetts Ave., NE		Amount of Each Disbursement this Period 30.00	
City Washington State DC Zip Code 20002-	Purpose of Disbursement TRAVEL AGENT FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: TRAVEL AGENT FEE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 61204.E13171 Date of Disbursement 11 / 15 / 2006	
Mailing Address 5101 Northwest Drive Department A5200		Amount of Each Disbursement this Period 118.60	
City St. Paul State MN Zip Code 55111-3034	Purpose of Disbursement AIRFARE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: AIRFARE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. White House Christmas Ornaments		Transaction ID: 61204.E13172 Date of Disbursement 11 / 15 / 2006	
Mailing Address 9813 Belhaven Road, #101		Amount of Each Disbursement this Period 2015.00	
City Bethesda State MD Zip Code 20817-	Purpose of Disbursement ORNAMENTS - GIFTS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: ORNAMENTS - GIFTS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Cardmember Service		Transaction ID: 61204.E13173 Date of Disbursement 11 / 15 / 2006
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 1199.10
City Palatine State IL Zip Code 60094-4014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cardmember Service		Transaction ID: 61204.E13174 Date of Disbursement 11 / 15 / 2006
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 39.53
City Palatine State IL Zip Code 60094-4014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FINANCE CHARGES	Candidate Name	[MEMO ITEM] MEMO: FINANCE CHARGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Carroll Travel		Transaction ID: 61204.E13175 Date of Disbursement 11 / 15 / 2006
Mailing Address 201 Massachusetts Ave., NE		Amount of Each Disbursement this Period 90.00
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL AGENT FEES	Candidate Name	[MEMO ITEM] MEMO: TRAVEL AGENT FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1199.10
TOTAL 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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Holiday Inn - Logan Airport		Transaction ID: 61204.E13178 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 225 McClelland Highway		Amount of Each Disbursement this Period 223.77
City Boston State MA Zip Code 02128-	<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] MEMO: LODGING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 61204.E13176 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 5101 Northwest Drive Department A5200		Amount of Each Disbursement this Period 442.90
City St. Paul State MN Zip Code 55111-3034	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE	Candidate Name	[MEMO ITEM] MEMO: AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 61204.E13177 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 367.30
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE	Candidate Name	[MEMO ITEM] MEMO: AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Comcast		Transaction ID: 61204.E13134 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 827554		Amount of Each Disbursement this Period 120.27
City Philadelphia State PA Zip Code 19182-7554	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE SERVICE	Candidate Name	CABLE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Comcast		Transaction ID: 61204.E13135 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 827554		Amount of Each Disbursement this Period 95.00
City Philadelphia State PA Zip Code 19182-7554	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICE	Candidate Name	INTERNET SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express Corporation		Transaction ID: 61204.E13083 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 1140 Dept. A		Amount of Each Disbursement this Period 109.24
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PACKAGE DELIVERY	Candidate Name	PACKAGE DELIVERY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	324.51
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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Federal Express Corporation		Transaction ID: 61204.E13167 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 1140 Dept. A		Amount of Each Disbursement this Period 188.51
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PACKAGE DELIVERY	Candidate Name	PACKAGE DELIVERY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gordon Advertising & Promotions		Transaction ID: 61204.E13136 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 6177 Lochmore Drive Attn: Nick Gordon		Amount of Each Disbursement this Period 1364.63
City Commerce Township State MI Zip Code 48382-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement YARD SIGNS	Candidate Name	YARD SIGNS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Greater W.Bloomfield Chamber of Commerce		Transaction ID: 61204.E13185 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 6668 Orchard Lake Road, #207		Amount of Each Disbursement this Period 30.00
City West Bloomfield State MI Zip Code 48322-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TICKET	Candidate Name	TICKET
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1583.14
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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Jamestowne Properties, LLC		Transaction ID: 61204.E13099 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 6640 Reliable Parkway		Amount of Each Disbursement this Period 2400.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60686-	Category/Type	
Purpose of Disbursement HQ RENT Candidate Name		HQ RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Justice for Children		Transaction ID: 61204.E13087 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 600 N. Old Woodward, #102		Amount of Each Disbursement this Period 125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham State MI Zip Code 48009-	Category/Type	
Purpose of Disbursement TICKETS Candidate Name		TICKETS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Debra Lee Joslin Kling		Transaction ID: 61204.E13051 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 416 E. Sibley		Amount of Each Disbursement this Period 37.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Howell State MI Zip Code 48843-	Category/Type	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name		REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2562.68
TOTAL 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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Debra Lee Joslin Kling		Transaction ID: 61204.E13072 Date of Disbursement 10 / 27 / 2006	
Mailing Address 416 E. Sibley		Amount of Each Disbursement this Period 24.92	
City Howell State MI Zip Code 48843-	Purpose of Disbursement MILEAGE REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MILEAGE REIMBURSEMENT	

