

# 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  
Schwarz for Congress

ADDRESS (number and street) P.O. Box 2063  
 Check if different than previously reported. (ACC)  
Battle Creek MI 49016

2. **FEC IDENTIFICATION NUMBER** C00395822  
**CITY** **STATE** **ZIP CODE**  
STATE DISTRICT MI 07  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 10 01 2005 through 12 31 2005

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

Signature of Treasurer Electronically Filed by Jennifer Bertram Date 03 20 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Schwarz for Congress

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	122146.00	662152.59
(b) Total Contribution Refunds (from Line 20(d)).....	1000.00	5000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	121146.00	657152.59
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	91330.47	490010.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4176.45
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	91330.47	485833.58
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	366301.93	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Schwarz for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

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

46275.00

187024.93

(ii) Unitemized.....

11700.00

35160.00

(iii) TOTAL of contributions

57975.00

222184.93

from individuals..... ▶

196.00

196.00

(b) Political Party Committees.....

63975.00

439771.66

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS  
(other than loans)

122146.00

662152.59

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

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

0.00

4176.45

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

0.00

850.00

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

122146.00

667179.04

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	91330.47	490010.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	5000.00
21. OTHER DISBURSEMENTS.....	3500.00	13812.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	95830.47	508822.03

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	339986.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	122146.00
25. SUBTOTAL (add Line 23 and Line 24).....	462132.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	95830.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	366301.93

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b> John Schwarz, M.D.		<b>Candidate ID Number</b> H6MI03081
<b>Name of Principal Campaign Committee</b> Schwarz for Congress		<b>Committee ID Number</b> C C00395822
<b>Committee Address</b> P.O. Box 2063		
<b>City</b> Battle Creek	<b>State</b> MI	<b>ZIP</b> 49016-
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	0.00	0.00
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	0.00	0.00

# 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 6 / 91
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Altria Group Inc. PAC

Mailing Address 120 Park Ave

City State Zip Code  
New York NY 10017-5579

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2005

**Transaction ID:** 60123.C3318

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)  
Altria Group Inc. PAC

Mailing Address 120 Park Ave

City State Zip Code  
New York NY 10017-5579

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
12 / 19 / 2005

**Transaction ID:** 60123.C3372

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)  
American Academy Of Otolaryngology

Mailing Address One Prince Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2005

**Transaction ID:** 60123.C3313

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 91
	(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)  
Schwarz for Congress

**A.** American Bankers Assn. PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1120 Connecticut Ave NW

City Washington State DC Zip Code 20036-3905

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 5

**Transaction ID:** 60123.C3321

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.** American College of Cardiology PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 9111 Old Georgetown Rd

City Bethesda State MD Zip Code 20814-1616

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 5

**Transaction ID:** 60123.C3306

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.** American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial)  
Mailing Address 1111 14th Street Nw, Suite 1100

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 5

**Transaction ID:** 60123.C3336

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 91
	<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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. American Electric Power</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 5
Mailing Address 1 Riverside Plaza - 26th Floor P.o. Box 16036		Transaction ID: 60123.C3327
City Columbus	State OH	Zip Code 43215
FEC ID number of contributing federal political committee. <b>C</b> C00096842		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. American Hospital Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 325 7th St NW		Transaction ID: 60123.C3315
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. <b>C</b> C00106146		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3800.00	

Full Name (Last, First, Middle Initial) <b>C. American Meat Institute PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 1700 N. Moore St., Suite 1600		Transaction ID: 60123.C3311
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. <b>C</b> C00024281		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 91
	<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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. American Osteopathic Information Associa</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 1090 Vermont Ave. Nw Suite 510		Transaction ID: 60123.C3329
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b> C00113803	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input 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)
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. American Podiatric Medical Assn. PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address 9312 Old Georgetown Rd		Transaction ID: 60123.C3217
City Bethesda State MD Zip Code 20814-1646	FEC ID number of contributing federal political committee. <b>C</b> C00008839	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input 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)
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. American Urological Assn. PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 1111 N Plaza Dr Ste 550 Suite 550		Transaction ID: 60123.C3260
City Schaumburg State IL Zip Code 60173-4946	FEC ID number of contributing federal political committee. <b>C</b> C00273003	Amount of Each Receipt this Period 500.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input 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)
Election Cycle-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 91
	<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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. American Veterinary Medical Association</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5	
Mailing Address 1910 Sunderland Place, NW		<b>Transaction ID: 60123.C3319</b>	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00114132</b>		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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Build Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 5	
Mailing Address 1201 15th Street Nw		<b>Transaction ID: 60123.C3259</b>	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00000901</b>		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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Comerica Incorporated Political Action C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address C/O PAC SERVICES MC 2250 PO BOX 75 Po Box 75000		<b>Transaction ID: 60123.C3331</b>	
City State Zip Code Detroit MI 48275-0001		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00393173</b>		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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 91
	<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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. Conagra Foods Good Government Associatio</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 5	
Mailing Address One Conagra Drive		Transaction ID: 60123.C3227	
City State Zip Code Omaha NE 68102		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00087874</b>		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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. DaimlerChrysler Corp</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5	
Mailing Address 1000 Chrysler Dr # 485-09-02 Cims # 485-09-02		Transaction ID: 60123.C3307	
City State Zip Code Auburn Hills MI 48326-2766		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00043687</b>		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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Dairy Farmers Of America Inc. DEPAC</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 10220 NW Ambassador Dr		Transaction ID: 60123.C3316	
City State Zip Code Kansas City MO 64153-2312		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00001388</b>		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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 91
	(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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dow Chemical

Mailing Address 2030 DOW CENTER

City Midland State MI Zip Code 48674-0001

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2005

**Transaction ID:** 60123.C3309

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)  
DTE Energy Co. PAC

Mailing Address 2000 2nd Ave

City Detroit State MI Zip Code 48226-1203

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
11 / 08 / 2005

**Transaction ID:** 60123.C3312

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)  
Farm Credit Political Action Committee

Mailing Address 50 F Street, NW Suite 900

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2005

**Transaction ID:** 60123.C3324

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: PAGE 13 / 91  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Food Marketing Institute PAC

Mailing Address 655 15th St NW Ste 700  
Suite 700

City State Zip Code  
Washington DC 20005-5701

FEC ID number of contributing federal political committee. **C** C00014555

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

**Transaction ID:** 60123.C3308

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)  
General Dynamics Voluntary PAC

Mailing Address 2941 Fairview Park Dr Ste 100  
Suite 100

City State Zip Code  
Falls Church VA 22042-4541

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

**Transaction ID:** 60123.C3218

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)  
Human Rights Campaign Pac

Mailing Address 1640 Rhode Island Ave NW

City State Zip Code  
Washington DC 20036-3200

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8975.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 3 / 2 0 0 5

**Transaction ID:** 60123.C3333

Amount of Each Receipt this Period  
4975.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6975.00**

**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 / 91
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ice Cream Milk & Cheese PAC

Mailing Address 1250 H St NW Ste 900

City Washington State DC Zip Code 20005-3952

FEC ID number of contributing federal political committee. **C** C00128231

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 5

**Transaction ID:** 60123.C3310

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)  
Independent Community Bankers PAC

Mailing Address One Thomas Circle, NW Suite 400

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** 60123.C3317

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)  
Ironworkers Political Action League

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-5301

FEC ID number of contributing federal political committee. **C** C00163535

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

**Transaction ID:** 60123.C3376

Amount of Each Receipt this Period  
 4000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Laborers Political League

Mailing Address 905 16th St NW

City Washington State DC Zip Code 20006-1713

FEC ID number of contributing federal political committee. **C** C00270413

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 5

**Transaction ID:** 60123.C3314

Amount of Each Receipt this Period  
3000.00

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

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

Mailing Address 606 North Washington Street

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 5

**Transaction ID:** 60123.C3226

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)  
National Association Of Realtors

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 5

**Transaction ID:** 60131.C3386

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Association Of Realtors

Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 5

**Transaction ID:** 60123.C3322

Amount of Each Receipt this Period  
3500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Political Educational Fund of the BCTD

Mailing Address 815 16th Street, NW Suite 600

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00003160

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

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

**Transaction ID:** 60130.C3385

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Preston Gates Ellis & Rouvelas Meeds Llp

Mailing Address 1735 New York Ave NW Ste 500 Suite 500

City State Zip Code  
Washington DC 20006-5221

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 5

**Transaction ID:** 60123.C3225

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	9500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 17 / 91  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ted Poe for Congress

