

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Peter Hoekstra for Congress

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	23585.35	25830.35
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	23585.35	25830.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	25854.36	63997.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25854.36	63997.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	198221.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Peter Hoekstra for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

8750.00

9750.00

(ii) Unitemized.....

835.35

2080.35

(iii) TOTAL of contributions

9585.35

11830.35

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

14000.00

14000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

23585.35

25830.35

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

3188.66

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

23585.35

29019.01

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25854.36	63997.86
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).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	25854.36	63997.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	200490.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	23585.35
25. SUBTOTAL (add Line 23 and Line 24).....	224075.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25854.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	198221.38

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 31
	<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)
Peter Hoekstra for Congress

A. Full Name (Last, First, Middle Initial)
Patricia Beard

Mailing Address 1305 S Texas Blvd

City State Zip Code
Weslaco TX 78596

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

Name of Employer
CoStep Occupation
PRESIDENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13876

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)
Lisa Bos

Mailing Address 1524 Independence Ave SE Apt 102

City State Zip Code
Washington DC 20003-1553

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

Name of Employer
Cassidy & Associates Occupation
Senior Associate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13864

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)
Kathryn Bryan

Mailing Address 2009 Longbranch

City State Zip Code
Arlington TX 76012

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

Name of Employer
North TX Higher Edu. Authority Occupation
Executive Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13869

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) ▶ **750.00**

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 6 / 31
	<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)
Peter Hoekstra for Congress

A. Full Name (Last, First, Middle Initial)
Stephen Clinton

Mailing Address 11210 Hawthorn Ridge

City State Zip Code
Fishers IN 46038

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

Name of Employer Occupation
Indiana Secondary Market PRESIDENT

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13879

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)
James Farha

Mailing Address 3360 Rock Hollow Rd

City State Zip Code
Oklahoma City OK 73120

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13866

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)
Ron Gambill

Mailing Address 237 Countryside Dr

City State Zip Code
Franklin TN 37069-4126

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

Name of Employer Occupation
Edsouth Funding PRESIDENT

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13872

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)	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 7 / 31
	<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)
Peter Hoekstra for Congress

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

Mailing Address PO Box 24258

City State Zip Code
Knoxville TN 37933-2258

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

Name of Employer Occupation
EdFinancial Services CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13875

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)
J.C. Huizenga

Mailing Address 3161 Manhattan Lane, SE

City State Zip Code
Grand Rapids MI 49506

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

Name of Employer Occupation
Huizenga Manufacturing Group EXECUTIVE

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13882

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 212 Stickney Ridge

City State Zip Code
Grand Haven MI 49417

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2007

Transaction ID: 70327.C13859

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)	3800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<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)
Peter Hoekstra for Congress

A. Full Name (Last, First, Middle Initial)
Donald Kohne

Mailing Address 7911 Chestershire Dr

City State Zip Code
Cincinnati OH 45241

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

Name of Employer Occupation
Student Lending Works Managing Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13870

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 6170 Standing Stone Dr

City State Zip Code
Holland MI 49423

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

Name of Employer Occupation
NUVAR MANUFACTURING CO PRESIDENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 08 / 2007

Transaction ID: 70326.C13848

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 Langehennig

Mailing Address 149 Nueces

City State Zip Code
Hereford TX 79045

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2007

Transaction ID: 70326.C13855

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) ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 31
	<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)
Peter Hoekstra for Congress

A. Full Name (Last, First, Middle Initial)
Alexa Marrero

Mailing Address 7117 Captains Cove Ct

City State Zip Code
Alexandria VA 22315

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

Name of Employer Occupation
Education Finance Council Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13877

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)
Richard Meade

Mailing Address 702 Berry St

City State Zip Code
Falls Church VA 22042-2402

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

Name of Employer Occupation
BKSH & Associates Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13862

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 Schleuger

Mailing Address 2121 Jamieson Ave #1609

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
SELF EMPLOYED GOVT RELATIONS

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13878

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) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 31
	<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)
Peter Hoekstra for Congress

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

Mailing Address 6606 Netties Lane #1308

City State Zip Code
Alexandria VA 22315-6033

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

Name of Employer Occupation
Education Finance Council PRESIDENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13867

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)
Glenn M Walters

Mailing Address 3901 Cook Valley Blvd., SE

City State Zip Code
Grand Rapids MI 49546-8335

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 14 / 2007

Transaction ID: 70326.C13850

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)
Peter Warren

Mailing Address 151 Duddington Place SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Education Finance Council Dir of Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13873