Full Name (Last, First, Middle Initial) B. Debra Lee Joslin Kling		Transaction ID: 61204.E13106 Date of Disbursement 11 / 03 / 2006	
Mailing Address 416 E. Sibley		Amount of Each Disbursement this Period 71.62	
City Howell State MI Zip Code 48843-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) C. Debra Lee Joslin Kling		Transaction ID: 61204.E13107 Date of Disbursement 11 / 03 / 2006	
Mailing Address 416 E. Sibley		Amount of Each Disbursement this Period 43.16	
City Howell State MI Zip Code 48843-	Purpose of Disbursement MILEAGE REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MILEAGE REIMBURSEMENT	

SUBTOTAL of Disbursements This Page (optional) ▶	96.54
TOTAL 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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Debra Lee Joslin Kling		Transaction ID: 61204.E13149 Date of Disbursement 11 / 08 / 2006	
Mailing Address 416 E. Sibley		Amount of Each Disbursement this Period 117.48	
City Howell State MI Zip Code 48843-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) B. Big Boy Restaurant		Transaction ID: 61204.E13150 Date of Disbursement 11 / 08 / 2006	
Mailing Address Maple & Telegraph		Amount of Each Disbursement this Period 59.50	
City Bloomfield Hills State MI Zip Code 48301-	Purpose of Disbursement MEALS	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS	

Full Name (Last, First, Middle Initial) C. Copper Canyon		Transaction ID: 61204.E13153 Date of Disbursement 11 / 08 / 2006	
Mailing Address 27522 Northwestern Highway		Amount of Each Disbursement this Period 57.98	
City Southfield State MI Zip Code 48034-	Purpose of Disbursement MEALS	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS	

SUBTOTAL of Disbursements This Page (optional) ▶	117.48
TOTAL 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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Debra Lee Joslin Kling		Transaction ID: 61204.E13154 Date of Disbursement 11 / 10 / 2006	
Mailing Address 416 E. Sibley		Amount of Each Disbursement this Period 112.15	
City Howell State MI Zip Code 48843-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) B. Debra Lee Joslin Kling		Transaction ID: 61204.E13157 Date of Disbursement 11 / 14 / 2006	
Mailing Address 416 E. Sibley		Amount of Each Disbursement this Period 81.81	
City Howell State MI Zip Code 48843-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) C. Hogans Restaurant		Transaction ID: 61204.E13161 Date of Disbursement 11 / 14 / 2006	
Mailing Address 6450 Telegraph		Amount of Each Disbursement this Period 46.05	
City Bloomfield Hills State MI Zip Code 48301-	Purpose of Disbursement MEALS	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS	

SUBTOTAL of Disbursements This Page (optional)	193.96
TOTAL 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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Walmart		Transaction ID: 61204.E13159 Date of Disbursement 11 / 14 / 2006	
Mailing Address Grand River Avenue		Amount of Each Disbursement this Period 33.53	
City Howell	State MI	Zip Code 48843-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FOOD & BEVERAGES		Category/ Type	
Candidate Name		<input type="checkbox"/> MEMO ITEM MEMO: FOOD & BEVERAGES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Debra Lee Joslin Kling		Transaction ID: 61204.E13162 Date of Disbursement 11 / 15 / 2006	
Mailing Address 416 E. Sibley		Amount of Each Disbursement this Period 48.47	
City Howell	State MI	Zip Code 48843-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/ Type	
Candidate Name		REIMBURSEMENT: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Olgas Restaurant		Transaction ID: 61204.E13163 Date of Disbursement 11 / 15 / 2006	
Mailing Address 17651 W. 12 Mile Road		Amount of Each Disbursement this Period 48.47	
City Lathrup Village	State MI	Zip Code 48076-	<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		<input type="checkbox"/> MEMO ITEM MEMO: MEALS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	48.47
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Debra Lee Joslin Kling		Transaction ID: 61204.E13224 Date of Disbursement 11 / 27 / 2006	
Mailing Address 416 E. Sibley		Amount of Each Disbursement this Period 38.77	
City Howell State MI Zip Code 48843-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) B. Fuddruckers		Transaction ID: 61204.E13225 Date of Disbursement 11 / 27 / 2006	
Mailing Address 42757 Woodward Ave.		Amount of Each Disbursement this Period 38.77	
City Bloomfield State MI Zip Code 48304-	Purpose of Disbursement MEALS	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS	