Mailing Address PO Box 14222

City State Zip Code  
Humble TX 77347

FEC ID number of contributing federal political committee. **C** C00392670

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 60123.C3339

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)  
The NEA Fund

Mailing Address 1201 16th St NW Ste 420  
Suite 420

City State Zip Code  
Washington DC 20036-3207

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 5

**Transaction ID:** 60123.C3224

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)  
The Society of Thoracic Surgeons PAC

Mailing Address 1025 Connecticut Ave NW Ste 1104  
Suite 1104

City State Zip Code  
Washington DC 20036-5405

FEC ID number of contributing federal political committee. **C** C00325936

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 5

**Transaction ID:** 60123.C3340

Amount of Each Receipt this Period  
1500.00

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:	PAGE 18 / 91
	(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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
TOMPAC Federal

Mailing Address PO Box 16488

City State Zip Code  
Arlington VA 22215-1488

FEC ID number of contributing federal political committee. **C** C00385732

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

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

**Transaction ID:** 60123.C3320

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)  
TRUST PAC

Mailing Address PO Box 221543

City State Zip Code  
Chantilly VA 20153-1543

FEC ID number of contributing federal political committee. **C** C00395822

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 5

**Transaction ID:** 60123.C3375

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)  
UPS PAC

Mailing Address 55 Glenlake Pkwy, NE

City State Zip Code  
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

**Transaction ID:** 60123.C3219

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 91
	(check only one)	
<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Us-Cuba Democracy PAC

Mailing Address 1200 W 49th St

City State Zip Code  
Hialeah FL 33012-3217

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

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

Transaction ID: 60123.C3338

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	63975.00

# 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 20 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Herbert Amster

Mailing Address 2601 Heatherway

City State Zip Code  
Ann Arbor MI 48104

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

Name of Employer Self Occupation Consultant

Receipt For: 2006  
 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 0 / 2 0 0 5

Transaction ID: 60123.C3206

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)  
Peter Armstrong

Mailing Address 10205 Lake Shore Drive

City State Zip Code  
West Olive MI 49460

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

Name of Employer Varnum, Riddering, Schmidt And Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 5

Transaction ID: 60123.C3285

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 Baker

Mailing Address 3997 Holden Drive

City State Zip Code  
Ann Arbor MI 48103

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

Name of Employer Univeristy Of Michigan Occupation Md

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

650.00

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

Transaction ID: 60123.C3368

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Norma Barker

Mailing Address PO Box 460

City State Zip Code  
Battle Creek MI 49016

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

Name of Employer Occupation  
RETIRED Retired

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 5

Transaction ID: 60123.C3132

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)  
Albert Berriz

Mailing Address 405 Lenawee

City State Zip Code  
Ann Arbor MI 48104

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

Name of Employer Occupation  
McKinley Corporation Ceo

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

500.00

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

Transaction ID: 60123.C3205

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)  
Raakesh Bhan

Mailing Address 34 Lakeshore Drive

City State Zip Code  
Battle Creek MI 49015

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

Name of Employer Occupation  
SELF EMPLOYED Physician

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

500.00

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

Transaction ID: 60123.C3347

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) ..... ► **1250.00**

**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 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Raakesh Bhan

Mailing Address 34 Lakeshore Drive

City State Zip Code  
Battle Creek MI 49015

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

Name of Employer  
SELF EMPLOYED

Occupation  
Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
625.00

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

**Transaction ID:** 60123.C3363

Amount of Each Receipt this Period  
125.00

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

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Binda

Mailing Address 124 South Minges Road

City State Zip Code  
Battle Creek MI 49015

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

Name of Employer  
SELF EMPLOYED

Occupation  
Architect

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 5

**Transaction ID:** 60123.C3126

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)  
Rebecca Blank

Mailing Address 1909 Lorraine Place

City State Zip Code  
Ann Arbor MI 48104

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

Name of Employer  
University of Michigan

Occupation  
Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

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

**Transaction ID:** 60123.C3248

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) ..... ► **475.00**

**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 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Cathy O. Blight

Mailing Address 2615 Circle Drive

City State Zip Code  
Flint MI 48507

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

Name of Employer Self Occupation Pathologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 60123.C3257

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)  
Susan Bolhouse

Mailing Address 6640 Old River Trl

City State Zip Code  
Lansing MI 48917-8643

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

Name of Employer RETIRED Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: 60123.C3184

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)  
Dalma Brown

Mailing Address 24 Country Club Dr

City State Zip Code  
Battle Creek MI 49015-3622

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

Name of Employer RETIRED Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 5

Transaction ID: 60123.C3128

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Christine Brummer

Mailing Address 39400 Woodward, Ste. 100

City Bloomfield State MI Zip Code 48304

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

Name of Employer Self Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 60123.C3361

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)  
Jack Budrow

Mailing Address 28 Hiawatha Drive

City Battlecreek State MI Zip Code 49015

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

Name of Employer RETIRED Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 60123.C3129

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 Burnham

Mailing Address 160 Pheasant Run

City Battle Creek State MI Zip Code 49015

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

Name of Employer Hub International Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 0 5

Transaction ID: 60123.C3357

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bernard Butcher

Mailing Address 3610 Applewood Road

City State Zip Code  
Midland MI 48640

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 5

Transaction ID: 60123.C3270

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Kathleen Cameron

Mailing Address 201 Warrington Road

City State Zip Code  
Bloomfield MI 48304

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

Name of Employer Information Requested Occupation Information Requested

Idetix Software Systems Director

Receipt For: 2006  
 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 0 / 2 0 0 5

Transaction ID: 60123.C3208

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 Carver

Mailing Address 5833 Community Drive

City State Zip Code  
Brighton MI 48116

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

Name of Employer Information Requested Occupation Information Requested

SELF EMPLOYED Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: 60123.C3040

Amount of Each Receipt this Period  
300.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bhanu Chaparala

Mailing Address 249 Minges Hills Drive

City State Zip Code  
Battle Creek MI 49015

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 5

Transaction ID: 60123.C3134

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)  
Gilbert A Collver

Mailing Address 14270 Peninsula Dr

City State Zip Code  
Galesburg MI 49053-8763

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

Name of Employer Information Requested Occupation Information Requested  
CTS Communications Ceo

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

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

Transaction ID: 60123.C3145

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 1045 Cedar Bend

City State Zip Code  
Ann Arbor MI 48106

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

Name of Employer Information Requested Occupation Information Requested  
University of Michigan Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 5

Transaction ID: 60123.C3037

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
William Danhof

Mailing Address 6351 Pine Hollow Drive

City State Zip Code  
East Lansing MI 48823

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

Name of Employer Occupation  
Miller Canfield Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: 60123.C3296

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 7447 Lucy Drive

City State Zip Code  
Dexter MI 48130

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: 60123.C3130

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)  
Alexander Deparry

Mailing Address P.O. Box 7029

City State Zip Code  
Ann Arbor MI 48104

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

Name of Employer Occupation  
Ann Arbor Builders Developer

Receipt For: 2006  
 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 0 / 2 0 0 5

Transaction ID: 60123.C3203

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) ..... ▶ **950.00**

**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 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Janis Dillard

Mailing Address 48 Piper Avenue

City State Zip Code  
Battle Creek MI 49017

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

Name of Employer Occupation  
FAMILY HEALTH CENTER Administration

Receipt For: 2006 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 1 / 2 0 0 5

Transaction ID: 60123.C3143

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)  
Paul Dimond

Mailing Address 1286 Stags Leap

City State Zip Code  
Ann Arbor MI 48103

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

Name of Employer Occupation  
Miller Canfield Attorney

Receipt For: 2006 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 0 / 2 0 0 5

Transaction ID: 60123.C3204

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)  
Molly Dobson

Mailing Address 4001 Glacier Hills Drive, #313

City State Zip Code  
Ann Arbor MI 48105

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

Name of Employer Occupation  
RETIRED Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

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

Transaction ID: 60123.C3135

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sally Donner

Mailing Address 736 5th St NE

City Washington State DC Zip Code 20002-4320

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

Name of Employer Olsson, Frank and Weeda, P.C. Occupation Sr. Government Affairs Advisor

Receipt For: 2006 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 7 / 2 0 0 5

**Transaction ID:** 60123.C3223

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)  
Sally Donner

Mailing Address 736 5th St NE

City Washington State DC Zip Code 20002-4320

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

Name of Employer Olsson, Frank and Weeda, P.C. Occupation Sr. Government Affairs Advisor

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

750.00

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

**Transaction ID:** 60123.C3366

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 Dunstan

Mailing Address 4319 Bronson Blvd

City Kalamazoo State MI Zip Code 49008

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

Name of Employer Azon Usa Inc. Occupation Chairman

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 5

**Transaction ID:** 60123.C3292

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**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 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Samuel Durham, Jr.