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 31	
	(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) Peter Hoekstra for Congress
--

Full Name (Last, First, Middle Initial) A. Jim Westgate	
Mailing Address 1749 Sunset Point Dr	
City Muskegon	State Zip Code MI 49441
FEC ID number of contributing federal political committee. C	
Name of Employer Wesco, Inc.	Occupation PRESIDENT
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 02 / 17 / 2007
Transaction ID: 70326.C13849
Amount of Each Receipt this Period 250.00
Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	8750.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 31
	(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)
Peter Hoekstra for Congress

A. Full Name (Last, First, Middle Initial)
Brownstein Hyatt Farber Schreck PAC

Mailing Address 410 17th St 22nd Floor

City State Zip Code
Denver CO 80202

FEC ID number of contributing federal political committee. **C** C00390583

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13881

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 PAC

Mailing Address 2941 Fairview Park Dr Ste 100

City State Zip Code
Falls Church VA 22042-4523

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2007

Transaction ID: 70327.C13858

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)
Kutak Rock PAC

Mailing Address 1650 Farnam St

City State Zip Code
Omaha NE 68102-2186

FEC ID number of contributing federal political committee. **C** C00160986

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C13880

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 31
	<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)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Lockheed Martin PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 1550 Crystal Drive Crystal Square Two, Ste 300		Transaction ID: 70327.C13857
City Arlington State VA Zip Code 22202	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00303024		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Raytheon Company PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 1100 Wilson Blvd, Ste 1500		Transaction ID: 70327.C13860
City Arlington State VA Zip Code 22209	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00097568		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Swales & Associates Inc PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 5050 Powder Mill Rd		Transaction ID: 70327.C13861
City Beltsville State MD Zip Code 20705	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00390682		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	14000.00

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)

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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)
Peter Hoekstra for Congress

A. At&T Full Name (Last, First, Middle Initial) Mailing Address Po Box 9001309 City Louisville State KY Zip Code 40290-1309 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70326.E1807 Date of Disbursement 01 / 02 / 2007 Amount of Each Disbursement this Period 22.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
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B. At&T Full Name (Last, First, Middle Initial) Mailing Address Po Box 9001309 City Louisville State KY Zip Code 40290-1309 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70326.E1808 Date of Disbursement 01 / 09 / 2007 Amount of Each Disbursement this Period 98.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
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C. At&T Full Name (Last, First, Middle Initial) Mailing Address Po Box 9001309 City Louisville State KY Zip Code 40290-1309 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70326.E1809 Date of Disbursement 01 / 19 / 2007 Amount of Each Disbursement this Period 22.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
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SUBTOTAL of Disbursements This Page (optional) ▶	144.10
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. At&T		Transaction ID: 70326.E1810 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address Po Box 9001309		Amount of Each Disbursement this Period 98.32
City Louisville State KY Zip Code 40290-1309	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type 001	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. At&T		Transaction ID: 70326.E1839 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address Po Box 9001309		Amount of Each Disbursement this Period 22.92
City Louisville State KY Zip Code 40290-1309	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type 001	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. At&T		Transaction ID: 70326.E1811 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Po Box 9001309		Amount of Each Disbursement this Period 99.29
City Louisville State KY Zip Code 40290-1309	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type 001	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	220.53
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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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)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Cardmember Visa Business Card		Transaction ID: 70326.E1856 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address PO Box 6353		Amount of Each Disbursement this Period 3483.42
City Fargo State ND Zip Code 58125-6353	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD SEE BELOW	Candidate Name	CREDIT CARD SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Congressional Institute		Transaction ID: 70326.E1858 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 1124 Longworth Hob		Amount of Each Disbursement this Period 1556.00
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Republican Retreat	Candidate Name	[MEMO ITEM] MEMO: REPUBLICAN RETREAT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Evening Star Cafe		Transaction ID: 70326.E1857 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 2000 Mt Vernon Ave		Amount of Each Disbursement this Period 1324.60
City Alexandria State VA Zip Code 22301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Staff Dinner	Candidate Name	[MEMO ITEM] MEMO: STAFF DINNER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3483.42
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 70326.E1859 Date of Disbursement 01 / 21 / 2007	
Mailing Address PO Box 9058		Amount of Each Disbursement this Period 55.77	
City Dublin	State OH	Zip Code 43017-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement Cell Phone		Category/Type 001	
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:	[MEMO ITEM] MEMO: CELL PHONE	