Full Name (Last, First, Middle Initial) C. LCA Computer Systems, Inc.		Transaction ID: 61204.E13090 Date of Disbursement 10 / 27 / 2006	
Mailing Address Attn: Lonnie Collins 21711 W. 10 Mile Road, #230		Amount of Each Disbursement this Period 1809.10	
City Southfield State MI Zip Code 48075-	Purpose of Disbursement COMPUTER MAINTENANCE	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMPUTER MAINTENANCE	

SUBTOTAL of Disbursements This Page (optional) ▶	1847.87
TOTAL 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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Lindsay Lee		Transaction ID: 61204.E13119 Date of Disbursement 11 / 06 / 2006	
Mailing Address 100 Luna Park Drive, #258		Amount of Each Disbursement this Period 2549.96	
City Alexandria State VA Zip Code 22305-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

Full Name (Last, First, Middle Initial) B. Lindsay Lee		Transaction ID: 61204.E13121 Date of Disbursement 11 / 06 / 2006	
Mailing Address 100 Luna Park Drive, #258		Amount of Each Disbursement this Period 249.87	
City Alexandria State VA Zip Code 22305-	Purpose of Disbursement MILEAGE REIMBURSEMENT Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MILEAGE REIMBURSEMENT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

Full Name (Last, First, Middle Initial) C. Lindsay Lee		Transaction ID: 61204.E13120 Date of Disbursement 11 / 06 / 2006	
Mailing Address 100 Luna Park Drive, #258		Amount of Each Disbursement this Period 2215.52	
City Alexandria State VA Zip Code 22305-	Purpose of Disbursement WAGES Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: WAGES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2549.96
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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Leos Coney Island		Transaction ID: 61204.E13122 Date of Disbursement 11 / 06 / 2006	
Mailing Address 6527 Telegraph Road		Amount of Each Disbursement this Period 10.28	
City Bloomfield Hills State MI Zip Code 48301-	Purpose of Disbursement MEALS	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS	

Full Name (Last, First, Middle Initial) B. Lindsay Lee		Transaction ID: 61204.E13187 Date of Disbursement 11 / 15 / 2006	
Mailing Address 100 Luna Park Drive, #258		Amount of Each Disbursement this Period 133.55	
City Alexandria State VA Zip Code 22305-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) C. Lindsay Lee		Transaction ID: 61204.E13188 Date of Disbursement 11 / 15 / 2006	
Mailing Address 100 Luna Park Drive, #258		Amount of Each Disbursement this Period 63.99	
City Alexandria State VA Zip Code 22305-	Purpose of Disbursement MILAGE REIMBURSEMENT	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MILAGE REIMBURSEMENT	

SUBTOTAL of Disbursements This Page (optional) ▶	133.55
TOTAL 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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. MBNA America		Transaction ID: 61204.E13199 Date of Disbursement 11 / 16 / 2006
Mailing Address P.O. Box 15289		Amount of Each Disbursement this Period 895.82
City Wilmington State DE Zip Code 19886-5289	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Extended Stay America Hotel		Transaction ID: 61204.E13200 Date of Disbursement 11 / 16 / 2006
Mailing Address 27775 Stansbury Blvd.		Amount of Each Disbursement this Period 794.90
City Farmington Hills State MI Zip Code 48334-	<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] MEMO: LODGING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National City		Transaction ID: 61204.E13067 Date of Disbursement 10 / 25 / 2006
Mailing Address P.O. Box 856176		Amount of Each Disbursement this Period 2783.39
City Louisville State KY Zip Code 40285-6176	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3679.21
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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Andiamo Italia West		Transaction ID: 61204.E13069 Date of Disbursement 10 / 25 / 2006
Mailing Address 6676 Telegraph Road		Amount of Each Disbursement this Period 2002.74
City Bloomfield Hills State MI Zip Code 48301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT	Candidate Name	[MEMO ITEM] MEMO: EVENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Roosevelts Restaurant		Transaction ID: 61204.E13068 Date of Disbursement 10 / 25 / 2006
Mailing Address Attn: Craig 27843 Orchard Lake Road		Amount of Each Disbursement this Period 780.65
City Farmington Hills State MI Zip Code 48334-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT	Candidate Name	[MEMO ITEM] MEMO: EVENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National City		Transaction ID: 61204.E13096 Date of Disbursement 11 / 01 / 2006
Mailing Address P.O. Box 856176		Amount of Each Disbursement this Period 4870.00
City Louisville State KY Zip Code 40285-6176	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4870.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Detroit Jewish News		Transaction ID: 61204.E13097 Date of Disbursement 11 / 01 / 2006	
Mailing Address 29200 Northwestern Highway, #110		Amount of Each Disbursement this Period 4870.00	
City Southfield State MI Zip Code 48034-	Purpose of Disbursement AD IN NEWSPAPER	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AD IN NEWSPAPER	

