

# 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  
Peter Hoekstra for Congress

ADDRESS (number and street) 1454 Cimarron Drive  
 Check if different than previously reported. (ACC)  
Holland MI 49423

2. **FEC IDENTIFICATION NUMBER** C00270249  
**CITY** **STATE** **ZIP CODE**  
**STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
MI 02

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

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on in the State of  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 04 2008 in the State of MI

5. Covering Period 10 16 2008 through 11 24 2008

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 Claire Kryger

Signature of Treasurer Electronically Filed by Claire Kryger Date 04 27 2009

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

Office Use Only **FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Peter Hoekstra for Congress

Report Covering the Period:

From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	41670.00	736071.90
(b) Total Contribution Refunds (from Line 20(d)).....	300.00	1370.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	41370.00	734701.90
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	181436.14	596166.08
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	750.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	181436.14	595416.08
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	146315.69	
<hr/>		
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

Page 5

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

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

Write or Type Committee Name

Peter Hoekstra for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of  <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for  <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election)  through  <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
20350.00	345329.58	0.00																																																
(ii) Unitemized																																																		
1020.00	60501.37	0.00																																																
(iii) Total of contributions from individuals																																																		
21370.00	405830.95	0.00																																																
(b) Political Party Committees																																																		
0.00	999.99	0.00																																																
(c) Other Political Committees																																																		
20300.00	329240.96	0.00																																																

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

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
41670.00	736071.90	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	750.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
214.08	17930.34	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
41884.08	754752.24	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Peter Hoekstra for Congress

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
<b>17. OPERATING EXPENDITURES</b>		
181436.14	596166.08	38154.26
<b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN PAYMENTS</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
300.00	1370.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

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

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

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

300.00	1370.00	0.00
--------	---------	------

21. OTHER DISBURSEMENTS

35000.00	201500.00	0.00
----------	-----------	------

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

216736.14	799036.08	38154.26
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

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

41370.00	734701.90	0.00
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**IV. NET OPERATING EXPENDITURES**

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

181436.14	595416.08	38154.26
-----------	-----------	----------

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	321167.75
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	41884.08
25. SUBTOTAL(add Line 23 and Line 24) .....	363051.83
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	216736.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	146315.69

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

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

FOR LINE NUMBER: PAGE 7 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

**A.** Full Name (Last, First, Middle Initial)  
Air Conditioning Contractors of America

Mailing Address 2800 Shirlington Rd, Ste 330

City Arlington State VA Zip Code 22206

FEC ID number of contributing federal political committee. C C00100974

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

**Transaction ID:** 81125.C15824

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)  
American Medical Assoc PAC

Mailing Address 1101 Vermont Ave, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. C C00000422

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** 81023.C15782

Amount of Each Receipt this Period 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Build PAC

Mailing Address 1201 15th St NW

City Washington State DC Zip Code 20005-2800

FEC ID number of contributing federal political committee. C C00000901

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** 81023.C15780

Amount of Each Receipt this Period 2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 7000.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

**A.** Full Name (Last, First, Middle Initial)  
Chrysler Corp PAC

Mailing Address 1000 Chrysler Drive  
CIMS 485-10-95

City Auburn Hills State MI Zip Code 48326

FEC ID number of contributing federal political committee. C C00043687

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** 81031.C15801

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)  
Comerica Inc Committee PAC

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-2250

FEC ID number of contributing federal political committee. C C00035501

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  
1 0 / 2 7 / 2 0 0 8

**Transaction ID:** 81029.C15790

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)  
Dealers Election Action Comm of Auto Dea

Mailing Address 8400 Westpark Drive

City Mc Lean State VA Zip Code 22102

FEC ID number of contributing federal political committee. C C00040998

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** 81031.C15799

Amount of Each Receipt this Period 2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 4500.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

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

Mailing Address 10220 N. Ambassador Drive

City State Zip Code  
Kansas City MO 64153

FEC ID number of contributing federal political committee. C C00001388

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** 81031.C15800

Amount of Each Receipt this Period 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Federal Managers Assoc PAC

Mailing Address 1641 Prince St

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. C C00164848

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

**Transaction ID:** 81029.C15789

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)  
Fifth Third Bancorp PAC

Mailing Address 38 Fountain Square Plaza

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing federal political committee. C C00290502

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

**Transaction ID:** 81125.C15814

Amount of Each Receipt this Period 500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 58

(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)  
Peter Hoekstra for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Free & Strong America PAC, Inc.

Mailing Address PO Box 79226

City State Zip Code  
Waverley MA 02479

FEC ID number of contributing federal political committee. **C** C00449280

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4022.36

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 81125.C15826

Amount of Each Receipt this Period

222.36

In-Kind

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

**B.**

Full Name (Last, First, Middle Initial)  
Free & Strong America PAC, Inc.

Mailing Address PO Box 79226

City State Zip Code  
Waverley MA 02479

FEC ID number of contributing federal political committee. **C** C00449280

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81125.C15825

Amount of Each Receipt this Period

577.64

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
ITW Better Government Committee

Mailing Address 3600 W Lake Ave

City State Zip Code  
Glenview IL 60025

FEC ID number of contributing federal political committee. **C** C00000042

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81029.C15792

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) ..... ▶

1800.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

**A.**

Full Name (Last, First, Middle Initial)  
KELLY PAC

Mailing Address 999 West Big Beaver

City State Zip Code  
Troy MI 48084

FEC ID number of contributing federal political committee. **C** C00212522

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 8

**Transaction ID:** 81029.C15793

Amount of Each Receipt this Period  
2500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
United Transportation Union PAC