Mailing Address 148 Pleasantview Drive

City State Zip Code  
Battle Creek MI 49017

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

Name of Employer STATE OF MICHIGAN Occupation Judge

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 5

Transaction ID: 60123.C3185

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 Ennis

Mailing Address P.o. Box 1570

City State Zip Code  
Anacortes WA 98221

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

Name of Employer Self Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60123.C3272

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)  
Terry Ensign

Mailing Address 115 Windmill Way

City State Zip Code  
Battle Creek MI 49017-3145

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

Name of Employer SELF EMPLOYED Occupation Pharmacist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 5

Transaction ID: 60123.C3245

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 31 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ken Fischer

Mailing Address 2115 Melrose Avenue

City State Zip Code  
Ann Arbor MI 48104

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

Name of Employer Occupation  
University of Michigan Performing Arts Presenter

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: 60123.C3141

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)  
Beth Fitzsimmons

Mailing Address 101 N Main St

City State Zip Code  
Ann Arbor MI 48104-5507

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

Name of Employer Occupation  
RETIRED Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 60123.C3183

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)  
Jospeh Fitzsimmons

Mailing Address 101 N Main St

City State Zip Code  
Ann Arbor MI 48104-5507

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

Name of Employer Occupation  
RETIRED Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 60123.C3182

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Don Franklin

Mailing Address 15390 J Drive, North

City Marshall State MI Zip Code 49068

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

Name of Employer RETIRED Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 60123.C3196

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)  
Willard Frauman

Mailing Address 1450 Wincanton Drive

City Deerfield State IL Zip Code 60015

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

Name of Employer Kirkland And Ellis Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60123.C3191

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)  
Rhonda Grant

Mailing Address 118 West Ottawa St.

City Lansing State MI Zip Code 48933

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

Name of Employer Grant Consulting Group LLC Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 5

Transaction ID: 60123.C3323

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 91
	<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)  
Schwarz for Congress

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

Mailing Address 1717 Maybrook Rd

City State Zip Code  
Jackson MI 49203-5342

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

Name of Employer Occupation  
Rosenfeld, Grover & Frang, PC Attorney

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

1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 5

Transaction ID: 60123.C3335

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)  
Laurence Hagerty

Mailing Address 2972 Heatherway

City State Zip Code  
Ann Arbor MI 48104

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

Name of Employer Occupation  
RETIRED Retired

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 5

Transaction ID: 60123.C3207

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 Haggard

Mailing Address P.O. Box 35

City State Zip Code  
Charlevoix MI 49720

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

Name of Employer Occupation  
Haggard Plumbing & Heating Owner

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

200.00

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

Transaction ID: 60123.C3165

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 91
	<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)  
Schwarz for Congress

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

Mailing Address 4410 Seneca Drive

City State Zip Code  
Okemos MI 48864

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

Name of Employer Occupation  
MHSA Partner

Receipt For: 2006 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 0 / 2 0 0 5

Transaction ID: 60123.C3209

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)  
Cynthia Helber

Mailing Address 1850 Encore Lane

City State Zip Code  
Ann Arbor MI 48103

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

Name of Employer Occupation  
RETIRED Retired

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

500.00

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

Transaction ID: 60123.C3202

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)  
Jutta Hettinger

Mailing Address 1712 N Darling Ln

City State Zip Code  
Fennville MI 49408-9772

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

Name of Employer Occupation  
RETIRED Retired

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

225.00

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

Transaction ID: 60123.C3173

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) ..... ► **1100.00**

**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 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Peter Heydon

Mailing Address 3562 West Huron River Drive

City State Zip Code  
Ann Arbor MI 48103

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

Name of Employer Self  
Occupation Investor/farmer/professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 5

Transaction ID: 60123.C3195

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)  
John Huntington

Mailing Address 22505 East Ave N

City State Zip Code  
Battle Creek MI 49017-9427

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

Name of Employer RETIRED  
Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

450.00

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

Transaction ID: 60123.C3048

Amount of Each Receipt this Period  
150.00

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

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

Mailing Address 208 Smokerise Blvd.

City State Zip Code  
Longwood FL 32779

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

Name of Employer Self  
Occupation Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

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

Transaction ID: 60123.C3221

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) ..... ► **2650.00**

**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 36 / 91
	<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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. Phil Jenkins</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 5	
Mailing Address 2041 Greenview Dr		<b>Transaction ID: 60123.C3193</b>	
City State Zip Code Ann Arbor MI 48103-6109		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 Sweepster, Inc. Chairman			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Mahesh Karamchandani</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 5	
Mailing Address 300 Minges Hills Dr		<b>Transaction ID: 60123.C3231</b>	
City State Zip Code Battle Creek MI 49015-9408		Amount of Each Receipt this Period 100.00	
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 Self Physician			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. John Kchikian</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 5	
Mailing Address Post Office Box 244		<b>Transaction ID: 60123.C3127</b>	
City State Zip Code Boca Grande FL 33921		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 RETIRED Retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 91
	<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)  
Schwarz for Congress

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

Mailing Address 452 Tullis Lane

City State Zip Code  
Battle Creek MI 49017

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

Name of Employer  
SELF EMPLOYED

Occupation  
Rn

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

**Transaction ID:** 60123.C3049

Amount of Each Receipt this Period  
150.00

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

**B.** Full Name (Last, First, Middle Initial)  
Marilyn V. Koth

Mailing Address 1614 Landmark Avenue

City State Zip Code  
Galva IA 51020

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

Name of Employer  
HOMEMAKER

Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

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

**Transaction ID:** 60123.C3036

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)  
Donald Labrecque

Mailing Address 924 Capital Ave., SW

City State Zip Code  
Battle Creek MI 49015

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

Name of Employer  
Self

Occupation  
Entrepreneur

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 60123.C3179

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 91
	<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)  
Schwarz for Congress

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

Mailing Address 11161 E C D Avenue

City State Zip Code  
Richland MI 49083

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

Name of Employer Occupation  
Employment Group Holdings Director

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

1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2005

Transaction ID: 60123.C3178

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)  
James Laparl

Mailing Address 5060 Halbert Rd E

City State Zip Code  
Battle Creek MI 49017-8408

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

Name of Employer Occupation  
RETIRED Retired

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

375.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2005

Transaction ID: 60123.C3142

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)  
Carol Parker Lee

Mailing Address 803 Greenwich

City State Zip Code  
Grand Ledge MI 48837

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

Name of Employer Occupation  
Michigan State University Manager

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

200.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2005

Transaction ID: 60123.C3042

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

**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 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dr. Allen S. Lichter

Mailing Address 2225 Belmont

City State Zip Code  
Ann Arbor MI 48104

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

Name of Employer Occupation  
University of Michigan Dean

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 60123.C3186

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)  
Karl F. Loomis

Mailing Address 603 N. Kalamazoo Avenue

City State Zip Code  
Marshall MI 49068

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

Name of Employer Occupation  
KARL F. LOOMIS Plumbing Contractor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

**Transaction ID:** 60123.C3194

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)  
Bettina Lussier

Mailing Address 12911 North Avenue

City State Zip Code  
Bellevue MI 49021

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

Name of Employer Occupation  
RETIRED Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

**Transaction ID:** 60123.C3138

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) ..... ► **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 40 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gerald Maas

Mailing Address 1655 Kibby Rd

City State Zip Code  
Jackson MI 49203-3828

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

Name of Employer  
RETIRED

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 5

**Transaction ID:** 60123.C3211

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 Martin

Mailing Address 1799 Wild Drive

City State Zip Code  
Richland MI 49083

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

Name of Employer  
RETIRED

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

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

**Transaction ID:** 60123.C3281

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 560 Orchard Road

City State Zip Code  
Marshall MI 49068

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

Name of Employer  
Self

Occupation  
Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 5

**Transaction ID:** 60123.C3187

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
William McClerkin

Mailing Address 3010 NE 48th Street

City State Zip Code  
Lighthouse Point FL 33064

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

Name of Employer  
SELF EMPLOYED

Occupation  
Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 5

**Transaction ID:** 60123.C3355

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)  
Paul McCracken

Mailing Address 2564 Hawthorne Rd.