Full Name (Last, First, Middle Initial) B. National City		Transaction ID: 61204.E13125 Date of Disbursement 11 / 06 / 2006	
Mailing Address P.O. Box 856176		Amount of Each Disbursement this Period 182.00	
City Louisville State KY Zip Code 40285-6176	Purpose of Disbursement CREDIT CARD: SEE BELOW	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD: SEE BELOW	

Full Name (Last, First, Middle Initial) C. Andiamo Italia West		Transaction ID: 61204.E13126 Date of Disbursement 11 / 06 / 2006	
Mailing Address 6676 Telegraph Road		Amount of Each Disbursement this Period 182.00	
City Bloomfield Hills State MI Zip Code 48301-	Purpose of Disbursement FUNDRAISER	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FUNDRAISER	

SUBTOTAL of Disbursements This Page (optional) ▶	182.00
TOTAL 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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. National City		Transaction ID: 61204.E13190 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 856176		Amount of Each Disbursement this Period 290.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40285-6176	CREDIT CARD: SEE BELOW	
Purpose of Disbursement CREDIT CARD: SEE BELOW		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. America on Line		Transaction ID: 61204.E13193 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 28640		Amount of Each Disbursement this Period 25.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jacksonville State FL Zip Code 32226-8640	[MEMO ITEM] MEMO: INTERNET SERVICE	
Purpose of Disbursement INTERNET SERVICE		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FedEx Kinkos		Transaction ID: 61204.E13194 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 28844 Northwestern Highway		Amount of Each Disbursement this Period 2.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Southfield State MI Zip Code 48034-	[MEMO ITEM] MEMO: PRINTING	
Purpose of Disbursement PRINTING		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	290.59
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 124

<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Leos Coney Island		Transaction ID: 61204.E13196 Date of Disbursement 11 / 15 / 2006	
Mailing Address 6527 Telegraph Road		Amount of Each Disbursement this Period 22.48	
City Bloomfield Hills State MI Zip Code 48301-	Purpose of Disbursement MEALS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Mitchells Fish Market		Transaction ID: 61204.E13195 Date of Disbursement 11 / 15 / 2006	
Mailing Address 117 Willits		Amount of Each Disbursement this Period 70.46	
City Birmingham State MI Zip Code 48009-	Purpose of Disbursement MEALS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Roosevelts Restaurant		Transaction ID: 61204.E13198 Date of Disbursement 11 / 15 / 2006	
Mailing Address Attn: Craig 27843 Orchard Lake Road		Amount of Each Disbursement this Period 22.00	
City Farmington Hills State MI Zip Code 48334-	Purpose of Disbursement MEALS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Verizon Wireless Great Lakes		Transaction ID: 61204.E13191 Date of Disbursement 11 / 15 / 2006	
Mailing Address P.O. Box 790292		Amount of Each Disbursement this Period 147.38	
City Saint Louis State MO Zip Code 63179-0292	Purpose of Disbursement PHONE BILL	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PHONE BILL	

Full Name (Last, First, Middle Initial) B. Oakland Press		Transaction ID: 61204.E13089 Date of Disbursement 10 / 27 / 2006	
Mailing Address P.O. Box 436009		Amount of Each Disbursement this Period 56.00	
City Pontiac State MI Zip Code 48343-	Purpose of Disbursement SUBSCRIPTION	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUBSCRIPTION	

Full Name (Last, First, Middle Initial) C. Jeff Onizuk		Transaction ID: 61204.E13183 Date of Disbursement 11 / 15 / 2006	
Mailing Address 4629 30th Road South		Amount of Each Disbursement this Period 462.54	
City Arlington State VA Zip Code 22206-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW	

SUBTOTAL of Disbursements This Page (optional) ▶	518.54
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Enterprise Rent A Car		Transaction ID: 61204.E13184 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 330 Lucas Drive		Amount of Each Disbursement this Period 428.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Detroit State MI Zip Code 48242-	Purpose of Disbursement RENTAL CAR Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: RENTAL CAR

Full Name (Last, First, Middle Initial) B. Original Equipment Suppliers Assoc.		Transaction ID: 61204.E13131 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1301 W. Long Lake Road, #225		Amount of Each Disbursement this Period 252.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Troy State MI Zip Code 48098-	Purpose of Disbursement FUNDRAISER Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISER

Full Name (Last, First, Middle Initial) C. Paper Express Inc.		Transaction ID: 61204.E13074 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 2300 Meijer Drive		Amount of Each Disbursement this Period 692.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Troy State MI Zip Code 48084-	Purpose of Disbursement PRINTING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	944.21
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Petty Cash		Transaction ID: 61204.E13102 Date of Disbursement
Mailing Address 27867 Orchard Lake Road		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Farmington Hills	State MI	Zip Code 48334-
Purpose of Disbursement PETTY CASH	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="100.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PETTY CASH
State: District:		

Full Name (Last, First, Middle Initial) B. Petty Cash		Transaction ID: 61204.E13164 Date of Disbursement
Mailing Address 27867 Orchard Lake Road		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Farmington Hills	State MI	Zip Code 48334-
Purpose of Disbursement PETTY CASH	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="100.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PETTY CASH
State: District:		

Full Name (Last, First, Middle Initial) C. Renaissance Strategies		Transaction ID: 61204.E13048 Date of Disbursement
Mailing Address 27780 Novi Road, #210		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Novi	State MI	Zip Code 48377-
Purpose of Disbursement CABLE BUY	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="102271.57"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CABLE BUY
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="102471.57"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Renaissance Strategies		Transaction ID: 61204.E13071 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 27780 Novi Road, #210		Amount of Each Disbursement this Period 33223.40
City Novi State MI Zip Code 48377-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RADIO BUY	Candidate Name	RADIO BUY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Renaissance Strategies		Transaction ID: 61204.E13080 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 27780 Novi Road, #210		Amount of Each Disbursement this Period 2000.00
City Novi State MI Zip Code 48377-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING FEE	Candidate Name	CONSULTING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Renaissance Strategies		Transaction ID: 61204.E13103 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 27780 Novi Road, #210		Amount of Each Disbursement this Period 59639.11
City Novi State MI Zip Code 48377-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE & RADIO BUY	Candidate Name	CABLE & RADIO BUY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	94862.51
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)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Renaissance Strategies		Transaction ID: 61204.E13132 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 27780 Novi Road, #210		Amount of Each Disbursement this Period 2000.00
City Novi State MI Zip Code 48377-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING FEE	Candidate Name	CONSULTING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bryce Sandler		Transaction ID: 61204.E13123 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 1600 Normandy		Amount of Each Disbursement this Period 75.19
City Clawson State MI Zip Code 48017-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Candidate Name	REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bryce Sandler		Transaction ID: 61204.E13141 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 1600 Normandy		Amount of Each Disbursement this Period 572.65
City Clawson State MI Zip Code 48017-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Candidate Name	REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2647.84
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Moose Preserve Bar & Grill		Transaction ID: 61204.E13143 Date of Disbursement MM / DD / YYYY 11 / 08 / 2006
Mailing Address 43034 Woodward Ave.		Amount of Each Disbursement this Period 50.00
City Bloomfield Hills State MI Zip Code 48304-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Category/Type	[MEMO ITEM] MEMO: MEALS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bryce Sandler		Transaction ID: 61204.E13142 Date of Disbursement MM / DD / YYYY 11 / 08 / 2006
Mailing Address 1600 Normandy		Amount of Each Disbursement this Period 519.76
City Clawson State MI Zip Code 48017-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type	[MEMO ITEM] MEMO: MILEAGE REIMBURSEMENT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sandler & Associates		Transaction ID: 61204.E13098 Date of Disbursement MM / DD / YYYY 11 / 01 / 2006
Mailing Address 1600 Normandy		Amount of Each Disbursement this Period 7500.00
City Clawson State MI Zip Code 48017-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTANT	Category/Type	FUNDRAISING CONSULTANT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	7500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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(check only one)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Sparrs Hearts & Roses		Transaction ID: 61204.E13138 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 156 North Center		Amount of Each Disbursement this Period 83.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Northville State MI Zip Code 48167-	SYMPATHY ARRANGEMENT SYMPATHY ARRANGEMENT	
Purpose of Disbursement SYMPATHY ARRANGEMENT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 61204.E13156 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 1072 S. Latson Road		Amount of Each Disbursement this Period 187.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Howell State MI Zip Code 48843-	OFFICE SUPPLIES OFFICE SUPPLIES	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. The Levatino Group		Transaction ID: 61204.E13091 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address Ms. Vita Levatino 2501 Wisconsin Avenue NW, #304		Amount of Each Disbursement this Period 27306.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20007-	FUNDRAISING CONSULTANT FUNDRAISING CONSULTANT	
Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	27578.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. The Levatino Group		Transaction ID: 61204.E13130 Date of Disbursement 11 / 07 / 2006
Mailing Address Ms. Vita Levatino 2501 Wisconsin Avenue NW, #304		Amount of Each Disbursement this Period 4977.00
City Washington State DC Zip Code 20007-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTANT	Candidate Name	FUNDRAISING CONSULTANT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. TVS Communication Solutions		Transaction ID: 61204.E13084 Date of Disbursement 10 / 27 / 2006
Mailing Address 2040 Crooks Road		Amount of Each Disbursement this Period 23325.31
City Troy State MI Zip Code 48084-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TV PRODUCTION	Candidate Name	TV PRODUCTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. Bank		Transaction ID: 61204.E13201 Date of Disbursement 11 / 16 / 2006
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 1467.51
City Saint Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	29769.82
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

