

# 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  
John D. Dingell for Congress

ADDRESS (number and street) 607 14th Street, NW, Suite 800  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00002600  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
M 15

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

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

5. Covering Period 07 20 2006 through 09 30 2006

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

Signature of Treasurer Electronically Filed by Guy R. Martin Date 10 13 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

John D. Dingell for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
2	0

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	399075.00	1315533.40
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	399075.00	1314733.40
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	94164.70	877866.57
(b) Total Offsets to Operating Expenditures (from Line 14).....	695.78	1064.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	93468.92	876802.02
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	819829.02	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
John D. Dingell for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
2	0

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

103800.00

331142.25

(ii) Unitemized.....

3415.00

7481.15

(iii) TOTAL of contributions

107215.00

338623.40

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

291860.00

976910.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

399075.00

1315533.40

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

695.78

1064.55

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

3956.53

17550.36

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

403727.31

1334148.31

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	94164.70	877866.57
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	800.00
21. OTHER DISBURSEMENTS.....	178855.00	238184.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	273019.70	1116850.57

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	689121.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	403727.31
25. SUBTOTAL (add Line 23 and Line 24).....	1092848.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	273019.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	819829.02

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 206
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Joseph E. Antonini

Mailing Address 62 Pine Gate Drive

City State Zip Code  
Bloomfield Hills MI 48304

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

Name of Employer Self-Employed Occupation  
Investor

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

Transaction ID: C471846

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Laura D. Appel

Mailing Address 224 Vicksburg

City State Zip Code  
Lansing MI 48917

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

Name of Employer Information Requested Occupation Information Requested

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2006

Transaction ID: C455369

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Andrew Athy, Jr.

Mailing Address 1310 Nineteenth Street, N.W.

City State Zip Code  
Washington DC 20036

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

Name of Employer O'Neill, Athy & Casey Occupation Attorney

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

2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

Transaction ID: C465803

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Gary Bachula</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 1391 Beresford Court		Transaction ID: C422779
City State Zip Code Mc Lean VA 22101	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Internet 2 Vice President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Edward J. Bagale</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 6692 Spruce Dr		Transaction ID: C422781
City State Zip Code Bloomfield Hills MI 48301-3054	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation University of Michigan - Dearborn Vice Chancellor Govt. Relations		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Maysa Balbaki</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 26155 Timber Trail		Transaction ID: C422783
City State Zip Code Dearborn Heights MI 48127	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Information Requested Information Requested		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Michael E. Bannister

Mailing Address 1 American Road

City State Zip Code  
Dearborn MI 48126

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

Name of Employer Occupation  
Fort Motor Credit Company Chairman & CEO

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

Transaction ID: C488637

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Michael F. Barrett, Jr.

Mailing Address 601 Thirteenth Street, N.W.  
No. 1120

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
Self-Employed Consultant

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

3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: C463697

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Robert T. Biskup

Mailing Address 452 Puritan Avenue

City State Zip Code  
Birmingham MI 48009-4632

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

Name of Employer Occupation  
Ford Motor Company Attorney

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

Transaction ID: C470018

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
John W. Blackwell, III

Mailing Address 46010 Amesbury Drive

City Plymouth State MI Zip Code 48170

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

Name of Employer Blackwell Ford, Inc. Occupation Automobile Dealer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: C488647

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 22326 Valley Oaks

City Beverly Hills State MI Zip Code 48025

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

Name of Employer DLA Piper US LLP Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2006

Transaction ID: C465813

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 323 Grosse Pointe Blvd

City Grosse Pointe State MI Zip Code 48236-3069

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

Name of Employer Daimler Chrysler Corporation Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2006

Transaction ID: C423391

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 206
	<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)  
John D. Dingell for Congress