Full Name (Last, First, Middle Initial) B. Cardmember Visa Business Card		Transaction ID: 70326.E1844 Date of Disbursement 02 / 28 / 2007	
Mailing Address PO Box 6353		Amount of Each Disbursement this Period 70.38	
City Fargo	State ND	Zip Code 58125-6353	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement CREDIT CARD SEE BELOW		Category/Type	
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:	CREDIT CARD SEE BELOW	

Full Name (Last, First, Middle Initial) C. Holland Postmaster		Transaction ID: 70326.E1845 Date of Disbursement 01 / 26 / 2007	
Mailing Address 190 E 8th Street		Amount of Each Disbursement this Period 14.40	
City Holland	State MI	Zip Code 49423-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement Postage		Category/Type 001	
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:	[MEMO ITEM] MEMO: POSTAGE	

SUBTOTAL of Disbursements This Page (optional)	70.38
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)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 70326.E1846 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address PO Box 9058		Amount of Each Disbursement this Period 55.98
City Dublin	State OH	
Zip Code 43017-	Purpose of Disbursement Cell Phone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL PHONE
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Jon DeWitte		Transaction ID: 70326.E1821 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 259 Little Station		Amount of Each Disbursement this Period 441.75
City Holland	State MI	
Zip Code 49424-	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Jon DeWitte		Transaction ID: 70326.E1822 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 259 Little Station		Amount of Each Disbursement this Period 441.75
City Holland	State MI	
Zip Code 49424-	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	883.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Jon DeWitte		Transaction ID: 70327.E1863 Date of Disbursement MM / DD / YYYY 03 / 27 / 2007	
Mailing Address 259 Little Station		Amount of Each Disbursement this Period 441.75	
City Holland State MI Zip Code 49424-	Purpose of Disbursement Salary Candidate Name Category/Type 001	<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) ▼ SALARY	

Full Name (Last, First, Middle Initial) B. Fifth Third Bank		Transaction ID: 70326.E1817 Date of Disbursement MM / DD / YYYY 01 / 12 / 2007	
Mailing Address 36 E 8th Street		Amount of Each Disbursement this Period 12.14	
City Holland State MI Zip Code 49423-	Purpose of Disbursement Bank Service Charge Candidate Name Category/Type 001	<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) ▼ BANK SERVICE CHARGE	

Full Name (Last, First, Middle Initial) C. Fifth Third Bank		Transaction ID: 70326.E1814 Date of Disbursement MM / DD / YYYY 01 / 20 / 2007	
Mailing Address 36 E 8th Street		Amount of Each Disbursement this Period 304.50	
City Holland State MI Zip Code 49423-	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 001	<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) ▼ PAYROLL TAXES	

SUBTOTAL of Disbursements This Page (optional) ▶	758.39
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Fifth Third Bank		Transaction ID: 70326.E1827 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 36 E 8th Street		Amount of Each Disbursement this Period 326.30
City Holland State MI Zip Code 49423-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	Category/Type 001	PAYROLL TAXES
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. Fifth Third Bank		Transaction ID: 70326.E1828 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 36 E 8th Street		Amount of Each Disbursement this Period 12.29
City Holland State MI Zip Code 49423-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Service Charge	Category/Type 001	BANK SERVICE CHARGE
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) C. Fifth Third Bank		Transaction ID: 70326.E1829 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 36 E 8th Street		Amount of Each Disbursement this Period 317.70
City Holland State MI Zip Code 49423-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	Category/Type 001	PAYROLL TAXES
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:	