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(check only one)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Beans & Cornbread		Transaction ID: 61204.E13214 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 29508 Northwestern Hwy.		Amount of Each Disbursement this Period 53.47
City Southfield State MI Zip Code 48034-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Beau Jacks Restaurant		Transaction ID: 61204.E13207 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 4108 W. Maple Road		Amount of Each Disbursement this Period 86.15
City Bloomfield Hills State MI Zip Code 48301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Copper Canyon		Transaction ID: 61204.E13212 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 27522 Northwestern Highway		Amount of Each Disbursement this Period 138.89
City Southfield State MI Zip Code 48034-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. G.T. Jerseys		Transaction ID: 61204.E13215 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 1203 Rankin		Amount of Each Disbursement this Period 505.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Troy State MI Zip Code 48083-	Purpose of Disbursement SWEATSHIRTS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: SWEATSHIRTS

Full Name (Last, First, Middle Initial) B. Ginopolis Restaurant		Transaction ID: 61204.E13211 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address Attn: Johnny & Peter 27815 Middlebelt Road		Amount of Each Disbursement this Period 50.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Farmington Hills State MI Zip Code 48334-	Purpose of Disbursement MEALS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS

Full Name (Last, First, Middle Initial) C. Hogans Restaurant		Transaction ID: 61204.E13209 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 6450 Telegraph		Amount of Each Disbursement this Period 107.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bloomfield Hills State MI Zip Code 48301-	Purpose of Disbursement MEALS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Leos Coney Island		Transaction ID: 61204.E13203 Date of Disbursement 11 / 16 / 2006
Mailing Address 6527 Telegraph Road		Amount of Each Disbursement this Period 54.15
City Bloomfield Hills State MI Zip Code 48301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Papa Romanos		Transaction ID: 61204.E13202 Date of Disbursement 11 / 16 / 2006
Mailing Address 1998 Southfield Road		Amount of Each Disbursement this Period 46.62
City Birmingham State MI Zip Code 48009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rams Horn		Transaction ID: 61204.E13217 Date of Disbursement 11 / 16 / 2006
Mailing Address 26200 W. 12 Mile Road		Amount of Each Disbursement this Period 24.94
City Southfield State MI Zip Code 48076-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Brian Watson		Transaction ID: 61204.E13053 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 31061 Woodstone Lane, #155		Amount of Each Disbursement this Period 30.55
City Novi State MI Zip Code 48377-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name		REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gallery Restaurant		Transaction ID: 61204.E13054 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 6638 Telegraph Road		Amount of Each Disbursement this Period 30.55
City Bloomfield Hills State MI Zip Code 48301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name		[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Brian Watson		Transaction ID: 61204.E13055 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 31061 Woodstone Lane, #155		Amount of Each Disbursement this Period 517.86
City Novi State MI Zip Code 48377-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name		REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	548.41
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)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Dunkin Donuts		Transaction ID: 61204.E13057 Date of Disbursement 10 / 23 / 2006
Mailing Address 29285 Southfield Road		Amount of Each Disbursement this Period 35.28
City Southfield State MI Zip Code 48076-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DONUTS FOR VOLUNTEERS	Candidate Name	[MEMO ITEM] MEMO: DONUTS FOR VOLUNTEERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FedEx Kinkos		Transaction ID: 61204.E13058 Date of Disbursement 10 / 23 / 2006
Mailing Address 28844 Northwestern Highway		Amount of Each Disbursement this Period 15.79
City Southfield State MI Zip Code 48034-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CUTTING	Candidate Name	[MEMO ITEM] MEMO: CUTTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hogans Restaurant		Transaction ID: 61204.E13060 Date of Disbursement 10 / 23 / 2006
Mailing Address 6450 Telegraph		Amount of Each Disbursement this Period 55.05
City Bloomfield Hills State MI Zip Code 48301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Transaction ID: 61204.E13059 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 22200 W. Eleven Mile Road		Amount of Each Disbursement this Period 390.00
City Southfield State MI Zip Code 48037-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	[MEMO ITEM] MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Brian Watson		Transaction ID: 61204.E13063 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 31061 Woodstone Lane, #155		Amount of Each Disbursement this Period 193.86
City Novi State MI Zip Code 48377-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Candidate Name	REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FedEx Kinkos		Transaction ID: 61204.E13064 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 28844 Northwestern Highway		Amount of Each Disbursement this Period 15.79
City Southfield State MI Zip Code 48034-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CUTTING	Candidate Name	[MEMO ITEM] MEMO: CUTTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	193.86
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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. National Coney Island		Transaction ID: 61204.E13066 Date of Disbursement 10 / 25 / 2006	
Mailing Address 1812 N. Main		Amount of Each Disbursement this Period 104.44	
City Royal Oak State MI Zip Code 48073-	Purpose of Disbursement MEALS	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS	