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

Mailing Address 21101 Cambridge Drive

City State Zip Code  
Northville MI 48167

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

Name of Employer Occupation  
Bill Brown Ford Automobile Dealer

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2006

Transaction ID: C470021

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Julie N. Brown

Mailing Address 21551 Cherry Hill Street

City State Zip Code  
Dearborn MI 48124-1151

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

Name of Employer Occupation  
Plastech President

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

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: C463718

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 46558 Darwood Court

City State Zip Code  
Plymouth MI 48170

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

Name of Employer Occupation  
Ford Motor Company Engineer

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2006

Transaction ID: C470030

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Stephen H. Brown

Mailing Address 7214 Hickory Street

City Falls Church State VA Zip Code 22043

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

Name of Employer Dutko Worldwide Occupation Senior Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2006

Transaction ID: C475424

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Benjamin R. Carter

Mailing Address 33666 Ramble Hills

City Farmington Hills State MI Zip Code 48331

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

Name of Employer Detroit Medical Center Occupation Administrator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2006

Transaction ID: C423307

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Harry Cendrowski

Mailing Address 4111 Andover Road Third Floor

City Bloomfield Hills State MI Zip Code 48302

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

Name of Employer Cendrowski Corporate Advisors Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2006

Transaction ID: C477756

Amount of Each Receipt this Period  
 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 206
	<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)  
John D. Dingell for Congress

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

Mailing Address 37999 Turnberry Court

City Farmington Hills State MI Zip Code 48331

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

Name of Employer Ford Motor Company Occupation Executive Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 22 / 2006

**Transaction ID: C488638**

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
H. Douglas Chaffin

Mailing Address 4215 Brest Road

City Newport State MI Zip Code 48166

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

Name of Employer Monroe Bank & Trust Occupation President & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 01 / 2006

**Transaction ID: C423324**

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Charles M. Chambers

Mailing Address 4220 Dandridge Terrace

City Alexandria State VA Zip Code 22309

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

Name of Employer Lawrence Tech University Occupation President Emeritus

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 14 / 2006

**Transaction ID: C488634**

Amount of Each Receipt this Period  
 250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 12 / 206</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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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)  
John D. Dingell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) William R. Chapin Mailing Address 277 Lincoln Rd City State Zip Code Grosse Pointe MI 48230-1604 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006 <b>Transaction ID: C422786</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Chapin & Company Automobile Marketing Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Susan M. Cischke Mailing Address 4973 Bloomfield Ridge City State Zip Code Bloomfield Hills MI 48302-2469 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006 <b>Transaction ID: C463720</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Ford Motor Company Vice President Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Francisco N. Codina Mailing Address 7 Pine Gate Court City State Zip Code Bloomfield Hills MI 48304 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006 <b>Transaction ID: C470038</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Ford Motor Company Vice President Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Sharon L. Cohen		Date of Receipt M M / D D / Y Y Y Y Y 08 / 09 / 2006	
Mailing Address 10405 Sandringham Court		Transaction ID: C423588	
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Biotechnology Inc.	Occupation Vice President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> James M. Connelly		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2006	
Mailing Address 7123 Kennowy Court		Transaction ID: C417451	
City State Zip Code W Bloomfield MI 48322-3276	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Henry Ford Health System	Occupation Senior Vice President, & CFO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Chris Cortez		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006	
Mailing Address 2090 Lake Angelus Shores		Transaction ID: C417961	
City State Zip Code Lake Angelus MI 48320	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Daimler Chrysler Corporation	Occupation Senior Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Tarik S. Daoud

Mailing Address 13711 East 8 Mile Road

City Warren State MI Zip Code 48089

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

Name of Employer Al Long Ford, Inc. Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 6

Transaction ID: C422787

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 606 Kedzie

City East Lansing State MI Zip Code 48823

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

Name of Employer Self-Employed Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 0 6