SUBTOTAL of Disbursements This Page (optional) ▶	656.29
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Fifth Third Bank		Transaction ID: 70409.E1864 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 36 E 8th Street		Amount of Each Disbursement this Period 16.89
City Holland State MI Zip Code 49423-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Service Charge	Candidate Name	BANK SERVICE CHARGE
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. Fifth Third Bank		Transaction ID: 70326.E1830 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 36 E 8th Street		Amount of Each Disbursement this Period 463.30
City Holland State MI Zip Code 49423-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Income Taxes	Candidate Name	INCOME TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Diane Hoekstra		Transaction ID: 70326.E1847 Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2007
Mailing Address 1454 Cimarron Drive		Amount of Each Disbursement this Period 3343.22
City Holland State MI Zip Code 49423-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT SEE BELOW	Candidate Name	REIMBURSEMENT SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3823.41
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Holiday Inn Capitol		Transaction ID: 70326.E1849 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 550 C Street SW		Amount of Each Disbursement this Period 725.87	
City Washington State DC Zip Code 20024-	Purpose of Disbursement Hotel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002	[MEMO ITEM] MEMO: HOTEL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northwest Airlines		Transaction ID: 70326.E1848 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 5101 NW Drive		Amount of Each Disbursement this Period 335.20	
City Saint Paul State MN Zip Code 55111-	Purpose of Disbursement Flight	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002	[MEMO ITEM] MEMO: FLIGHT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. The Monocle		Transaction ID: 70326.E1854 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 107 D St NE		Amount of Each Disbursement this Period 307.03	
City Washington State DC Zip Code 20002-	Purpose of Disbursement Dinner	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 003	[MEMO ITEM] MEMO: DINNER	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Us House Of Representatives - Gift Shop		Transaction ID: 70326.E1850 Date of Disbursement
Mailing Address B-217 Longworth Bldg		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20515-
Purpose of Disbursement Christmas Ornaments	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="888.60"/>	
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		[MEMO ITEM] MEMO: CHRISTMAS ORNAMENTS

Full Name (Last, First, Middle Initial) B. White House Historical Association Shop		Transaction ID: 70326.E1852 Date of Disbursement
Mailing Address 1450 Pennsylvania Ave NW		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20230-
Purpose of Disbursement Cookbooks for Volunteers	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="318.93"/>	
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		[MEMO ITEM] MEMO: COOKBOOKS FOR VOLUNTEERS

Full Name (Last, First, Middle Initial) C. White House Historical Association Shop		Transaction ID: 70326.E1851 Date of Disbursement
Mailing Address 1450 Pennsylvania Ave NW		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20230-
Purpose of Disbursement Christmas Ornaments	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="121.36"/>	
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		[MEMO ITEM] MEMO: CHRISTMAS ORNAMENTS

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Diane Hoekstra		Transaction ID: 70326.E1841 Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 1454 Cimarron Drive		Amount of Each Disbursement this Period 1774.71	
City Holland State MI Zip Code 49423-	Purpose of Disbursement REIMBURSEMENT SEE BELOW Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		REIMBURSEMENT SEE BELOW	

Full Name (Last, First, Middle Initial) B. Holiday Inn Capitol		Transaction ID: 70326.E1842 Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2007	
Mailing Address 550 C Street SW		Amount of Each Disbursement this Period 430.52	
City Washington State DC Zip Code 20024-	Purpose of Disbursement Hotel Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: HOTEL	

Full Name (Last, First, Middle Initial) C. Holiday Inn Capitol		Transaction ID: 70326.E1843 Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2007	
Mailing Address 550 C Street SW		Amount of Each Disbursement this Period 1076.30	
City Washington State DC Zip Code 20024-	Purpose of Disbursement Hotel Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: HOTEL	

SUBTOTAL of Disbursements This Page (optional) ▶	1774.71
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Jessica Hoekstra		Transaction ID: 70326.E1819 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 177 W 37th Street		Amount of Each Disbursement this Period 808.50
City Holland State MI Zip Code 49423-	Purpose of Disbursement Salary 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY

Full Name (Last, First, Middle Initial) B. Mrs. Jessica Hoekstra		Transaction ID: 70326.E1835 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 177 W 37th Street		Amount of Each Disbursement this Period 808.50
City Holland State MI Zip Code 49423-	Purpose of Disbursement Salary 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY

Full Name (Last, First, Middle Initial) C. Mrs. Jessica Hoekstra		Transaction ID: 70327.E1862 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address 177 W 37th Street		Amount of Each Disbursement this Period 808.50
City Holland State MI Zip Code 49423-	Purpose of Disbursement Salary 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY

SUBTOTAL of Disbursements This Page (optional) ▶	2425.50
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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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)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Holland Postmaster		Transaction ID: 70326.E1840 Date of Disbursement MM / DD / YYYY 03 / 06 / 2007
Mailing Address 190 E 8th Street		Amount of Each Disbursement this Period 156.00
City Holland State MI Zip Code 49423-	Purpose of Disbursement Postage 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 POSTAGE