Full Name (Last, First, Middle Initial) B. Brian Watson		Transaction ID: 61204.E13092 Date of Disbursement 10 / 29 / 2006	
Mailing Address 31061 Woodstone Lane, #155		Amount of Each Disbursement this Period 174.74	
City Novi State MI Zip Code 48377-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) C. Dunkin Donuts		Transaction ID: 61204.E13094 Date of Disbursement 10 / 29 / 2006	
Mailing Address 29285 Southfield Road		Amount of Each Disbursement this Period 81.04	
City Southfield State MI Zip Code 48076-	Purpose of Disbursement DONUTS FOR VOLUNTEERS	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: DONUTS FOR VOLUNTEERS	

SUBTOTAL of Disbursements This Page (optional) ▶	174.74
TOTAL 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)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Hogans Restaurant		Transaction ID: 61204.E13093 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 6450 Telegraph		Amount of Each Disbursement this Period 93.70
City Bloomfield Hills State MI Zip Code 48301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Brian Watson		Transaction ID: 61204.E13100 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 31061 Woodstone Lane, #155		Amount of Each Disbursement this Period 51.99
City Novi State MI Zip Code 48377-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	Category/Type	REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Brian Watson		Transaction ID: 61204.E13110 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 31061 Woodstone Lane, #155		Amount of Each Disbursement this Period 1072.37
City Novi State MI Zip Code 48377-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	Category/Type	REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1124.36
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)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Beau Jacks Restaurant		Transaction ID: 61204.E13114 Date of Disbursement MM / DD / YYYY 11 / 06 / 2006	
Mailing Address 4108 W. Maple Road		Amount of Each Disbursement this Period 33.34	
City Bloomfield Hills State MI Zip Code 48301-	Purpose of Disbursement MEALS	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS	

Full Name (Last, First, Middle Initial) B. Dunkin Donuts		Transaction ID: 61204.E13118 Date of Disbursement MM / DD / YYYY 11 / 06 / 2006	
Mailing Address 29285 Southfield Road		Amount of Each Disbursement this Period 47.83	
City Southfield State MI Zip Code 48076-	Purpose of Disbursement DONUTS FOR VOLUNTEERS	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: DONUTS FOR VOLUNTEERS	