Transaction ID: C455371

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Christopher Dingell

Mailing Address 3360 Brookside

City Trenton State MI Zip Code 48183

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

Name of Employer State of Michigan Occupation Judge

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 6

Transaction ID: C422788

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Cindy Dingell</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address 3360 Brookside		<b>Transaction ID: C422789</b>	
City State Zip Code Trenton MI 48183	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Wayne County	Occupation Deputy Chief Operating Offices		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Della M. Dipietro</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address 4690 Mulberry Woods Circle		<b>Transaction ID: C470040</b>	
City State Zip Code Ann Arbor MI 48105-9778	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Fort Motor Company	Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Walter E. Douglas</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address 1189 Lone Pine Woods Drive		<b>Transaction ID: C470041</b>	
City State Zip Code Bloomfield Hills MI 48302-2824	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Avis Ford, Inc.	Occupation President		
Receipt For: 2006 <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) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
D. Chris Downey

Mailing Address 2727 34th Place, N.W.

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
Self-Employed Teacher

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

Transaction ID: C464070

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 15985 Indian

City State Zip Code  
Redford MI 48239

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

Name of Employer Occupation  
John Bailey & Associates, Inc. Vice President

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: C417463

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 23845 Fordson Drive

City State Zip Code  
Dearborn MI 48124

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

Name of Employer Occupation  
Henry Ford Health System Physician

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

Transaction ID: C423322

Amount of Each Receipt this Period  
250.00

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas W. Elward		Date of Receipt MM / DD / YYYY 08 / 08 / 2006
Mailing Address 5531 Swan Lake Dr		<b>Transaction ID:</b> C423579
City State Zip Code West Bloomfield MI 48322-1765	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer CMS Energy	Occupation Senior Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert N. Enberg		Date of Receipt MM / DD / YYYY 08 / 01 / 2006
Mailing Address 31951 Partridge Lane #2		<b>Transaction ID:</b> C423304
City State Zip Code Farmington Hills MI 48334	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Henry Ford Health System	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> John M. Evans		Date of Receipt MM / DD / YYYY 09 / 22 / 2006
Mailing Address 49802 Crystalline		<b>Transaction ID:</b> C470046
City State Zip Code Clinton Township MI 48035	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Stu Evans Lincoln-Mercury, Inc.	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 206
	<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)  
John D. Dingell for Congress

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

Mailing Address 4805 King Richard Drive

City Annandale State VA Zip Code 22003-4253

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

Name of Employer Mayer Brown Rowe & Maw, LLP Occupation Attorney

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

3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2006

Transaction ID: C465814

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Janice C. Fitzgerald

Mailing Address 18 Millrace Court

City Dearborn State MI Zip Code 48126

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

Name of Employer N/A Occupation Homemaker

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 02 / 2006

Transaction ID: C417336

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dennis B. Fitzgibbons

Mailing Address 1405 North Wakefield Street

City Arlington State VA Zip Code 22207

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

Name of Employer Daimler Chrysler Corporation Occupation Director

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2006

Transaction ID: C423392

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 206
	<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)  
John D. Dingell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Elena A. Ford		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 2000 Brush Street Suite 440		<b>Transaction ID:</b> C470050
City State Zip Code Detroit MI 48226	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Ford Motor Company	Occupation Director	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) James E. Ford		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 4427 Walsh Street		<b>Transaction ID:</b> C463724
City State Zip Code Chevy Chase MD 20815-6007	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer API Energy	Occupation Vice President	
Receipt For: 2006 <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) William C. Ford, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 2000 Brush Street Suite 440		<b>Transaction ID:</b> C470052
City State Zip Code Detroit MI 48226	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Ford Motor Company	Occupation Chairman & CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bennie W. Fowler

Mailing Address 24605 Riverwood Drive

City State Zip Code  
Franklin MI 48025

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

Name of Employer Occupation  
Ford Motor Company Vice President

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

**Transaction ID:** C470053

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 481 Springview Drive

City State Zip Code  
Rochester MI 48307

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

Name of Employer Occupation  
Daimler Chrysler Corporation Senior Vice President

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

**Transaction ID:** C417962

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Edward O. Fritts

Mailing Address 4441 North 33rd Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
The Fritts Group President