Mailing Address 14600 Detroit Avenue

City State Zip Code  
Lakewood OH 44107

FEC ID number of contributing federal political committee. **C** C00001636

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  
 1 0 / 2 7 / 2 0 0 8

**Transaction ID:** 81029.C15794

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) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	20300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 58
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William Bundy		Date of Receipt
	Mailing Address 3498 Palmer Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Saugatuck	MI	49453
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 81023.C15779
Name of Employer TRENDWAY		Occupation CEO	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Norman Byrne		Date of Receipt
	Mailing Address P.O. Box 200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 7 / 2 0 0 8
	City	State	Zip Code
	Rockford	MI	49341
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 81029.C15787
Name of Employer Byrne Electrical Special- ists		Occupation PRESIDENT	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
			Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) James Christenson		Date of Receipt
	Mailing Address 915 San Jose SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Grand Rapids	MI	49506
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 81023.C15772
Name of Employer HERMAN MILLER		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 58
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Samuel Cummings	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 250 Plymouth Ave SE	<b>Transaction ID:</b> 81125.C15813
	City State Zip Code Grand Rapids MI 49506-1700	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 Second Story Properties PRESIDENT	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dan Gordon	Date of Receipt MM / DD / YYYY 11 / 01 / 2008
	Mailing Address 333 - 50th Street SW	<b>Transaction ID:</b> 90426.C15847
	City State Zip Code Grand Rapids MI 49501	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Gordon Food Service CEO	Gift Card
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Don Heeringa	Date of Receipt MM / DD / YYYY 10 / 22 / 2008
	Mailing Address 173 Oakwood Avenue	<b>Transaction ID:</b> 81023.C15776
	City State Zip Code Holland MI 49424	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation TRENDAWAY CHAIRMAN & CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 58
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy Hickey	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 640 Cambridge Blvd SE	<b>Transaction ID:</b> 81102.C15805
	City State Zip Code Grand Rapids MI 49506	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 STEELCASE SENIOR VP	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Nancy Hickey	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 640 Cambridge Blvd SE	<b>Transaction ID:</b> 81102.C15804
	City State Zip Code Grand Rapids MI 49506	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 STEELCASE SENIOR VP	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Jandernoa	Date of Receipt MM / DD / YYYY 10 / 27 / 2008
	Mailing Address 8805 Olive Shore Avenue	<b>Transaction ID:</b> 81029.C15791
	City State Zip Code West Olive MI 49460-9570	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Bridge Street Capital Funds INVESTOR	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 58  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

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

Mailing Address 940 San Jose Dr SE

City State Zip Code  
Grand Rapids MI 49506

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

Name of Employer Occupation  
STEELCASE EXECUTIVE

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

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2008

**Transaction ID:** 81102.C15803

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)  
Michael Love

Mailing Address 1875 Sterling Oaks Blvd SE

City State Zip Code  
Ada MI 49301

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

Name of Employer Occupation  
STEELCASE PRESIDENT

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

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2008

**Transaction ID:** 81102.C15802

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)  
Daniel Molhoek

Mailing Address 6007 Grand River Dr

City State Zip Code  
Ada MI 49301

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

Name of Employer Occupation  
VARNUM,RIDDERING,SCHMIDT ATTORNEY

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

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2008

**Transaction ID:** 81023.C15773

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 58  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jane Patterson

Mailing Address 301 Oakwood Ave.

City State Zip Code  
Holland MI 49424

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

Name of Employer Occupation  
Self Employed LAWYER

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

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)  
Curtis Pullen

Mailing Address 2115 Meadowdale Dr NW

City State Zip Code  
Grand Rapids MI 49504

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

Name of Employer Occupation  
HERMAN MILLER VP

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

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)  
Robert Rynbrandt

Mailing Address 279 Division

City State Zip Code  
Zeeland MI 49464

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

Name of Employer Occupation  
GLOBAL CONCEPTS ENTERPRISE EXECUTIVE

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

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 17 / 58</span>
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Fred Tubbs</p> <p>Mailing Address 3748 N. Oceana Dr.</p> <p>City State Zip Code Hart MI 49420</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Tubbs Orchard</p> <p>Occupation FARMER</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">320.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">10 / 27 / 2008</span></p> <p><b>Transaction ID:</b> 81029.C15795</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Carol VanAnDel</p> <p>Mailing Address 3133 Orchard Vista Drive</p> <p>City State Zip Code Grand Rapids MI 49546</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Information has been requested</p> <p>Occupation Information has been requested</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">11 / 04 / 2008</span></p> <p><b>Transaction ID:</b> 81125.C15819</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">2300.00</span></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) David VanAnDel</p> <p>Mailing Address 3133 Orchard Vista Drive</p> <p>City State Zip Code Grand Rapids MI 49546</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer VanAnDel Institute</p> <p>Occupation CHAIRMAN &amp; CEO</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">11 / 04 / 2008</span></p> <p><b>Transaction ID:</b> 81125.C15818</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">2300.00</span></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">4700.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 58  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gordon Vanwylen

Mailing Address 145 Columbia Ave., Apt. 600

City State Zip Code  
Holland MI 49423

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

Name of Employer Occupation  
RETIRED RETIRED

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

Transaction ID: 81125.C15812

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)  
Valerie Volkema

Mailing Address 19102 Rosemary Rd

City State Zip Code  
Spring Lake MI 49456

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

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

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

Transaction ID: 81023.C15774

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 820 Hazelwood Dr

City State Zip Code  
Holland MI 49424-2758

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

Name of Employer Occupation  
HERMAN MILLER MANAGEMENT

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

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

Transaction ID: 81023.C15777

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) ..... ► **2100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 58  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

A.

Full Name (Last, First, Middle Initial)  
Sasha Zolik

Mailing Address 910 Lake Avenue

City State Zip Code  
Grand Haven MI 49417

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 81102.C15810

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) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	20350.00

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

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

FOR LINE NUMBER: PAGE 20 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Macatawa Bank

Mailing Address 51 East Main

City Zeeland State MI Zip Code 49464-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
14517.25

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 81125.C15822

Amount of Each Receipt this Period  
0.99

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

**B.**

Full Name (Last, First, Middle Initial)  
Macatawa Bank

Mailing Address 51 East Main

City Zeeland State MI Zip Code 49464-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
14730.34

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 81125.C15823

Amount of Each Receipt this Period  
213.09

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>214.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>214.08</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)  
Peter Hoekstra for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Holland BPW  Mailing Address 625 Hastings Ave  City Holland State MI Zip Code 49423-  Purpose of Disbursement Utilities 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> 81125.E2812 <b>Date of Disbursement</b> 11 / 09 / 2008  Amount of Each Disbursement this Period 14.96  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  UTILITIES
<b>B.</b>	Full Name (Last, First, Middle Initial) The Printery  Mailing Address 79 Clover Avenue  City Holland State MI Zip Code 49423-  Purpose of Disbursement Celebration Event 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> 81029.E2785 <b>Date of Disbursement</b> 10 / 27 / 2008  Amount of Each Disbursement this Period 354.46  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CELEBRATION EVENT
<b>C.</b>	Full Name (Last, First, Middle Initial) The Printery  Mailing Address 79 Clover Avenue  City Holland State MI Zip Code 49423-  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> 81029.E2784 <b>Date of Disbursement</b> 10 / 27 / 2008  Amount of Each Disbursement this Period 1526.40  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  LETTERHEAD