Full Name (Last, First, Middle Initial) C. FedEx Kinkos		Transaction ID: 61204.E13112 Date of Disbursement MM / DD / YYYY 11 / 06 / 2006	
Mailing Address 28844 Northwestern Highway		Amount of Each Disbursement this Period 758.42	
City Southfield State MI Zip Code 48034-	Purpose of Disbursement PRINTING	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRINTING	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Leos Coney Island		Transaction ID: 61204.E13113 Date of Disbursement 11 / 06 / 2006
Mailing Address 6527 Telegraph Road		Amount of Each Disbursement this Period 27.53
City Bloomfield Hills State MI Zip Code 48301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Meijer Thrifty Acres		Transaction ID: 61204.E13111 Date of Disbursement 11 / 06 / 2006
Mailing Address 28800 Telegraph Road		Amount of Each Disbursement this Period 67.12
City Southfield State MI Zip Code 48034-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGES Candidate Name	Category/Type	[MEMO ITEM] MEMO: FOOD & BEVERAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Roosevelts Restaurant		Transaction ID: 61204.E13116 Date of Disbursement 11 / 06 / 2006
Mailing Address Attn: Craig 27843 Orchard Lake Road		Amount of Each Disbursement this Period 76.60
City Farmington Hills State MI Zip Code 48334-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Brian Watson		Transaction ID: 61204.E13145 Date of Disbursement 11 / 08 / 2006
Mailing Address 31061 Woodstone Lane, #155		Amount of Each Disbursement this Period 140.49
City Novi State MI Zip Code 48377-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Meijer Thrifty Acres		Transaction ID: 61204.E13148 Date of Disbursement 11 / 08 / 2006
Mailing Address 28800 Telegraph Road		Amount of Each Disbursement this Period 24.55
City Southfield State MI Zip Code 48034-	Purpose of Disbursement FOOD & BEVERAGES	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEVERAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Moose Preserve Bar & Grill		Transaction ID: 61204.E13147 Date of Disbursement 11 / 08 / 2006
Mailing Address 43034 Woodward Ave.		Amount of Each Disbursement this Period 87.86
City Bloomfield Hills State MI Zip Code 48304-	Purpose of Disbursement MEALS	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	140.49
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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Brian Watson		Transaction ID: 61204.E13219 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6
Mailing Address 31061 Woodstone Lane, #155		Amount of Each Disbursement this Period 28.10
City State Zip Code Novi MI 48377-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		REIMBURSEMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Joes Bar		Transaction ID: 61204.E13220 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6
Mailing Address 26077 W. 12 Mile Road		Amount of Each Disbursement this Period 26.60
City State Zip Code Southfield MI 48034-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS		[MEMO ITEM] MEMO: MEALS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ms. Elif Wisecup		Transaction ID: 61204.E13137 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 1772 Washington		Amount of Each Disbursement this Period 250.00
City State Zip Code Birmingham MI 48009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AD DESIGN		AD DESIGN
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	278.10
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Wisecup Consulting, LLC		Transaction ID: 61204.E13070 Date of Disbursement 10 / 26 / 2006
Mailing Address 1772 Washington Blvd		Amount of Each Disbursement this Period 669.00
City Birmingham State MI Zip Code 48009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING FEE	Candidate Name	CONSULTING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Wisecup Consulting, LLC		Transaction ID: 61204.E13085 Date of Disbursement 10 / 27 / 2006
Mailing Address 1772 Washington Blvd		Amount of Each Disbursement this Period 7500.00
City Birmingham State MI Zip Code 48009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING FEE	Candidate Name	CONSULTING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wisecup Consulting, LLC		Transaction ID: 61204.E13168 Date of Disbursement 11 / 15 / 2006
Mailing Address 1772 Washington Blvd		Amount of Each Disbursement this Period 7500.00
City Birmingham State MI Zip Code 48009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING FEE	Candidate Name	CONSULTING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15669.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Robert Wyatt		Transaction ID: 61204.E13049 Date of Disbursement 10 / 19 / 2006	
Mailing Address 38121 Spring Lane		Amount of Each Disbursement this Period 950.52	
City Farmington Hills State MI Zip Code 48331-	Purpose of Disbursement MILEAGE REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MILEAGE REIMBURSEMENT	

Full Name (Last, First, Middle Initial) B. Robert Wyatt		Transaction ID: 61204.E13109 Date of Disbursement 11 / 03 / 2006	
Mailing Address 38121 Spring Lane		Amount of Each Disbursement this Period 1110.72	
City Farmington Hills State MI Zip Code 48331-	Purpose of Disbursement MILEAGE REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MILEAGE REIMBURSEMENT	

Full Name (Last, First, Middle Initial) C. Robert Wyatt		Transaction ID: 61204.E13218 Date of Disbursement 11 / 16 / 2006	
Mailing Address 38121 Spring Lane		Amount of Each Disbursement this Period 848.17	
City Farmington Hills State MI Zip Code 48331-	Purpose of Disbursement MILEAGE REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MILEAGE REIMBURSEMENT	

SUBTOTAL of Disbursements This Page (optional) ▶	2909.41
TOTAL This Period (last page this line number only) ▶	325627.49

**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)

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<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

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NAME OF COMMITTEE (In Full)
Knollenberg for Congress Committee

Full Name (Last, First, Middle Initial) A. Bloomfield Republican Womens Club		Transaction ID: 61204.E13139 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address c/o Joyce MacLeish 650 E. big Beaver		Amount of Each Disbursement this Period 25.00	
City Troy State MI Zip Code 48083-	Purpose of Disbursement DUES	<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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	▶	25.00
TOTAL This Period (last page this line number only)	▶	25.00