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

**Transaction ID:** C465817

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 206
	<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)  
John D. Dingell for Congress

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

Mailing Address 5105 Fairlane Wppds Drive

City Dearborn State MI Zip Code 48126

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

Name of Employer Oakwood Healthcare Inc. Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

Transaction ID: C423306

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sean D. Gehle

Mailing Address 1828 Boston Blvd

City Lansing State MI Zip Code 48910

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

Name of Employer St. John Health Occupation Government Affairs

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 08 / 2006

Transaction ID: C423388

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Allan D. Gilmour

Mailing Address P.O. Box 1810

City Birmingham State MI Zip Code 48012-1810

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2006

Transaction ID: C470056

Amount of Each Receipt this Period  
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Alfred R. Glancy, III		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006
Mailing Address 40 Preston Place		<b>Transaction ID:</b> C477757
City State Zip Code Grosse Pointe Farm MI 48236	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Unico Investment Company	Occupation Chairman	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ruth R. Glancy		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006
Mailing Address 40 Preston Place		<b>Transaction ID:</b> C477758
City State Zip Code Grosse Pointe Farm MI 48236	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael E. Glover		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006
Mailing Address 404 East Jefferson Street		<b>Transaction ID:</b> C477783
City State Zip Code Falls Church VA 22046	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Verizon Services Corporat- ion	Occupation Deputy General Counsel	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> James C. Gouin		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 2373 Concession 1A		<b>Transaction ID:</b> C488639
City State Zip Code Woodslee	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Ford Motor Company Finance	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B.</b> Janet M. Grissom		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 4515 Cathedral Avenue, N.W.		<b>Transaction ID:</b> C465821
City State Zip Code Washington DC 20016-3564	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Johnson, Madigan, Peck Consultant	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b> Arthur A. Gross		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 10135 Borgman Avenue		<b>Transaction ID:</b> C417465
City State Zip Code Huntington Woods MI 48070	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Henry Ford Health System Chief Information Officer	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jacalyn H. Hadden

Mailing Address 4260 Redbud Trail

City State Zip Code  
Williamston MI 48895

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

Name of Employer Consumers Energy Occupation Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2006

Transaction ID: C455373

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Steven K. Hamp

Mailing Address 1510 Harding Road

City State Zip Code  
Ann Arbor MI 48104

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

Name of Employer Ford Motor Company Occupation Chief of Staff

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

Transaction ID: C470057

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Frederick W. Hoffman

Mailing Address 3180 Quail Ridge Cir

City State Zip Code  
Rochester MI 48309-2727

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

Name of Employer Daimler Chrysler Corporation Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2006

Transaction ID: C423394

Amount of Each Receipt this Period  
500.00

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

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
H. David Humes

Mailing Address 401 W. Morgan

City State Zip Code  
Ann Arbor MI 48103

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

Name of Employer Occupation  
Innovative Biotherapies President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2006

**Transaction ID:** C489575

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert F. Hurley

Mailing Address 2757 North Randolph Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
The Accord Group Principal

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

**Transaction ID:** C463730

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
David A. Ippel

Mailing Address 6714 Cambridge Street

City State Zip Code  
Dearborn Heights MI 48127-1875

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

Name of Employer Occupation  
Oakwood Healthcare, Inc. Division President

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

**Transaction ID:** C417469

Amount of Each Receipt this Period  
250.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Heidi N. Jacobus

Mailing Address 432 Riverview Drive

City State Zip Code  
Ann Arbor MI 48104

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

Name of Employer Occupation  
Cybernet CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: C471914

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1253 Cottingham Row

City State Zip Code  
Bloomfield Hills MI 48302

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

Name of Employer Occupation  
SE Radiology Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: C417445