City State Zip Code  
Ann Arbor MI 48104

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

Name of Employer  
RETIRED

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 5

**Transaction ID:** 60123.C3131

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 Messenger

Mailing Address 2207 Mission Street

City State Zip Code  
Mount Pleasant MI 48858

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

Name of Employer  
RETIRED

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 60123.C3358

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Henry Messer

Mailing Address 23248 Bonair

City State Zip Code  
Dearborn Heights MI 48127

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

Name of Employer  
RETIRED

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 60123.C3139

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)  
Carleton Miller

Mailing Address 1692 Southlawn Drive

City State Zip Code  
Lancaster PA 17603

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

Name of Employer  
RETIRED

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: 60123.C3140

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)  
Gary Minneman

Mailing Address 31 Bay Pointe

City State Zip Code  
Battle Creek MI 49015-7914

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

Name of Employer  
Sunshine Toyota

Occupation  
Auto Dealer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

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

Transaction ID: 60123.C3043

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**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 / 91
	<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)  
Schwarz for Congress

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

Mailing Address Post Office Box 904

City State Zip Code  
Mackinac Island MI 49757

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

Name of Employer Self Occupation  
Restauranteur

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: 60123.C3169

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)  
Dennis Muchmore

Mailing Address P.o. Box 20114

City State Zip Code  
Lansing MI 48901

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

Name of Employer Dhr International Occupation  
Executive Vice President

Receipt For: 2006  
 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 1 / 2 0 0 5

Transaction ID: 60123.C3197

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)  
Arlin Ness

Mailing Address 13862 Iyopawa Island Rd

City State Zip Code  
Coldwater MI 49036-8752

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

Name of Employer Starr Commonwealth Occupation  
Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 5

Transaction ID: 60123.C3045

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sally Odell

Mailing Address 1200 Lakeside Dr S

City State Zip Code  
Battle Creek MI 49015-3534

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

Name of Employer  
Radiology Consultants

Occupation  
Doctor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2005

**Transaction ID:** 60123.C3230

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 Parks

Mailing Address P.O. Box 946

City State Zip Code  
Clermont FL 34712

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

Name of Employer  
Marine Muffler Corp.

Occupation  
Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 18 / 2005

**Transaction ID:** 60123.C3222

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)  
Lawrence Pawl

Mailing Address 515 Michigan, NE Suite 301

City State Zip Code  
Grand Rapids MI 49503

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

Name of Employer  
SELF EMPLOYED

Occupation  
Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2005

**Transaction ID:** 60123.C3262

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) ..... ► **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 45 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
George Petredean

Mailing Address 26290 M-60

City State Zip Code  
Homer MI 49245

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

Name of Employer  
RETIRED

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

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

**Transaction ID:** 60123.C3038

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Barbara J. Porter

Mailing Address 301 Beckett Park

City State Zip Code  
Battle Creek MI 49015

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

Name of Employer  
HOMEMAKER

Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 5

**Transaction ID:** 60123.C3325

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 10771 Woodfield Cir.

City State Zip Code  
Brighton MI 48114

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

Name of Employer  
MICHIGAN SENATE

Occupation  
Policy Analyst

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 5

**Transaction ID:** 60123.C3136

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 91
	<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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Tyson Redpath		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 106 15th Street, SE		Transaction ID: 60123.C3364
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Leshner & Russell, Inc.	Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John Rivard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 2104 Copley Street		Transaction ID: 60123.C3200
City State Zip Code Ann Arbor MI 48104	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Anesthesia Association Of Ann	Occupation Physician	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Eleanor Robertson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5
Mailing Address 3030 West Ridge Court		Transaction ID: 60123.C3192
City State Zip Code Bloomfield Hills MI 48302	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer RETIRED	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sharon Rothwell

Mailing Address 5527 Great Hawk Circle

City State Zip Code  
Ann Arbor MI 48105

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

Name of Employer Occupation  
MASCO CORPORATION Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 5

Transaction ID: 60123.C3198

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 Royal

Mailing Address 44 Lakeside Drive

City State Zip Code  
Battle Creek MI 49015

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

Name of Employer Occupation  
Royal Funeral Home President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: 60123.C3180

Amount of Each Receipt this Period  
750.00

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

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

Mailing Address 487 Lakeland

City State Zip Code  
Grosse Pointe MI 48230

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

Name of Employer Occupation  
Kaiwanas Cancer Institute Ceo/physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: 60123.C3330

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mary Lou Running

Mailing Address Post Office Box 1157

City State Zip Code  
Solvang CA 93464

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2005

Transaction ID: 60123.C3263

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Norma Sarns

Mailing Address 3645 Daleview Drive

City State Zip Code  
Ann Arbor MI 48105

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

Name of Employer RETIRED Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 21 / 2005

Transaction ID: 60123.C3371

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)  
Mark Schwartz

Mailing Address 5229 Whispering Oak Lane

City State Zip Code  
West Bloomfield MI 48322

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

Name of Employer SELF EMPLOYED Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 07 / 2005

Transaction ID: 60123.C3137

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 91
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Diana Shoushanian

Mailing Address 26982 Hampstead Blvd

City Farmington State MI Zip Code 48331-3530

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

Name of Employer  
HOMEMAKER Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2005

**Transaction ID:** 60123.C3356

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 Snyder

Mailing Address 755 Phoenix Dr

City Ann Arbor State MI Zip Code 48108-2222

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

Name of Employer  
Ardesta Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2005

**Transaction ID:** 60131.C3387

Amount of Each Receipt this Period  
50.00

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

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

Mailing Address 755 Phoenix Dr

City Ann Arbor State MI Zip Code 48108-2222

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

Name of Employer  
Ardesta Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2150.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2005

**Transaction ID:** 60123.C3359

Amount of Each Receipt this Period  
1950.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lynn Stella

Mailing Address 5406 Waldenhill Court

City State Zip Code  
Superior Township MI 48198

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 5

**Transaction ID:** 60123.C3258

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
H.F. Stern

Mailing Address Post Office Box 1584

City State Zip Code  
Ann Arbor MI 48106

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

Name of Employer Information Requested Occupation Information Requested

University of Michigan Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 5

**Transaction ID:** 60123.C3350

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 Swope

Mailing Address P.O. Box 94

City State Zip Code  
Homer MI 49245

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

Name of Employer Information Requested Occupation Information Requested

RETIRED Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 5

**Transaction ID:** 60123.C3249

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kathleen Tarr

Mailing Address 542 N Linden St

City Marshall State MI Zip Code 49068-1015

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

Name of Employer KELLOGG COMMUNITY COLLEGE Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

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

Transaction ID: 60123.C3053

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
James Timmons

Mailing Address 21 Lynwood Drive

City Battle Creek State MI Zip Code 49015

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

Name of Employer Radiology Consultants Occupation Diagnostics

Receipt For: 2006  
 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 2 / 2 0 0 5

Transaction ID: 60123.C3210

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)  
Charles Van Zoeren

Mailing Address 1028 Essex Circle

City Kalamazoo State MI Zip Code 49008

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

Name of Employer RETIRED Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: 60123.C3190

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 91
	<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)  
Schwarz for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Kenneth Warner Mailing Address 1716 Morton City Ann Arbor State MI Zip Code 48104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 60123.C3332 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	1	/	2	0	0	5	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	1	/	2	0	0	5														
500.00																							
Name of Employer: University of Michigan Occupation: Professor Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																				
500.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Wells Mailing Address 633 Solar Drive City Fort Lauderdale State FL Zip Code 33301 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 60123.C3220 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	7	/	2	0	0	5	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	7	/	2	0	0	5														
2000.00																							
Name of Employer: T.E. Wells & Company Occupation: Investor Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																				
2000.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Richard White Mailing Address 5035 Macomb St., NW City Washington State DC Zip Code 20016 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 60123.C3365 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	0	5	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	5	/	2	0	0	5														
250.00																							
Name of Employer: Alpine Group Occupation: Executive Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Clayton Wilhite

Mailing Address 2101 Hill Street

City State Zip Code  
Ann Arbor MI 48104

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

Name of Employer Cfi Group Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 5

Transaction ID: 60123.C3199

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)  
William Winslow

Mailing Address 183 Turn Berry Ln

City State Zip Code  
Battle Creek MI 49015-9406

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

Name of Employer Albion Industries Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 5