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

**1895.82**

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

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

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

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

A.	Full Name (Last, First, Middle Initial) The Printery	Transaction ID: 81029.E2786 Date of Disbursement 10 / 27 / 2008
	Mailing Address 79 Clover Avenue	Amount of Each Disbursement this Period 1985.38
	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 Envelopes with Logo Candidate Name	006 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) ▼
		ENVELOPES WITH LOGO

B.	Full Name (Last, First, Middle Initial) The Printery	Transaction ID: 81125.E2815 Date of Disbursement 11 / 09 / 2008
	Mailing Address 79 Clover Avenue	Amount of Each Disbursement this Period 1000.64
	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 Campaign Celebration Mailing 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) ▼
		CAMPAIGN CELEBRATION MAILING

C.	Full Name (Last, First, Middle Initial) Advance Newspapers	Transaction ID: 81029.E2776 Date of Disbursement 10 / 24 / 2008
	Mailing Address PO Box 9	Amount of Each Disbursement this Period 495.12
	City Jenison State MI Zip Code 49429-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Newspaper Advertising Candidate Name	004 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) ▼
		NEWSPAPER ADVERTISING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3481.14
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

A.

Full Name (Last, First, Middle Initial)  
Alpen Rose Restaurant & Cafe

Mailing Address 4 E 8th Street

City Holland State MI Zip Code 49423-

Purpose of Disbursement

Lunch Buffet

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81125.E2833

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

477.10

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

LUNCH BUFFET

B.

Full Name (Last, First, Middle Initial)  
Amway Grand Plaza

Mailing Address 187 Monroe Ave NW

City Grand Rapids State MI Zip Code 49503-

Purpose of Disbursement  
Campaign Celebration Expense

Candidate Name

007  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81125.E2810

Date of Disbursement

11 / 05 / 2008

Amount of Each Disbursement this Period

1505.28

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

CAMPAIGN CELEBRATION EXPENSE

C.

Full Name (Last, First, Middle Initial)  
At&T

Mailing Address Po Box 9001309

City Louisville State KY Zip Code 40290-1309

Purpose of Disbursement  
Telephone Line 396-3354

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81022.E2757

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

202.05

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

TELEPHONE LINE 396-3354

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

2184.43

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

**A.**

Full Name (Last, First, Middle Initial)  
At&T

Mailing Address Po Box 9001309

City Louisville State KY Zip Code 40290-1309

Purpose of Disbursement  
Fax Line  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81031.E2800  
Date of Disbursement  
10 / 30 / 2008

Amount of Each Disbursement this Period  
30.64

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

FAX LINE

**B.**

Full Name (Last, First, Middle Initial)  
At&T

Mailing Address Po Box 9001309

City Louisville State KY Zip Code 40290-1309

Purpose of Disbursement  
Telephone line 616.396.3354  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81125.E2811  
Date of Disbursement  
11 / 05 / 2008

Amount of Each Disbursement this Period  
126.17

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

TELEPHONE LINE 616.396.33-54

**C.**

Full Name (Last, First, Middle Initial)  
Derek Atkinson

Mailing Address 1326 Cobb Drive SE Apt 2A

City Grand Rapids State MI Zip Code 49508-

Purpose of Disbursement  
Mileage Reimbursement  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81125.E2808  
Date of Disbursement  
11 / 04 / 2008

Amount of Each Disbursement this Period  
449.86

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

MILEAGE REIMBURSEMENT

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **606.67**

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Derek Atkinson  Mailing Address 1326 Cobb Drive SE Apt 2A  City Grand Rapids State MI Zip Code 49508-  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) ▼	Transaction ID: 81125.E2807 Date of Disbursement 11 / 04 / 2008  Amount of Each Disbursement this Period 857.60  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY
<b>B.</b>	Full Name (Last, First, Middle Initial) Cardmember Visa Business Card  Mailing Address PO Box 6353  City Fargo State ND Zip Code 58125-6353  Purpose of Disbursement Credit Card See Below Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81125.E2816 Date of Disbursement 11 / 09 / 2008  Amount of Each Disbursement this Period 6012.54  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CREDIT CARD SEE BELOW
<b>C.</b>	Full Name (Last, First, Middle Initial) Clear Channel Radio - Grand Rapids  Mailing Address 77 Monroe Center Street NW Ste 100  City Grand Rapids State MI Zip Code 49505-  Purpose of Disbursement Radio Advertising 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: 81125.E2842 Date of Disbursement 10 / 17 / 2008  Amount of Each Disbursement this Period 863.60  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: RADIO ADVERTISING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6870.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

A.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: 81125.E2840 Date of Disbursement 10 / 24 / 2008
	Mailing Address 1600 Smith St Ste HQSGV	Amount of Each Disbursement this Period 873.00
	City Houston State TX Zip Code 77002-7362	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Flight Candidate Name	<b>[MEMO ITEM]</b> 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) ▼	

B.	Full Name (Last, First, Middle Initial) Dell Computer Corporation	Transaction ID: 81125.E2845 Date of Disbursement 09 / 30 / 2008
	Mailing Address One Dell Way	Amount of Each Disbursement this Period 103.88
	City Round Rock State TX Zip Code 78682-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Toner Cartridges Candidate Name	<b>[MEMO ITEM]</b> MEMO: TONER CARTRIDGES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: 81125.E2853 Date of Disbursement 10 / 23 / 2008
	Mailing Address Po Box 530257	Amount of Each Disbursement this Period 65.97
	City Atlanta State GA Zip Code 30353-0257	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Overnight Shipping - Advertisin Candidate Name	<b>[MEMO ITEM]</b> MEMO: OVERNIGHT SHIPPING - ADVERTISIN
	Office Sought: <input type="checkbox"/> House <input 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) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