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
David W. Joos

Mailing Address 2044 Birch Bluff Drive

City State Zip Code  
Okemos MI 48864

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

Name of Employer Occupation  
CMS Energy Executive

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

Transaction ID: C423377

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 27 / 206</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Elliot Joseph		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 7055 Ten Hill Road		<b>Transaction ID:</b> C423216	
City State Zip Code West Bloomfield MI 48322	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer St. John Health	Occupation President & CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> David M. Katz		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 739 St. Clair Street		<b>Transaction ID:</b> C423297	
City State Zip Code Grosse Pointe Farm MI 48236	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Detroit Medical Center	Occupation Senior Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Kevin F. Kelley		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 14900 Fox		<b>Transaction ID:</b> C422791	
City State Zip Code Redford MI 48239-3162	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Wayne County	Occupation Director, Dept. of Senior Citizen Serv		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Mark A. Kelley		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 1124 Covington Road		<b>Transaction ID:</b> C417475
City State Zip Code Bloomfield Hills MI 48301	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Henry Ford Health System Physician	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Richardo I. Kilpatrick		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 903 North Opdyke Road Suite C		<b>Transaction ID:</b> C470060
City State Zip Code Auburn Hills MI 48326	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Kilpatrick & Associates, P.C. Attorney	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> David L. Korman		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 5315 Red Fox Run		<b>Transaction ID:</b> C488640
City State Zip Code Ann Arbor MI 48105-9590	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Ford Motor Credit Company Attorney	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mary Jo Joanne Kripowicz

Mailing Address 21569 Garrison St

City State Zip Code  
Dearborn MI 48124-2301

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

Name of Employer Strategic Federal Affairs Occupation Senior Associate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2006

Transaction ID: C422792

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Richard P. Kughn

Mailing Address 22482 Orchard Lake Road

City State Zip Code  
Farmington MI 48336

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

Name of Employer Kughn Enterprises Occupation Real Estate Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

Transaction ID: C417479

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Nell Kuhnmuench

Mailing Address 812 Applegate Lane

City State Zip Code  
East Lansing MI 48823

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

Name of Employer GCSI Occupation Government Affairs

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: C463704

Amount of Each Receipt this Period  
250.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Derrick M. Kuzak</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 3800 South Shoreline Drive		<b>Transaction ID: C470063</b>	
City State Zip Code Milford MI 48381	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Ford Motor Company Executive	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Eric B. Larson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 3160 Broadway Boulevard		<b>Transaction ID: C477760</b>	
City State Zip Code Bloomfield Village MI 48301	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Larson Realty Group Realtor	Election Cycle-to-Date 2000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Thomas LaSorda</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 2615 Heights View Court		<b>Transaction ID: C423379</b>	
City State Zip Code Oakland Township MI 48306	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Daimler Chrysler Corporation President & CEO	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 206
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> David C. Leach		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 3601 North Glebe Road		Transaction ID: C464071	
City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer David Leach LLC	Occupation Consultant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Kenneth Leet		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address One American Road		Transaction ID: C471261	
City State Zip Code Dearborn MI 48121	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ford Motor Company	Occupation Strategic Advisor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael LeRoy		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 382 E. Scripps Road		Transaction ID: C423209	
City State Zip Code Lake Orion MI 48360	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer DMC	Occupation Chief Information Officer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 206
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Robert Liberatore</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 4054 52nd Terrace NW		<b>Transaction ID: C423396</b>	
City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer DaimlerChrysler Corporation	Occupation Vice President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Daniel E. Little</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 551 Golfcrest Drive		<b>Transaction ID: C471263</b>	
City State Zip Code Dearborn MI 48124	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer University of Michigan Dearborn	Occupation Chancellor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C. John J. Lively</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 5316 Baltimore Avenue		<b>Transaction ID: C477740</b>	
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Fritts Group, LLC	Occupation Government Relations		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Larry D. Lyons</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 4737 Goodison Place Drive		<b>Transaction ID: C488633</b>	
City State Zip Code Rochester MI 48306	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation DCX Vice President	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Bruce G. MacDonald</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 948 Fairfax		<b>Transaction ID: C422793</b>	
City State Zip Code Birmingham MI 48009	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Liebler/MacDonald Communications Strat Principal	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Curtis N. Magleby</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 2421 Highridge Circle		<b>Transaction ID: C488642</b>	
City State Zip Code Saline MI 48176	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Ford Motor Company Government Affairs	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sean B. McCourt