Transaction ID: 60123.C3267

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 6764 Saline Waterworks Road

City State Zip Code  
Saline MI 48176

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

Name of Employer University of Michigan Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 5

Transaction ID: 60123.C3133

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 91
	<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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Hugh Wright

Mailing Address 403 Coventry Road

City State Zip Code  
Battle Creek MI 49015

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

Name of Employer  
RETIRED

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 5

Transaction ID: 60123.C3236

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)  
John Yakimow

Mailing Address 607 North Kalamazoo Avenue

City State Zip Code  
Marshall MI 49068

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

Name of Employer  
RETIRED

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

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

Transaction ID: 60123.C3041

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 23575 Shagwood

City State Zip Code  
Bingham Farms MI 48025

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

Name of Employer  
Henry Ford

Occupation  
Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

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

Transaction ID: 60123.C3172

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) ..... ▶ **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: PAGE 55 / 91

(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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
James Yore

Mailing Address 1084 Westlake Woods Drive

City State Zip Code  
Battle Creek MI 49015

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

Name of Employer Occupation  
RETIRED Retired

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	5

Transaction ID: 60123.C3044

Amount of Each Receipt this Period  

200.00
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>46275.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 91
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input 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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Republican Congressional Commit

Mailing Address 320 First Street

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

**Transaction ID:** 60130.C3383

Amount of Each Receipt this Period  
98.00

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

Blast Fax

**B.** Full Name (Last, First, Middle Initial)  
National Republican Congressional Commit

Mailing Address 320 First Street

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 0 5

**Transaction ID:** 60130.C3384

Amount of Each Receipt this Period  
98.00

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

Blast Fax

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>196.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>196.00</b>



# 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)  
Schwarz for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Alltel</p> <p>Mailing Address 1 Allied Dr</p> <p>City Little Rock State AR Zip Code 72202-2013</p> <p>Purpose of Disbursement Cell Phone Bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: 60130.E879</p> <p>Date of Disbursement 10 / 11 / 2005</p> <p>Amount of Each Disbursement this Period 297.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>001 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>CELL PHONE BILL</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Alltel</p> <p>Mailing Address 1 Allied Dr</p> <p>City Little Rock State AR Zip Code 72202-2013</p> <p>Purpose of Disbursement Cell Phone Bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: 60123.E839</p> <p>Date of Disbursement 11 / 11 / 2005</p> <p>Amount of Each Disbursement this Period 272.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>001 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>CELL PHONE BILL</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Alltel</p> <p>Mailing Address 1 Allied Dr</p> <p>City Little Rock State AR Zip Code 72202-2013</p> <p>Purpose of Disbursement Cell Phone Bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: 60123.E822</p> <p>Date of Disbursement 12 / 13 / 2005</p> <p>Amount of Each Disbursement this Period 254.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>001 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>CELL PHONE BILL</p>
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**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

825.03

**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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. American Red Cross</b>		<b>Transaction ID:</b> 60131.E940 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address Calhoun Branch Chapter P.O. Box 1380		Amount of Each Disbursement this Period 1000.00
City Battle Creek State MI Zip Code 49016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation Candidate Name	Category/Type 012	DONATION
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>B. Aristotle</b>		<b>Transaction ID:</b> 60130.E868 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20003-1182	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer Software Candidate Name	Category/Type 001	COMPUTER SOFTWARE
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>C. Aristotle</b>		<b>Transaction ID:</b> 60130.E853 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20003-1182	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer Software Candidate Name	Category/Type 001	COMPUTER SOFTWARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. Artemis Solutions</b>		<b>Transaction ID:</b> 60123.E825 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 2501 Coolidge Rd. Suite 5		Amount of Each Disbursement this Period 603.00
City East Lansing State MI Zip Code 48823-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer Technical Support	Candidate Name	COMPUTER TECHNICAL SUPPORT
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>B. Battle Creek Enquirer</b>		<b>Transaction ID:</b> 60123.E844 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 5
Mailing Address 155 Van Buren St W		Amount of Each Disbursement this Period 169.00
City Battle Creek State MI Zip Code 49017-3002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Subscription	Candidate Name	SUBSCRIPTION
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>C. The Bertram Group</b>		<b>Transaction ID:</b> 60130.E910 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5
Mailing Address 2164 Beechnut Trl		Amount of Each Disbursement this Period 583.68
City Holt State MI Zip Code 48842-8784	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage Reimbursement	Candidate Name	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1355.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. The Bertram Group</b>		<b>Transaction ID:</b> 60130.E898 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 2164 Beechnut Trl		Amount of Each Disbursement this Period 2900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Holt State MI Zip Code 48842-8784	Purpose of Disbursement Fundraising Consulting Fee Candidate Name Category/Type 003	
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) ▼	FUNDRAISING CONSULTING FEE

Full Name (Last, First, Middle Initial) <b>B. The Bertram Group</b>		<b>Transaction ID:</b> 60130.E883 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 2164 Beechnut Trl		Amount of Each Disbursement this Period 2900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Holt State MI Zip Code 48842-8784	Purpose of Disbursement Fundraising Consulting Fee Candidate Name Category/Type 003	
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) ▼	FUNDRAISING CONSULTING FEE

Full Name (Last, First, Middle Initial) <b>C. The Bertram Group</b>		<b>Transaction ID:</b> 60130.E873 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address 2164 Beechnut Trl		Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Holt State MI Zip Code 48842-8784	Purpose of Disbursement Travel Reimbursement Candidate Name Category/Type 001	
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) ▼	TRAVEL REIMBURSEMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5840.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. The Bertram Group</b>		<b>Transaction ID:</b> 60130.E884 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 2164 Beechnut Trl		Amount of Each Disbursement this Period 2900.00
City Holt State MI Zip Code 48842-8784	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Fee Candidate Name	Category/Type 003	<b>FUNDRAISING CONSULTING FEE</b>
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>B. The Bertram Group</b>		<b>Transaction ID:</b> 60123.E841 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 5
Mailing Address 2164 Beechnut Trl		Amount of Each Disbursement this Period 2900.00
City Holt State MI Zip Code 48842-8784	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Fee Candidate Name	Category/Type 003	<b>FUNDRAISING CONSULTING FEE</b>
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>C. The Bertram Group</b>		<b>Transaction ID:</b> 60123.E843 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 2164 Beechnut Trl		Amount of Each Disbursement this Period 3000.00
City Holt State MI Zip Code 48842-8784	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Fee Candidate Name	Category/Type 003	<b>FUNDRAISING CONSULTING FEE</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8800.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. The Bertram Group</b>		<b>Transaction ID:</b> 60130.E886 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 2164 Beechnut Trl		Amount of Each Disbursement this Period 2900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Holt State MI Zip Code 48842-8784	Purpose of Disbursement Fundraising Consulting Fee Candidate Name Category/Type 003	
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) ▼	FUNDRAISING CONSULTING FEE

Full Name (Last, First, Middle Initial) <b>B. The Bertram Group</b>		<b>Transaction ID:</b> 60130.E891 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 2164 Beechnut Trl		Amount of Each Disbursement this Period 1206.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Holt State MI Zip Code 48842-8784	Purpose of Disbursement CONSULTING AND SEE BELOW 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) ▼	CONSULTING AND SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. The Bertram Group</b>		<b>Transaction ID:</b> 60130.E893 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 2164 Beechnut Trl		Amount of Each Disbursement this Period 206.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Holt State MI Zip Code 48842-8784	Purpose of Disbursement Mileage Reimbursement Candidate Name Category/Type 001	
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4106.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. The Bertram Group</b>		<b>Transaction ID:</b> 60130.E892 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 2164 Beechnut Trl		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Holt State MI Zip Code 48842-8784	Purpose of Disbursement Fundraising Consulting Fee Candidate Name Category/Type: 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING CONSULTING FEE

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Suites</b>		<b>Transaction ID:</b> 50414.E477 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 5
Mailing Address 200 C Street, Nw		Amount of Each Disbursement this Period 1564.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20001-	Purpose of Disbursement Travel Candidate Name Category/Type: 002	
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) ▼	TRAVEL