A.	Full Name (Last, First, Middle Initial) Holland Postmaster	Transaction ID: 81125.E2838
	Mailing Address 190 E 8th Street	Date of Disbursement 10 / 09 / 2008
	City Holland State MI Zip Code 49423-	Amount of Each Disbursement this Period 16.50
	Purpose of Disbursement Overnight Postage - Report	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: OVERNIGHT POSTAGE - REPORT
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Holland Postmaster	Transaction ID: 81125.E2839
	Mailing Address 190 E 8th Street	Date of Disbursement 10 / 20 / 2008
	City Holland State MI Zip Code 49423-	Amount of Each Disbursement this Period 16.50
	Purpose of Disbursement Overnight postage - report	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: OVERNIGHT POSTAGE - REPORT
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Imagination Branding	Transaction ID: 81125.E2848
	Mailing Address 230 Great Circle Rd. Suite 248	Date of Disbursement 10 / 13 / 2008
	City Nashville State TN Zip Code 37228-	Amount of Each Disbursement this Period 2278.19
	Purpose of Disbursement Campaign Reusable tote bags	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	006 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN REUSABLE TOTE BAGS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

A.	Full Name (Last, First, Middle Initial) Macdonald Garber Broadcasting	Transaction ID: 81125.E2841
	Mailing Address PO Box 286	Date of Disbursement 10 / 21 / 2008
	City Petoskey State MI Zip Code 49770-	Amount of Each Disbursement this Period 140.00
	Purpose of Disbursement Radio Advertisements	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	004 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] MEMO: RADIO ADVERTISEMENTS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Medals of America	Transaction ID: 81125.E2852
	Mailing Address 114 Southchase Boulevard	Date of Disbursement 10 / 16 / 2008
	City Fountain Inn State SC Zip Code 29644-	Amount of Each Disbursement this Period 215.85
	Purpose of Disbursement Gift Medals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] MEMO: GIFT MEDALS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 81125.E2837
	Mailing Address 2337 North Park Dr, Ste 310	Date of Disbursement 10 / 04 / 2008
	City Holland State MI Zip Code 49424-	Amount of Each Disbursement this Period 76.01
	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] MEMO: OFFICE SUPPLIES
	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) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Target</p> <p>Mailing Address 12386 Felch St</p> <p>City Holland State MI Zip Code 49424-</p> <p>Purpose of Disbursement Office Supplies &amp; Beverages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81125.E2854</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="133.78"/></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: OFFICE SUPPLIES &amp; BEVERAGES</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Times Indicator Publications</p> <p>Mailing Address 44 Main Street</p> <p>City Fremont State MI Zip Code 49412-</p> <p>Purpose of Disbursement Newspaper Advertisements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81125.E2855</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="621.00"/></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: NEWSPAPER ADVERTISMENTS</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WLDR Radio</p> <p>Mailing Address 13999 South West Bay Shore Drive</p> <p>City Traverse City State MI Zip Code 49684-6206</p> <p>Purpose of Disbursement Radio Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81125.E2843</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="238.00"/></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: RADIO ADVERTISING</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></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)  
Peter Hoekstra for Congress

A.	Full Name (Last, First, Middle Initial) Charter Media	Transaction ID: 81019.E2739 Date of Disbursement 10 / 17 / 2008
	Mailing Address 300 N. Ferry, Suite A	Amount of Each Disbursement this Period 8847.65
	City Grand Haven State MI Zip Code 49417-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Television Advertising Candidate Name	004 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) ▼
		TELEVISION ADVERTISING

B.	Full Name (Last, First, Middle Initial) Charter Media	Transaction ID: 81029.E2788 Date of Disbursement 10 / 25 / 2008
	Mailing Address 300 N. Ferry, Suite A	Amount of Each Disbursement this Period 1987.30
	City Grand Haven State MI Zip Code 49417-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Television Advertising Candidate Name	004 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) ▼
		TELEVISION ADVERTISING

C.	Full Name (Last, First, Middle Initial) Clear Channel Radio - Lakeshore	Transaction ID: 81019.E2737 Date of Disbursement 10 / 17 / 2008
	Mailing Address 3565 Green Rd	Amount of Each Disbursement this Period 8139.60
	City Muskegon State MI Zip Code 49444-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Radio Advertising Candidate Name	004 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) ▼
		RADIO ADVERTISING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	18974.55
<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)  
Peter Hoekstra for Congress

A.	Full Name (Last, First, Middle Initial) Clear Channel Radio - Lakeshore	Transaction ID: 81031.E2794 Date of Disbursement 10 / 29 / 2008
	Mailing Address 3565 Green Rd	Amount of Each Disbursement this Period 513.40
	City Muskegon State MI Zip Code 49444-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Radio Advertising Candidate Name	004 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) ▼
		RADIO ADVERTISING

B.	Full Name (Last, First, Middle Initial) Comcast	Transaction ID: 81019.E2740 Date of Disbursement 10 / 19 / 2008
	Mailing Address 3500 Patterson SE	Amount of Each Disbursement this Period 4378.35
	City Grand Rapids State MI Zip Code 49512-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Television Ads Candidate Name	004 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) ▼
		TELEVISION ADS

C.	Full Name (Last, First, Middle Initial) Jon DeWitte	Transaction ID: 81029.E2790 Date of Disbursement 10 / 27 / 2008
	Mailing Address 358 Sandcastle Drive	Amount of Each Disbursement this Period 440.00
	City Holland State MI Zip Code 49424-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary 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) ▼
		SALARY

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

5331.75

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

A.

Full Name (Last, First, Middle Initial)  
Diversified Data Services, Inc.

Transaction ID: 81125.E2814  
Date of Disbursement

Mailing Address 1525 Gezon Pkwy SW, Ste C

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	8

City State Zip Code  
Grand Rapids MI 49509-9548

Amount of Each Disbursement this Period

290.75
--------

Purpose of Disbursement  
Mailing Cost  
Candidate Name

003
-----

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

MAILING COST

B.

Full Name (Last, First, Middle Initial)  
Farm Bureau Insurance

Transaction ID: 81125.E2827  
Date of Disbursement

Mailing Address 7373 W Saginaw Hwy

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	8

City State Zip Code  
Lansing MI 48909-

Amount of Each Disbursement this Period

338.39
--------

Purpose of Disbursement  
Insurance - Truck  
Candidate Name

001
-----

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

INSURANCE - TRUCK

C.