Mailing Address 46767 South View

City Plymouth State MI Zip Code 48170

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

Name of Employer Ford Motor Company Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2006

**Transaction ID: C488643**

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Martin J. McInerney

Mailing Address 1855 Rathmoor

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer Star Lincoln-Mercury Occupation Auto Dealer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

**Transaction ID: C477761**

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 14455 Fairway

City Livonia State MI Zip Code 48154

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

Name of Employer Ford Motor Company Occupation Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2006

**Transaction ID: C488644**

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 206
	<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)  
John D. Dingell for Congress

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

Mailing Address 22277 Long Blvd.

City Dearborn State MI Zip Code 48124

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

Name of Employer Henry Ford Community College  
Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

Transaction ID: C471264

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1911 Austin Ave

City Ann Arbor State MI Zip Code 48104-3621

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

Name of Employer CMS Energy  
Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2006

Transaction ID: C455376

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Reginald Modlin

Mailing Address 797 Crestwood Lane

City Rochester Hills State MI Zip Code 48309

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

Name of Employer DaimlerChrysler Corporation  
Occupation Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2006

Transaction ID: C423397

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Patricia E. Mooradian

Mailing Address 950 Satterlee Road

City State Zip Code  
Bloomfield Hills MI 48304

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

Name of Employer Occupation  
The Henry Ford President

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

**Transaction ID:** C471265

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jeffery T. More

Mailing Address 412 8th Street, S.E.

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation  
The Accord Group Principal

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

**Transaction ID:** C463734

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Deborah L. Morrissett

Mailing Address 3395 Cleveland Drive

City State Zip Code  
Troy MI 48083

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

Name of Employer Occupation  
Daimler Chrysler Corporation Vice President

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2006

**Transaction ID:** C423372

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 206
	<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)  
John D. Dingell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Martin J. Mulloy Mailing Address 16159 Oakwood Court City Northville State MI Zip Code 48167 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006 <b>Transaction ID: C471809</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Ford Motor Company Occupation Vice President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Robert E. Nederlander Mailing Address 510 Park Ave Apt. 10B City New York State NY Zip Code 10022-1105 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006 <b>Transaction ID: C471844</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Nederlander Company, LLC Occupation President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Erle A. Nye Mailing Address 12211 Creek Forest Dr City Dallas State TX Zip Code 75230-2336 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006 <b>Transaction ID: C455381</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer TXU Occupation Chairman Emeritus Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> James P. O'connor		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address 10778 Pinehurst Road		<b>Transaction ID:</b> C423333
City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Henry Ford Health System Supply Chain Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Carla O'Malley		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 7452 Stonebrook Drive		<b>Transaction ID:</b> C488635
City State Zip Code Canton MI 48187	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Henry Ford Health System Director		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Christian W. Overland		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 119 South Washington Street		<b>Transaction ID:</b> C417448
City State Zip Code Ypsilanti MI 48197	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Henry Ford Health System Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Christian W. Overland</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 119 South Washington Street		Transaction ID: C422796
City State Zip Code Ypsilanti MI 48197	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Henry Ford Health System Vice President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Stuart M. Pape</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 2950 Chain Bridge Road, N.W.		Transaction ID: C464074
City State Zip Code Washington DC 20016-3408	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Patton Boggs, LLP Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Howard G. Paster</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 4935 Linnean Avenue, N.W.		Transaction ID: C475422
City State Zip Code Washington DC 20008-2040	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation WPP Group Executive Vice President		
Receipt For: 2006 <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) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 206
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Barbara J. Payne		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 10108 Farrcroft Drive		Transaction ID: C471916	
City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed	Occupation Consultant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Richard F. Pearson		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 20216 Woodbend Drive		Transaction ID: C422797	
City State Zip Code Northville MI 48167-3004	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer National Center for Manuf-acturing	Occupation President & CEO		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ann Marie Petach		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 2120 Brockman Blvd.		Transaction ID: C471811	
City State Zip Code Ann Arbor MI 48104	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ford Motor Company	Occupation Vice President & Treasurer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Cameron H. Piggott		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 21 Renaud Road		<b>Transaction ID:</b> C477763
City State Zip Code Grosse Pointe MI 48236	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Dykema Gossett, PLLC	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mary M. Polce		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 5915 Valley View Drive		<b>Transaction ID:</b> C471813
City State Zip Code Canton MI 48187	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Patrick H. Quinn		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address 5709 Potomac Avenue, N.W.		<b>Transaction ID:</b> C463736
City State Zip Code Washington DC 20016	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer The Accord Group	Occupation Principal	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 206
	<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)  
John D. Dingell for Congress