Full Name (Last, First, Middle Initial) <b>C. Mr. Clayton Crow</b>		<b>Transaction ID:</b> 60130.E909 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5
Mailing Address Just the Two of Us 10450 6 Mile Road, Lot #129		Amount of Each Disbursement this Period 225.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Battle Creek State MI Zip Code 49014-	Purpose of Disbursement Event Entertainment Candidate Name Category/Type: 003	
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) ▼	EVENT ENTERTAINMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1789.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. Caryn Eggeraat</b>		Transaction ID: 60130.E880 Date of Disbursement MM / DD / YYYY 11 / 01 / 2005
Mailing Address 1201 F Street, NW		Amount of Each Disbursement this Period 2625.40
City Washington State DC Zip Code 20004-	<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>B. Charlie Palmers Steakhouse</b>		Transaction ID: 60130.E881 Date of Disbursement MM / DD / YYYY 11 / 01 / 2005
Mailing Address 101 Constitution Avenue, Ne		Amount of Each Disbursement this Period 2625.40
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 Catering and Room Rental		[MEMO ITEM] MEMO: CATERING AND ROOM RENTAL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FedEx Kinkos</b>		Transaction ID: 60130.E914 Date of Disbursement MM / DD / YYYY 10 / 03 / 2005
Mailing Address 5930 Enterprise Dr		Amount of Each Disbursement this Period 96.35
City Lansing State MI Zip Code 48911-4109	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Overnight Shipping		OVERNIGHT SHIPPING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2721.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Schwarz for Congress

<p><b>A.</b> FedEx Kinkos</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5930 Enterprise Dr</p> <p>City Lansing State MI Zip Code 48911-4109</p> <p>Purpose of Disbursement Overnight Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60130.E917</p> <p>Date of Disbursement</p> <p>10 / 17 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>19.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>OVERNIGHT SHIPPING</b></p>
<p><b>B.</b> FedEx Kinkos</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5930 Enterprise Dr</p> <p>City Lansing State MI Zip Code 48911-4109</p> <p>Purpose of Disbursement Overnight Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60130.E918</p> <p>Date of Disbursement</p> <p>10 / 24 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>31.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>OVERNIGHT SHIPPING</b></p>
<p><b>C.</b> FedEx Kinkos</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5930 Enterprise Dr</p> <p>City Lansing State MI Zip Code 48911-4109</p> <p>Purpose of Disbursement Overnight Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60130.E919</p> <p>Date of Disbursement</p> <p>10 / 24 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>36.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>OVERNIGHT SHIPPING</b></p>

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

87.25

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. FedEx Kinkos</b>		<b>Transaction ID:</b> 60130.E920 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 5930 Enterprise Dr		Amount of Each Disbursement this Period 27.72
City Lansing State MI Zip Code 48911-4109	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Overnight Shipping	Candidate Name	OVERNIGHT SHIPPING
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>B. FedEx Kinkos</b>		<b>Transaction ID:</b> 60130.E921 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address 5930 Enterprise Dr		Amount of Each Disbursement this Period 25.50
City Lansing State MI Zip Code 48911-4109	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Overnight Shipping	Candidate Name	OVERNIGHT SHIPPING
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>C. Goggin Rental</b>		<b>Transaction ID:</b> 60130.E915 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 2200 Lake Street		Amount of Each Disbursement this Period 545.90
City Kalamazoo State MI Zip Code 49048-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Equipment Rental for Event	Candidate Name	EQUIPMENT RENTAL FOR 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>599.12</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. Greater Jackson Chamber of Commerce</b>		<b>Transaction ID:</b> 60130.E852 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 1 S Jackson Sq Ste 1100 Suite 1100		Amount of Each Disbursement this Period 290.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jackson State MI Zip Code 49201-2240	Purpose of Disbursement Event Tickets Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>EVENT TICKETS</b>

Full Name (Last, First, Middle Initial) <b>B. Hampton Publishing Company</b>		<b>Transaction ID:</b> 60123.E820 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 5
Mailing Address 8264 Cardnia Ct		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Middletown State OH Zip Code 45044-1195	Purpose of Disbursement Print Advertisement Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>PRINT ADVERTISEMENT</b>

Full Name (Last, First, Middle Initial) <b>C. Horns Gaslight Bar</b>		<b>Transaction ID:</b> 60130.E916 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address Main Street		Amount of Each Disbursement this Period 570.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mackinac Island State MI Zip Code 49757-	Purpose of Disbursement Meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>MEALS</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	880.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. Horrocks Farm Mkt.</b>		<b>Transaction ID:</b> 60130.E913 Date of Disbursement 10 / 03 / 2005
Mailing Address 235 Capital Ave., SW		Amount of Each Disbursement this Period 46.08
City Battle Creek State MI Zip Code 49015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Decorations	Candidate Name	EVENT DECORATIONS
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>B. Jeane Johnson</b>		<b>Transaction ID:</b> 60130.E899 Date of Disbursement 10 / 06 / 2005
Mailing Address Post Office Box 634		Amount of Each Disbursement this Period 1123.20
City Jackson State MI Zip Code 49204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary and Reimbursement	Candidate Name	SALARY AND 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jeane Johnson</b>		<b>Transaction ID:</b> 60130.E896 Date of Disbursement 11 / 01 / 2005
Mailing Address Post Office Box 634		Amount of Each Disbursement this Period 1100.00
City Jackson State MI Zip Code 49204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2269.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Schwarz for Congress

<b>A. Jeane Johnson</b> Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 634 City Jackson State MI Zip Code 49204- Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60123.E842</b> Date of Disbursement 11 / 30 / 2005 Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>SALARY</b>
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<b>B. Jeane Johnson</b> Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 634 City Jackson State MI Zip Code 49204- Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60130.E890</b> Date of Disbursement 12 / 26 / 2005 Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>SALARY</b>
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<b>C. Jeane Johnson</b> Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 634 City Jackson State MI Zip Code 49204- Purpose of Disbursement 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) ▼		<b>Transaction ID: 60130.E889</b> Date of Disbursement 12 / 26 / 2005 Amount of Each Disbursement this Period 25.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>REIMBURSEMENT</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2225.60</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
Schwarz for Congress

<b>A. Koehlers Printing</b> Full Name (Last, First, Middle Initial) Mailing Address 514 Michigan Avenue City East Lansing State MI Zip Code 48823- Purpose of Disbursement Letterhead Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60130.E871 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5 Amount of Each Disbursement this Period 249.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>LETTERHEAD</b>
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<b>B. Lauras Gourmet Catering</b> Full Name (Last, First, Middle Initial) Mailing Address 114 Christy Dr. City Battle Creek State MI Zip Code 49015- Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60130.E864 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5 Amount of Each Disbursement this Period 1547.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>CATERING</b>
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<b>C. Danielle Moreland</b> Full Name (Last, First, Middle Initial) Mailing Address 34 1/2 North Main Street City Three Rivers State MI Zip Code 49093- Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60130.E895 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5 Amount of Each Disbursement this Period 5463.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>SALARY</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7260.36</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. National Republican Congressional Commit</b>		<b>Transaction ID:</b> 60130.C3383IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 320 First Street		Amount of Each Disbursement this Period 98.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	IN KIND: BLAST FAX	
Purpose of Disbursement BLAST FAX 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>B. National Republican Congressional Commit</b>		<b>Transaction ID:</b> 60130.C3384IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 320 First Street		Amount of Each Disbursement this Period 98.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	IN KIND: BLAST FAX	
Purpose of Disbursement BLAST FAX 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>C. Sprint - Nextel</b>		<b>Transaction ID:</b> 60130.E862 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address PO Box 17990		Amount of Each Disbursement this Period 252.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denver State CO Zip Code 80217-0990	CELL PHONE BILL	
Purpose of Disbursement Cell Phone Bill Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	448.41
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. Sprint - Nextel</b>		<b>Transaction ID:</b> 60130.E851 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 5	
Mailing Address PO Box 17990		Amount of Each Disbursement this Period 107.31	
City Denver State CO Zip Code 80217-0990	Purpose of Disbursement Cell Phone Bill Candidate Name	001 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>CELL PHONE BILL</b>		

Full Name (Last, First, Middle Initial) <b>B. Sprint - Nextel</b>		<b>Transaction ID:</b> 60123.E826 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address PO Box 17990		Amount of Each Disbursement this Period 112.77	
City Denver State CO Zip Code 80217-0990	Purpose of Disbursement Cell Phone Bill Candidate Name	001 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>CELL PHONE BILL</b>		