Full Name (Last, First, Middle Initial)  
Fast Signs, Inc

Transaction ID: 81022.E2759  
Date of Disbursement

Mailing Address 3852 - 29th Street, Ste 101

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	0	8

City State Zip Code  
Grand Rapids MI 49512-

Amount of Each Disbursement this Period

2146.50
---------

Purpose of Disbursement  
Yard Signs  
Candidate Name

004
-----

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

YARD SIGNS

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

2775.64
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Fast Signs, Inc		Transaction ID: 81022.E2760	
	Mailing Address 3852 - 29th Street, Ste 101		Date of Disbursement 10 / 22 / 2008	
	City Grand Rapids	State MI	Zip Code 49512-	Amount of Each Disbursement this Period 551.63
	Purpose of Disbursement Bumper Stickers		Category/ Type 004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		BUMPER STICKERS		
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>B.</b>	Full Name (Last, First, Middle Initial) Fifth Third Bank		Transaction ID: 81125.E2856	
	Mailing Address 36 E 8th Street		Date of Disbursement 11 / 15 / 2008	
	City Holland	State MI	Zip Code 49423-	Amount of Each Disbursement this Period 21.73
	Purpose of Disbursement Bank Service Charge		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		BANK SERVICE CHARGE		
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>C.</b>	Full Name (Last, First, Middle Initial) Free & Strong America PAC, Inc.		Transaction ID: 81125.C15826IK	
	Mailing Address PO Box 79226		Date of Disbursement 10 / 30 / 2008	
	City Waverley	State MA	Zip Code 02479-	Amount of Each Disbursement this Period 222.36
	Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		IN KIND:		
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) ..... ▶

795.72

**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)

<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.

Full Name (Last, First, Middle Initial)  
Dan Gordon

Mailing Address 333 - 50th Street SW

City State Zip Code  
Grand Rapids MI 49501-

Purpose of Disbursement  
Gift Card

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90426.C15847IK  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	8

Amount of Each Disbursement this Period

500.00
--------

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

IN KIND: GIFT CARD

B.

Full Name (Last, First, Middle Initial)  
Grand Haven Tribune

Mailing Address 101 N. Third Street

City State Zip Code  
Grand Haven MI 49417-

Purpose of Disbursement  
Newspaper Advertisements

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81029.E2775  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Amount of Each Disbursement this Period

459.00
--------

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

NEWSPAPER ADVERTISEMENTS

C.

Full Name (Last, First, Middle Initial)  
Hi-Lites Graphics, Inc.

Mailing Address 1212 Locust Street

City State Zip Code  
Fremont MI 49412-

Purpose of Disbursement  
Copying of Fundraiser Flyer

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81029.E2787  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Amount of Each Disbursement this Period

66.78
-------

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

COPYING OF FUNDRAISER FLYER

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

1025.78
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

A.	Full Name (Last, First, Middle Initial) Peter Hoekstra	Transaction ID: 81022.E2761 Date of Disbursement 10 / 22 / 2008
	Mailing Address 1454 Cimarron Drive	Amount of Each Disbursement this Period 1467.33
	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	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) ▼
		REIMBURSEMENT SEE BELOW

B.	Full Name (Last, First, Middle Initial) Amway Grand Plaza	Transaction ID: 81022.E2764 Date of Disbursement 10 / 15 / 2008
	Mailing Address 187 Monroe Ave NW	Amount of Each Disbursement this Period 12.95
	City Grand Rapids State MI Zip Code 49503-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Parking Reimbursement 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: PARKING REIMBURSEMENT

C.	Full Name (Last, First, Middle Initial) Peter Hoekstra	Transaction ID: 81022.E2762 Date of Disbursement 10 / 20 / 2008
	Mailing Address 1454 Cimarron Drive	Amount of Each Disbursement this Period 1196.16
	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 Mileage & Parking Reimbursement 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: MILEAGE & PARKING REIMBURSEMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1467.33
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

A.	Full Name (Last, First, Middle Initial) Peter Hoekstra	Transaction ID: 81022.E2770 Date of Disbursement 10 / 20 / 2008
	Mailing Address 1454 Cimarron Drive	Amount of Each Disbursement this Period 19.03
	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 Meal Reimbursement Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: MEAL REIMBURSEMENT
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Peter Hoekstra	Transaction ID: 81125.E2818 Date of Disbursement 11 / 04 / 2008
	Mailing Address 1454 Cimarron Drive	Amount of Each Disbursement this Period 825.69
	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	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	REIMBURSEMENT SEE BELOW
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Amway Grand Plaza	Transaction ID: 81125.E2821 Date of Disbursement 10 / 30 / 2008
	Mailing Address 187 Monroe Ave NW	Amount of Each Disbursement this Period 5.55
	City Grand Rapids State MI Zip Code 49503-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Parking Fees Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: PARKING FEES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

825.69

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

A.	Full Name (Last, First, Middle Initial) Peter Hoekstra	Transaction ID: 81125.E2819
	Mailing Address 1454 Cimarron Drive	Date of Disbursement MM / DD / YYYY 11 / 03 / 2008
	City Holland State MI Zip Code 49423-	Amount of Each Disbursement this Period 551.07
	Purpose of Disbursement Mileage Reimbursement 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:	<b>[MEMO ITEM]</b> MEMO: MILEAGE REIMBURSEMENT
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Shulas	Transaction ID: 81125.E2823
	Mailing Address 301 E. North Water Street	Date of Disbursement MM / DD / YYYY 10 / 26 / 2008
	City Chicago State IL Zip Code 60611-	Amount of Each Disbursement this Period 201.54
	Purpose of Disbursement Meal Expense - APAC meeting 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:	<b>[MEMO ITEM]</b> MEMO: MEAL EXPENSE - APAC MEETING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Holland Litho	Transaction ID: 81031.E2802
	Mailing Address 10972 Chicago Drive	Date of Disbursement MM / DD / YYYY 10 / 30 / 2008
	City Zeeland State MI Zip Code 49464-	Amount of Each Disbursement this Period 1334.59
	Purpose of Disbursement Event Invitation Mailing 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:	EVENT INVITATION MAILING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1334.59
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

<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.	Full Name (Last, First, Middle Initial) Holland Sentinel	Transaction ID: 81031.E2796 Date of Disbursement 10 / 30 / 2008
	Mailing Address 54 W 8th Street	Amount of Each Disbursement this Period 650.70
	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 Advertising Candidate Name	004 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) ▼
		ADVERTISING

B.	Full Name (Last, First, Middle Initial) Kairos Media LLC	Transaction ID: 81125.E2825 Date of Disbursement 11 / 19 / 2008
	Mailing Address 2050 Tenway Drive SE	Amount of Each Disbursement this Period 4673.00
	City Grand Rapids State MI Zip Code 49506-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Production Services -Advertisin Candidate Name	004 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) ▼
		PRODUCTION SERVICES -ADVE-RTISIN

C.	Full Name (Last, First, Middle Initial) Claire Kryger	Transaction ID: 81029.E2792 Date of Disbursement 10 / 27 / 2008
	Mailing Address 257 E 12th Street	Amount of Each Disbursement this Period 792.00
	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 Salary 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) ▼
		SALARY

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6115.70
<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)  
Peter Hoekstra for Congress

A.