Full Name (Last, First, Middle Initial) B. IRS		Transaction ID: 70326.E1820 Date of Disbursement MM / DD / YYYY 01 / 31 / 2007
Mailing Address Department Of The Treasury		Amount of Each Disbursement this Period 215.29
City Cincinnati State OH Zip Code 45999-	Purpose of Disbursement Payroll Taxes 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 PAYROLL TAXES

Full Name (Last, First, Middle Initial) C. KB Political Signs		Transaction ID: 70326.E1813 Date of Disbursement MM / DD / YYYY 01 / 10 / 2007
Mailing Address 3290 Chicago Drive		Amount of Each Disbursement this Period 1562.34
City Grandville State MI Zip Code 49418-	Purpose of Disbursement Campaign Signs 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 CAMPAIGN SIGNS

SUBTOTAL of Disbursements This Page (optional) ▶	1933.63
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Model Drug Store		Transaction ID: 70326.E1818	
Mailing Address 35 W 8th Street		Date of Disbursement 01 / 24 / 2007	
City Holland	State MI	Zip Code 49423-	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Office Rent		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	CAMPAIGN OFFICE RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Model Drug Store		Transaction ID: 70326.E1834	
Mailing Address 35 W 8th Street		Date of Disbursement 02 / 28 / 2007	
City Holland	State MI	Zip Code 49423-	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Office Rent		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	CAMPAIGN OFFICE RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Model Drug Store		Transaction ID: 70327.E1861	
Mailing Address 35 W 8th Street		Date of Disbursement 03 / 22 / 2007	
City Holland	State MI	Zip Code 49423-	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Office Rent		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	CAMPAIGN OFFICE RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Northern Jet Management		Transaction ID: 70326.E1855 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address PO Box 888380		Amount of Each Disbursement this Period 1555.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49588-8380	Category/Type 002	
Purpose of Disbursement Flight Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FLIGHT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Deb Plaggemars		Transaction ID: 70326.E1825 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 3105 E Crystal Waters #7		Amount of Each Disbursement this Period 125.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Holland State MI Zip Code 49424-	Category/Type 001	
Purpose of Disbursement Salary Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Deb Plaggemars		Transaction ID: 70326.E1826 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 3105 E Crystal Waters #7		Amount of Each Disbursement this Period 76.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Holland State MI Zip Code 49424-	Category/Type 001	
Purpose of Disbursement Salary Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1758.06
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. State Of Michigan		Transaction ID: 70326.E1815 Date of Disbursement 01 / 20 / 2007
Mailing Address Po Box 9052		Amount of Each Disbursement this Period 60.00
City Detroit State MI Zip Code 48202-	Purpose of Disbursement Payroll Taxes 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 PAYROLL TAXES

Full Name (Last, First, Middle Initial) B. State Of Michigan		Transaction ID: 70326.E1816 Date of Disbursement 01 / 20 / 2007
Mailing Address Po Box 9052		Amount of Each Disbursement this Period 57.16
City Detroit State MI Zip Code 48202-	Purpose of Disbursement Payroll Taxes 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 PAYROLL TAXES

Full Name (Last, First, Middle Initial) C. The Printery		Transaction ID: 70326.E1833 Date of Disbursement 02 / 21 / 2007
Mailing Address 79 Clover Avenue		Amount of Each Disbursement this Period 694.30
City Holland State MI Zip Code 49423-	Purpose of Disbursement Reply Cards 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 REPLY CARDS

SUBTOTAL of Disbursements This Page (optional) ▶	811.46
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial) A. Townsend Group		Transaction ID: 70326.E1812 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address 429 North Saint Asaph		Amount of Each Disbursement this Period 5096.51
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consultant Candidate Name	Category/Type 003	FUNDRAISING CONSULTANT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70326.E1824 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address PO Box 9058		Amount of Each Disbursement this Period 102.36
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 Candidate Name	Category/Type 001	CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 70326.E1823 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address PO Box 9058		Amount of Each Disbursement this Period 105.85
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 Candidate Name	Category/Type 001	CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5304.72
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Peter Hoekstra for Congress

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 9058

City Dublin State OH Zip Code 43017-

Purpose of Disbursement
Cell Phone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70327.E1860

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

102.36

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

CELL PHONE

SUBTOTAL of Disbursements This Page (optional)

102.36

TOTAL This Period (last page this line number only)

25650.46