Full Name (Last, First, Middle Initial) <b>C. Sprint - Nextel</b>		<b>Transaction ID:</b> 60123.E818 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 5	
Mailing Address PO Box 17990		Amount of Each Disbursement this Period 226.15	
City Denver State CO Zip Code 80217-0990	Purpose of Disbursement Cell Phone Bill Candidate Name	001 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>CELL PHONE BILL</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	446.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. Sprint - Nextel</b>		<b>Transaction ID:</b> 60123.E816 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 5	
Mailing Address PO Box 17990		Amount of Each Disbursement this Period 227.21	
City Denver State CO Zip Code 80217-0990	Purpose of Disbursement Cell Phone Bill	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	CELL 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>B. Office Max</b>		<b>Transaction ID:</b> 60130.E847 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5	
Mailing Address 5503 W Saginaw Hwy		Amount of Each Disbursement this Period 24.88	
City Lansing State MI Zip Code 48917-1920	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	OFFICE SUPPLIES	
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>C. Office Max</b>		<b>Transaction ID:</b> 60130.E848 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 5503 W Saginaw Hwy		Amount of Each Disbursement this Period 180.43	
City Lansing State MI Zip Code 48917-1920	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	OFFICE SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	432.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Schwarz for Congress

<b>A. Office Max</b> Full Name (Last, First, Middle Initial) Mailing Address 5503 W Saginaw Hwy City Lansing State MI Zip Code 48917-1920 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60130.E925 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5 Amount of Each Disbursement this Period 95.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>OFFICE SUPPLIES</b>
---	--	---

<b>B. Ruths Chris Steak House</b> Full Name (Last, First, Middle Initial) Mailing Address 1801 Connecticut Ave., NW City Washington State DC Zip Code 20009- Purpose of Disbursement 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) ▼		<b>Transaction ID:</b> 60131.E937 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5 Amount of Each Disbursement this Period 659.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>MEALS</b>
--	--	--

<b>C. SBC Michigan</b> Full Name (Last, First, Middle Initial) Mailing Address 201 N Washington Sq City Lansing State MI Zip Code 48933-1321 Purpose of Disbursement 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) ▼		<b>Transaction ID:</b> 60130.E876 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5 Amount of Each Disbursement this Period 35.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PHONE BILL</b>
---	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	789.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. SBC Michigan</b>		<b>Transaction ID:</b> 60130.E861 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 201 N Washington Sq		Amount of Each Disbursement this Period 50.08
City Lansing State MI Zip Code 48933-1321	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Bill	Category/Type 001	PHONE BILL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SBC Michigan</b>		<b>Transaction ID:</b> 60123.E840 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 5
Mailing Address 201 N Washington Sq		Amount of Each Disbursement this Period 23.57
City Lansing State MI Zip Code 48933-1321	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Bill	Category/Type 001	PHONE BILL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. SBC Michigan</b>		<b>Transaction ID:</b> 60123.E837 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 5
Mailing Address 201 N Washington Sq		Amount of Each Disbursement this Period 38.81
City Lansing State MI Zip Code 48933-1321	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Bill	Category/Type 001	PHONE BILL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	112.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. Schulers Restaurant</b>		<b>Transaction ID:</b> 60123.E830 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 115 S. Eagle Street		Amount of Each Disbursement this Period 5529.47
City Marshall State MI Zip Code 49068-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering	Candidate Name	CATERING
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>B. Schulers Restaurant</b>		<b>Transaction ID:</b> 60123.E815 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 5
Mailing Address 115 S. Eagle Street		Amount of Each Disbursement this Period 269.27
City Marshall State MI Zip Code 49068-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering	Candidate Name	CATERING
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>C. John Schwarz</b>		<b>Transaction ID:</b> 60130.E877 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address 251 Central Street		Amount of Each Disbursement this Period 563.80
City Battle Creek State MI Zip Code 49017-	<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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6362.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

<p><b>A.</b> Iroquois Hotel</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 298 Main Street</p> <p>City Mackinac Island State MI Zip Code 49757-</p> <p>Purpose of Disbursement Hotel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 60130.E878</p> <p>Date of Disbursement</p> <p>10 / 11 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>563.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: HOTEL EXPENSE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: 001</p>

<p><b>B.</b> John Schwarz</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 251 Central Street</p> <p>City Battle Creek State MI Zip Code 49017-</p> <p>Purpose of Disbursement Meal Reimbursement and SEE BELO</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 60131.E931</p> <p>Date of Disbursement</p> <p>11 / 07 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>596.62</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MEAL REIMBURSEMENT AND SEE BELO</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: 002</p>

<p><b>C.</b> John Schwarz</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 251 Central Street</p> <p>City Battle Creek State MI Zip Code 49017-</p> <p>Purpose of Disbursement Meal Reimbursements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 60131.E930</p> <p>Date of Disbursement</p> <p>11 / 09 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>444.52</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MEAL REIMBURSEMENTS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: 002</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>1041.14</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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)  
Schwarz for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) John Schwarz		<b>Transaction ID:</b> 60131.E934 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 251 Central Street		Amount of Each Disbursement this Period 714.21
City Battle Creek State MI Zip Code 49017-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Hotel Expense: SEE BELOW	Candidate Name	Category/Type 002
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) ▼	HOTEL EXPENSE: SEE BELOW

<b>B.</b> Full Name (Last, First, Middle Initial) Hyatt Regency Capitol Hill		<b>Transaction ID:</b> 60131.E935 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 400 New Jersey Ave., Nw		Amount of Each Disbursement this Period 714.21
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 Hotel	Candidate Name	Category/Type 002
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: HOTEL

<b>C.</b> Full Name (Last, First, Middle Initial) SCM Associates		<b>Transaction ID:</b> 60130.E867 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 500.00
City Jaffrey State NH Zip Code 03452-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Direct Mail	Candidate Name	Category/Type 003
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) ▼	FUNDRAISING DIRECT MAIL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1214.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. SCM Associates</b>		<b>Transaction ID:</b> 60130.E866 <b>Date of Disbursement</b> 10 / 18 / 2005
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 3644.98
City Jaffrey State NH Zip Code 03452-	Purpose of Disbursement Fundraising Direct Mail 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING DIRECT MAIL</b>

Full Name (Last, First, Middle Initial) <b>B. SCM Associates</b>		<b>Transaction ID:</b> 60123.E831 <b>Date of Disbursement</b> 11 / 15 / 2005
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 7936.95
City Jaffrey State NH Zip Code 03452-	Purpose of Disbursement Fundraising Consulting 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING CONSULTING FEE</b>

Full Name (Last, First, Middle Initial) <b>C. SCM Associates</b>		<b>Transaction ID:</b> 60123.E829 <b>Date of Disbursement</b> 11 / 15 / 2005
Mailing Address 10 Main Street		Amount of Each Disbursement this Period 2615.55
City Jaffrey State NH Zip Code 03452-	Purpose of Disbursement Fundraising Consulting 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING CONSULTING</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>14197.48</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. Such Video</b>		Transaction ID: 60130.E872 Date of Disbursement 10 / 18 / 2005
Mailing Address 111 East Grand River Avenue		Amount of Each Disbursement this Period 2002.47
City Lansing State MI Zip Code 49096-	Purpose of Disbursement Advertising Production 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>ADVERTISING PRODUCTION</b>

Full Name (Last, First, Middle Initial) <b>B. T Mobile</b>		Transaction ID: 60130.E849 Date of Disbursement 11 / 11 / 2005
Mailing Address PO Box 37380		Amount of Each Disbursement this Period 6.58
City Albuquerque State NM Zip Code 87176-7380	Purpose of Disbursement Cell 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>CELL PHONE BILL</b>

Full Name (Last, First, Middle Initial) <b>C. T Mobile</b>		Transaction ID: 60130.E926 Date of Disbursement 11 / 14 / 2005
Mailing Address PO Box 37380		Amount of Each Disbursement this Period 316.71
City Albuquerque State NM Zip Code 87176-7380	Purpose of Disbursement Cell 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>CELL PHONE BILL</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2325.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. T Mobile</b>		Transaction ID: 60123.E817 Date of Disbursement 12 / 26 / 2005	
Mailing Address PO Box 37380		Amount of Each Disbursement this Period 152.61	
City Albuquerque State NM Zip Code 87176-7380	Purpose of Disbursement Cell Phone Bill Candidate Name	001 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) ▼		

CELL PHONE BILL

Full Name (Last, First, Middle Initial) <b>B. T Mobile</b>		Transaction ID: 60123.E819 Date of Disbursement 12 / 26 / 2005	
Mailing Address PO Box 37380		Amount of Each Disbursement this Period 54.34	
City Albuquerque State NM Zip Code 87176-7380	Purpose of Disbursement Cell Phone Bill Candidate Name	001 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) ▼		