Full Name (Last, First, Middle Initial)  
Lake MI Broadcasting

Mailing Address 5941 West US 10

City Ludington State MI Zip Code 49431-

Purpose of Disbursement  
Radio Advertising  
Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81031.E2795  
Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

859.10

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

RADIO ADVERTISING

B.

Full Name (Last, First, Middle Initial)  
Langeland Entertainment

Mailing Address 3486 William Street

City Hamilton State MI Zip Code 49419-

Purpose of Disbursement  
Film Production - Advertising  
Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81125.E2834  
Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

8000.00

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

FILM PRODUCTION - ADVERTISING

C.

Full Name (Last, First, Middle Initial)  
Ludington Daily News

Mailing Address PO Box 340

City Ludington State MI Zip Code 49431-

Purpose of Disbursement  
Newspaper Advertising  
Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81029.E2778  
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

425.25

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

NEWSPAPER ADVERTISING

SUBTOTAL of Disbursements This Page (optional) ▶

9284.35

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

A.	Full Name (Last, First, Middle Initial) Lundington Daily News	Transaction ID: 81125.E2835 Date of Disbursement 11 / 19 / 2008
	Mailing Address PO Box 340	Amount of Each Disbursement this Period 114.75
	City Ludington State MI Zip Code 49431-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Newspaper Ads Candidate Name	004 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) ▼
		NEWSPAPER ADS

B.	Full Name (Last, First, Middle Initial) Macatawa Bank	Transaction ID: 81125.E2809 Date of Disbursement 11 / 04 / 2008
	Mailing Address 51 East Main	Amount of Each Disbursement this Period 1061.78
	City Zeeland State MI Zip Code 49464-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Taxes 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) ▼
		PAYROLL TAXES

C.	Full Name (Last, First, Middle Initial) Macdonald Garber Broadcasting	Transaction ID: 81019.E2732 Date of Disbursement 10 / 17 / 2008
	Mailing Address PO Box 286	Amount of Each Disbursement this Period 1288.00
	City Petoskey State MI Zip Code 49770-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Radio Advertisements Candidate Name	004 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) ▼
		RADIO ADVERTISEMENTS

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2464.53
<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)  
Peter Hoekstra for Congress

A.

Full Name (Last, First, Middle Initial)  
Manistee News Advocate

Mailing Address 75 Maples Street

City Manistee State MI Zip Code 49660-

Purpose of Disbursement  
Newspaper Advertising  
Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81029.E2774  
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

655.73

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

NEWSPAPER ADVERTISING

B.

Full Name (Last, First, Middle Initial)  
Midwestern Broadcasting

Mailing Address PO Box 99392

City Troy State MI Zip Code 48099-9392

Purpose of Disbursement  
Radio Advertising  
Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81019.E2731  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

4760.00

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

RADIO ADVERTISING

C.

Full Name (Last, First, Middle Initial)  
The Muskegon Tribune

Mailing Address PO Box 4183

City Muskegon State MI Zip Code 49444-

Purpose of Disbursement  
Newspaper Advertising  
Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81029.E2777  
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

354.75

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

NEWSPAPER ADVERTISING

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

5770.48

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

A.	Full Name (Last, First, Middle Initial) Neural Planet	Transaction ID: 81125.E2829
	Mailing Address 2450 - 44th St SE, Suite 103	Date of Disbursement 11 / 19 / 2008
	City Grand Rapids State MI Zip Code 49512-2915	Amount of Each Disbursement this Period 881.25
	Purpose of Disbursement Website Maintenance & Updating	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	WEBSITE MAINTENANCE & UPD-ATING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Neural Planet	Transaction ID: 81125.E2828
	Mailing Address 2450 - 44th St SE, Suite 103	Date of Disbursement 11 / 19 / 2008
	City Grand Rapids State MI Zip Code 49512-2915	Amount of Each Disbursement this Period 54.90
	Purpose of Disbursement Website Hosting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	WEBSITE HOSTING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Oceans Herald	Transaction ID: 81031.E2797
	Mailing Address 123 State Street	Date of Disbursement 10 / 30 / 2008
	City Hart State MI Zip Code 49420-	Amount of Each Disbursement this Period 303.98
	Purpose of Disbursement Advertising	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	ADVERTISING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

1240.13

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

A.	Full Name (Last, First, Middle Initial) Oceana s Herald	Transaction ID: 81125.E2813 Date of Disbursement 11 / 09 / 2008
	Mailing Address 123 State Street	Amount of Each Disbursement this Period 721.20
	City Hart State MI Zip Code 49420-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	004 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	ADVERTISING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) William F. Oechsler, LLC	Transaction ID: 81022.E2758 Date of Disbursement 10 / 22 / 2008
	Mailing Address 1032 Floral Ave SE	Amount of Each Disbursement this Period 7233.81
	City Grand Rapids State MI Zip Code 49506-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media & marketing consultant Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	MEDIA & MARKETING CONSULTANT
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) William F. Oechsler, LLC	Transaction ID: 81125.E2824 Date of Disbursement 11 / 19 / 2008
	Mailing Address 1032 Floral Ave SE	Amount of Each Disbursement this Period 10561.43
	City Grand Rapids State MI Zip Code 49506-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media & marketing consultant Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	MEDIA & MARKETING CONSULTANT
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	18516.44
<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)  
Peter Hoekstra for Congress

A.	Full Name (Last, First, Middle Initial) Paradox Media Group	Transaction ID: 81125.E2817
	Mailing Address 2104 Wealthy SE	Date of Disbursement 11 / 09 / 2008
	City Grand Rapids State MI Zip Code 49506-	Amount of Each Disbursement this Period 1360.00
	Purpose of Disbursement Advertising Design 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:	ADVERTISING DESIGN
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 004	

B.	Full Name (Last, First, Middle Initial) Phillip Palacios Productions	Transaction ID: 81029.E2783
	Mailing Address 21 Union Ave NE #1A	Date of Disbursement 10 / 27 / 2008
	City Grand Rapids State MI Zip Code 49503-	Amount of Each Disbursement this Period 1610.00
	Purpose of Disbursement Media Consulting & Design 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:	MEDIA CONSULTING & DESIGN
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 003	

C.	Full Name (Last, First, Middle Initial) Deb Plaggemars	Transaction ID: 81125.E2806
	Mailing Address 3105 E Crystal Waters #7	Date of Disbursement 11 / 04 / 2008
	City Holland State MI Zip Code 49424-	Amount of Each Disbursement this Period 930.80
	Purpose of Disbursement Salary 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:	SALARY
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3900.80</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)  
Peter Hoekstra for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Deb Plaggemars</p> <p>Mailing Address 3105 E Crystal Waters #7</p> <p>City Holland State MI Zip Code 49424-</p> <p>Purpose of Disbursement Mileage Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81125.E2805</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="146.89"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MILEAGE REIMBURSEMENT</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brooke Sheldon</p> <p>Mailing Address 303 E. Savidge Street</p> <p>City Spring Lake State MI Zip Code 49456-</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81029.E2791</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="792.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>SALARY</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Brooke Sheldon</p> <p>Mailing Address 303 E. Savidge Street</p> <p>City Spring Lake State MI Zip Code 49456-</p> <p>Purpose of Disbursement Parking Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81125.E2831</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <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="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.65"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PARKING REIMBURSEMENT</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="955.54"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

A.	Full Name (Last, First, Middle Initial) T-R-T Partners LLC	Transaction ID: 81029.E2793 Date of Disbursement 10 / 27 / 2008
	Mailing Address 540 E. 24th Street	Amount of Each Disbursement this Period 600.00
	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 Office Rent - November 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) ▼
		OFFICE RENT - NOVEMBER

B.	Full Name (Last, First, Middle Initial) TCP Events	Transaction ID: 81125.E2803 Date of Disbursement 11 / 04 / 2008
	Mailing Address 3330 Highland Drive	Amount of Each Disbursement this Period 6794.38
	City Hudsonville State MI Zip Code 49426-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Celebration Event Candidate Name	007 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) ▼
		CAMPAIGN CELEBRATION EVENT

C.	Full Name (Last, First, Middle Initial) The Grand Rapids Press	Transaction ID: 81031.E2798 Date of Disbursement 10 / 30 / 2008
	Mailing Address PO Box 1823	Amount of Each Disbursement this Period 2560.00
	City Grand Rapids State MI Zip Code 49501-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	004 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) ▼
		ADVERTISING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9954.38
<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)  
Peter Hoekstra for Congress

A.

Full Name (Last, First, Middle Initial)  
The Zeeland Record Co, Inc.

Mailing Address 16 S Elm

City Zeeland State MI Zip Code 49464-

Purpose of Disbursement  
Voters Guides  
Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81125.E2826  
Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

1050.00

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

VOTERS GUIDES

B.

Full Name (Last, First, Middle Initial)  
Townsend Group

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
Fundraising Consultant  
Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81019.E2743  
Date of Disbursement

10 / 19 / 2008

Amount of Each Disbursement this Period

11959.16

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

FUNDRAISING CONSULTANT

C.

Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address E. 8th Street

City Holland State MI Zip Code 49423-

Purpose of Disbursement  
Postage for Muskegon Mailing  
Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81029.E2779  
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

3712.22

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

POSTAGE FOR MUSKEGON MAIL-  
ING

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

16721.38

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

A.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address PO Box 9058

City State Zip Code  
Dublin OH 43017-

Purpose of Disbursement  
Cell Phones Expenses  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81019.E2744  
Date of Disbursement

10 / 19 / 2008

Amount of Each Disbursement this Period

786.59

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

CELL PHONES EXPENSES

B.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address PO Box 9058

City State Zip Code  
Dublin OH 43017-

Purpose of Disbursement  
Cell Phone Expense  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81125.E2830  
Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

873.17

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

CELL PHONE EXPENSE

C.

Full Name (Last, First, Middle Initial)  
WGHN Grand Haven

Mailing Address 1 Harbor Dr

City State Zip Code  
Grand Haven MI 49417-

Purpose of Disbursement  
Radio Advertising  
Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81019.E2735  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

1174.25

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

RADIO ADVERTISING

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

2834.01

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
Peter Hoekstra for Congress

A.

Full Name (Last, First, Middle Initial)  
WGTU-TV

Mailing Address PO Box 99392

City Troy State MI Zip Code 48099-9392

Purpose of Disbursement  
Television Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81019.E2755  
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

2550.00

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

TELEVISION ADVERTISING

B.

Full Name (Last, First, Middle Initial)  
WLDR Radio

Mailing Address 13999 South West Bay Shore Drive

City Traverse City State MI Zip Code 49684-6206

Purpose of Disbursement  
Radio Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81019.E2733  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

1071.00

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

RADIO ADVERTISING

C.

Full Name (Last, First, Middle Initial)  
WMOM Radio

Mailing Address 206 E Ludington Ave

City Ludington State MI Zip Code 49431-

Purpose of Disbursement  
Radio Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81029.E2782  
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

650.00

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

RADIO ADVERTISING

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

4271.00

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)

PAGE 50 / 58

<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.**

Full Name (Last, First, Middle Initial)  
Wood - Clear Channel Brd.

Mailing Address 77 Monroe Center

City Grand Rapids State MI Zip Code 49503-

Purpose of Disbursement  
Radio Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 81019.E2736  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

4318.00

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

RADIO ADVERTISING

**B.**

Full Name (Last, First, Middle Initial)  
WOOD TV 8

Mailing Address 120 College SE

City Grand Rapids State MI Zip Code 49503-

Purpose of Disbursement  
Television Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 81019.E2747  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

15000.00

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

TELEVISION ADVERTISING

**C.**

Full Name (Last, First, Middle Initial)  
WOOD TV 8

Mailing Address 120 College SE

City Grand Rapids State MI Zip Code 49503-

Purpose of Disbursement  
Television Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 81019.E2738  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

3105.00

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

TELEVISION ADVERTISING

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

22423.00

**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

A.

Full Name (Last, First, Middle Initial)  
WPBN-TV 7 & 4

Mailing Address 8513 M-72 West

City State Zip Code  
Traverse City MI 49684-

Purpose of Disbursement  
Television Advertising  
Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81019.E2742  
Date of Disbursement

10 / 19 / 2008

Amount of Each Disbursement this Period

2762.50

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

TELEVISION ADVERTISING

B.