CELL PHONE BILL

Full Name (Last, First, Middle Initial) <b>C. Tee to Green Promotional Products</b>		Transaction ID: 60130.E870 Date of Disbursement 10 / 18 / 2005	
Mailing Address 3030 Sanders Rd # 1 Box 1		Amount of Each Disbursement this Period 148.40	
City Lansing State MI Zip Code 48917-8552	Purpose of Disbursement Fundraising Event Printing Candidate Name	003 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) ▼		

FUNDRAISING EVENT PRINTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	355.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. Tee to Green Promotional Products</b>		<b>Transaction ID:</b> 60123.E827 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5
Mailing Address 3030 Sanders Rd # 1 Box 1		Amount of Each Disbursement this Period 65.72
City Lansing State MI Zip Code 48917-8552	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Event Printed Mater Candidate Name	Category/Type 003	<b>FUNDRAISING EVENT PRINTED MATER</b>
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>B. The John Truscott Group</b>		<b>Transaction ID:</b> 60130.E863 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 124 West Allegan Street Suite 2010		Amount of Each Disbursement this Period 8000.00
City Lansing State MI Zip Code 48933-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political Consulting Fees Candidate Name	Category/Type 001	<b>POLITICAL CONSULTING FEES</b>
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>C. The John Truscott Group</b>		<b>Transaction ID:</b> 60130.E897 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 124 West Allegan Street Suite 2010		Amount of Each Disbursement this Period 4000.00
City Lansing State MI Zip Code 48933-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political Consulting Fee Candidate Name	Category/Type 001	<b>POLITICAL CONSULTING FEE</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>12065.72</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. The John Truscott Group</b>		<b>Transaction ID:</b> 60123.E835 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 124 West Allegan Street Suite 2010		Amount of Each Disbursement this Period 4000.00
City Lansing State MI Zip Code 48933-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>POLITICAL CONSULTING FEE</b>	
Purpose of Disbursement Political Consulting Fee Candidate Name		001 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>B. Travelocity</b>		<b>Transaction ID:</b> 60123.E806 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 3150 Sabre Dr		Amount of Each Disbursement this Period 568.70
City Southlake State TX Zip Code 76092-2103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FLIGHT AND HOTEL</b>	
Purpose of Disbursement Flight and Hotel Candidate Name		002 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>C. US House of Representatives Gift Shop</b>		<b>Transaction ID:</b> 60131.E928 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address RAYBURN HOUSE OFFICE BUILDING		Amount of Each Disbursement this Period 283.50
City Washington State DC Zip Code 20525-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>GIFTS</b>	
Purpose of Disbursement Gifts Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4852.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. US House of Representatives Gift Shop</b>		<b>Transaction ID:</b> 60131.E929 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address RAYBURN HOUSE OFFICE BUILDING		Amount of Each Disbursement this Period 283.50
City Washington State DC Zip Code 20525-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gifts Candidate Name	001 Category/Type	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Us Postmaster, Lansing</b>		<b>Transaction ID:</b> 60130.E900 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address Downtown Station		Amount of Each Disbursement this Period 97.03
City Lansing State MI Zip Code 48933-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	001 Category/Type	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>C. Us Postmaster, Lansing</b>		<b>Transaction ID:</b> 60130.E922 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address Downtown Station		Amount of Each Disbursement this Period 33.30
City Lansing State MI Zip Code 48933-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	001 Category/Type	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	413.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

17     18     19a     19b  
 20a     20b     20c     21

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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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial)

A. Us Postmaster, Lansing

Mailing Address    Downtown Station

City                                    State                            Zip Code  
Lansing                                    MI                                    48933-

Purpose of Disbursement  
Postage

001  
Category/  
Type

Candidate Name

Office Sought:     House  
                           Senate  
                           President

Disbursement For:  
 Primary     General  
 Other (specify) ▼

State:                    District:

Transaction ID: 60130.E923  
Date of Disbursement

1 1 / 2 1 / 2 0 0 5

Amount of Each Disbursement this Period

37.00

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Us Postmaster, Lansing

Mailing Address    Downtown Station

City                                    State                            Zip Code  
Lansing                                    MI                                    48933-

Purpose of Disbursement  
Postage

001  
Category/  
Type

Candidate Name

Office Sought:     House  
                           Senate  
                           President

Disbursement For:  
 Primary     General  
 Other (specify) ▼

State:                    District:

Transaction ID: 60123.E824  
Date of Disbursement

1 2 / 0 1 / 2 0 0 5

Amount of Each Disbursement this Period

318.20

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Vanhorns Market

Mailing Address    2813 Capital Ave., SW

City                                    State                            Zip Code  
Battle Creek                                    MI                                    49015-

Purpose of Disbursement  
Catering for Event

003  
Category/  
Type

Candidate Name

Office Sought:     House  
                           Senate  
                           President

Disbursement For:  
 Primary     General  
 Other (specify) ▼

State:                    District:

Transaction ID: 60130.E904  
Date of Disbursement

1 0 / 0 5 / 2 0 0 5

Amount of Each Disbursement this Period

488.08

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

CATERING FOR EVENT

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

843.28

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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> 60130.E903 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address P.O. Box 9058		Amount of Each Disbursement this Period 305.66
City Dublin State OH Zip Code 43017-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phone Bill	Category/Type 001	CELL PHONE BILL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 60123.E821 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address P.O. Box 9058		Amount of Each Disbursement this Period 139.51
City Dublin State OH Zip Code 43017-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phone Bill	Category/Type 001	CELL PHONE BILL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> 60130.E885 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address P.O. Box 9058		Amount of Each Disbursement this Period 587.22
City Dublin State OH Zip Code 43017-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phone	Category/Type 001	CELL PHONE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1032.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. WNWN-FM</b>		Transaction ID: 60130.E887 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 5	
Mailing Address 25 Michigan Ave W Ste 4		Amount of Each Disbursement this Period 125.00	
City Battle Creek	State MI	Zip Code 49017-3617	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Advertisement		Category/ Type 004	
Candidate Name		ADVERTISEMENT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>89818.06</b>

# 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 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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. Blasdel for Congress</b>		<b>Transaction ID:</b> 60130.E854 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address P.O. Box 2021		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Liverpool State OH Zip Code 43920-	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name CHUCK BLASDEL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Coloradans for Rick ODonnell</b>		<b>Transaction ID:</b> 60130.E855 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 260693		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lakewood State CO Zip Code 80226-	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name RICK ODONNELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Max Burns</b>		<b>Transaction ID:</b> 60130.E858 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 1965		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sylvania State GA Zip Code 30467-	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name OHELL MAXIE BURNS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Schwarz for Congress

Full Name (Last, First, Middle Initial) <b>A. Lamberti for Congress</b>		<b>Transaction ID:</b> 60130.E859 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 785		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ankeny State IA Zip Code 50021-	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name JEFFREY LAMBERTI	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Contribution
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mac Collins for Congress</b>		<b>Transaction ID:</b> 60130.E857 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 962		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jackson State GA Zip Code 30233-	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name MICHAEL ALLEN (MAC) COLLINS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 8	Contribution
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Roskam for Congress Committee</b>		<b>Transaction ID:</b> 60130.E856 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 141 Shelley Lane		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wheaton State IL Zip Code 60187-	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name PETER ROSKAM	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Contribution
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Roulstone for Congress

Mailing Address P.O. Box 45

City Snohomish State WA Zip Code 98291-

Purpose of Disbursement Contribution  
Contribution

Candidate Name  
DOUGLAS ROBERT ROULSTONE

Office Sought:  House  
 Senate  
 President

State: WA District: 02

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 60130.E860

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	2		1	5		2	0	0	5

Amount of Each Disbursement this Period

500.00
--------

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

Contribution

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

500.00

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 91

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

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NAME OF COMMITTEE (In Full)  
Schwarz for Congress

**A.** Full Name (Last, First, Middle Initial)  
Geoff Davis for Congress Committee

Mailing Address PO Box 17192

City Ft Mitchell State KY Zip Code 41017-0192

Purpose of Disbursement Refund of Contribution 010

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 60130.E888

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	2		2	6		2	0	0	5

Amount of Each Disbursement this Period

1000.00
---------

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

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

1000.00
---------

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

1000.00
---------