Full Name (Last, First, Middle Initial)  
WUVS-LP The Beat

Mailing Address 316 Morris Ave, Ste 655

City State Zip Code  
Muskegon MI 49440-

Purpose of Disbursement  
Radio Advertising  
Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81019.E2734  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

1008.00

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

RADIO ADVERTISING

C.

Full Name (Last, First, Middle Initial)  
WWKR Radio - Synergy Broadcasting

Mailing Address 5399 Wallace Lane

City State Zip Code  
Ludington MI 49431-

Purpose of Disbursement  
Radio Advertising  
Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81029.E2780  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

546.00

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

RADIO ADVERTISING

SUBTOTAL of Disbursements This Page (optional) ▶

4316.50

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)

<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.** Full Name (Last, First, Middle Initial)  
WWKR Radio - Synergy Broadcasting

Mailing Address 5399 Wallace Lane

City Ludington State MI Zip Code 49431-

Purpose of Disbursement  
Radio Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81029.E2781  
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

42.00

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

RADIO ADVERTISING

**B.** Full Name (Last, First, Middle Initial)  
WWTW- TV 9 & 10

Mailing Address 2640 Aero Park Drive

City Traverse City State MI Zip Code 49686-

Purpose of Disbursement  
Television Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81019.E2741  
Date of Disbursement

10 / 19 / 2008

Amount of Each Disbursement this Period

11322.00

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

TELEVISION ADVERTISING

**C.** Full Name (Last, First, Middle Initial)  
WZZM 13

Mailing Address 645 Three Mile Road NW

City Grand Rapids State MI Zip Code 49544-

Purpose of Disbursement  
Television Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81019.E2746  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

13413.00

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

TELEVISION ADVERTISING

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

24777.00

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

181114.49

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Peter Hoekstra for Congress

A.	Full Name (Last, First, Middle Initial) Congressional Trust Mailing Address 228 S. Washington Street, Ste 115 City Alexandria State VA Zip Code 22314- Purpose of Disbursement Donation of Excess Funds Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81022.E2756 Date of Disbursement 10 / 18 / 2008 Amount of Each Disbursement this Period 15000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Friends of Dave Reichert Mailing Address 2737 - 78th Ave SE, Suite 202 City Mercer Island State WA Zip Code 98040- Purpose of Disbursement Committee Contribution Candidate Name DAVE REICHERT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 08	Transaction ID: 81019.E2750 Date of Disbursement 10 / 18 / 2008 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Robert Hayes for Congress Mailing Address PO Box 2000 City Fraser State MI Zip Code 48026- Purpose of Disbursement Campaign Contribution Candidate Name ROBERT C. HAYES Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 08	Transaction ID: 81029.E2789 Date of Disbursement 10 / 25 / 2008 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17500.00
<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 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)  
Peter Hoekstra for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joe Knollenberg for Cong</p> <p>Mailing Address 31000 Telegraph Rd # 110</p> <p>City Franklin State MI Zip Code 48025-</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name JOSEPH K. KNOLLENBERG</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81022.E2772</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MI Republican Party</p> <p>Mailing Address 520 Seymour Street</p> <p>City Lansing State MI Zip Code 48933-</p> <p>Purpose of Disbursement Transfer of Excess Funds</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81031.E2801</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marilyn Musgrave for Congress</p> <p>Mailing Address 257 Johnstown Center Drive # 211</p> <p>City Johnstown State CO Zip Code 80534-</p> <p>Purpose of Disbursement Contribution to Committee</p> <p>Candidate Name MARILYN MUSGRAVE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81019.E2749</p> <p>Date of Disbursement 10 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

8500.00

**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 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)  
Peter Hoekstra for Congress

A.	Full Name (Last, First, Middle Initial) Jon Porter for Congress	Transaction ID: 81125.E2804 Date of Disbursement 11 / 04 / 2008
	Mailing Address 2470 St. Rose Pkwy Ste # 204	Amount of Each Disbursement this Period 1500.00
	City State Zip Code NV 89074-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contribution to Campaign Candidate Name JON C PORTER, SR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

B.	Full Name (Last, First, Middle Initial) Bob Schaffer for US Senate	Transaction ID: 81019.E2751 Date of Disbursement 10 / 18 / 2008
	Mailing Address PO Box 102135	Amount of Each Disbursement this Period 1500.00
	City State Zip Code Denver CO 80250-2135	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Contribution Candidate Name ROBERT W SCHAFFER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

C.	Full Name (Last, First, Middle Initial) John Shadegg for Congress	Transaction ID: 81019.E2748 Date of Disbursement 10 / 18 / 2008
	Mailing Address PO Box 45444	Amount of Each Disbursement this Period 2000.00
	City State Zip Code Phoenix AZ 85064-5444	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Contribution Candidate Name JOHN B. SHADEGG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<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)  
Peter Hoekstra for Congress

A.

Full Name (Last, First, Middle Initial)  
Mark Souder for Congress

Mailing Address PO Box 40233

City Fort Wayne State IN Zip Code 46804-

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
MARK E SOUDER

Office Sought:  House  
 Senate  
 President

State: IN District: 03

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 81019.E2752  
Date of Disbursement

10 / 18 / 2008

Amount of Each Disbursement this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)  
Mark Souder for Congress

Mailing Address PO Box 40233

City Fort Wayne State IN Zip Code 46804-

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
MARK E SOUDER

Office Sought:  House  
 Senate  
 President

State: IN District: 03

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 81019.E2753  
Date of Disbursement

10 / 18 / 2008

Amount of Each Disbursement this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)  
Lee Terry for Congress

Mailing Address 2941 S. 120th Street

City Omaha State NE Zip Code 68144-

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
LEE TERRY

Office Sought:  House  
 Senate  
 President

State: NE District: 02

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 81019.E2754  
Date of Disbursement

10 / 18 / 2008

Amount of Each Disbursement this Period

2000.00

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

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

4000.00

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

35000.00



# 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 57 / 58

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" 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.

Full Name (Last, First, Middle Initial)

Gary Granger

Mailing Address 2690 Village Circle Ct SW

City Byron Center State MI Zip Code 49315-8070

Purpose of Disbursement  
Refund of Contribution

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81022.E2773

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

300.00

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

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

300.00

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

300.00

Image# 29992036295

Form/Schedule: **F3A**

Transaction ID:

This filing is an amendment to the 30 Day Post General report.

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