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

Mailing Address 3300 Circle Hill Road

City State Zip Code  
Alexandria VA 22305-1708

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

Name of Employer Self-Employed Occupation  
Consultant

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2006

Transaction ID: C465825

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Nancy A. Rae

Mailing Address 2672 Shorebrook Court

City State Zip Code  
Rochester Hills MI 48306

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

Name of Employer Daimler Chrysler Corporation Occupation  
Senior Vice President - Human Resources

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 02 / 2006

Transaction ID: C417341

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 4011 Lorcom Lane

City State Zip Code  
Arlington VA 22207

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

Name of Employer The Fritts Group Occupation  
Government Affairs

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2006

Transaction ID: C465823

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 206
	<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)  
John D. Dingell for Congress

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

Mailing Address 21820 Dover Court

City State Zip Code  
Beverly Hills MI 48025-2608

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

Name of Employer Occupation  
The Remington Group Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

Transaction ID: C471816

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2323 N. Zeeb

City State Zip Code  
Dexter MI 48130

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

Name of Employer Occupation  
Michigan Research Institute President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2006

Transaction ID: C422798

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Eric R. Ridenour

Mailing Address 431 Aspen Road

City State Zip Code  
Birmingham MI 48009-1655

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

Name of Employer Occupation  
Daimler Chrysler Corporation Chief Operating Officer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: C463714

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Mark L. Rosenblum		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address 2652 Long Lake Road		Transaction ID: C414911
City State Zip Code West Bloomfield MI 48323	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Henry Ford Health System Physician	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Gary Rounding		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address 40760 Woodward Avenue, No. 48		Transaction ID: C414904
City State Zip Code Bloomfield MI 48304	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Henry Ford Health System Senior Vice President	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> John Russell		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 7680 Spring Point Court		Transaction ID: C422800
City State Zip Code Rockford MI 49341-8658	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Consumers Energy President & COO	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. B. David Sanders</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address 41197 Lore Drive		<b>Transaction ID: C422802</b>	
City State Zip Code Clinton Township MI 48038-2086		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SEMCOG	Occupation Administrator		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Nancy M. Schlichting</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address 15 Turnberry Ln		<b>Transaction ID: C423376</b>	
City State Zip Code Dearborn MI 48120-1167		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Henry Ford Health System	Occupation President & CEO		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Joseph E. Schmitt, III</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6	
Mailing Address 583 Lakeland Street		<b>Transaction ID: C417449</b>	
City State Zip Code Grosse Pointe MI 48230		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Henry Ford Health System	Occupation Senior Vice President, Finance		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Edward R. Schulak

Mailing Address 567 Aspen Road

City Birmingham State MI Zip Code 48009

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

Name of Employer Edward Schulak Equities, LLC Occupation Investor

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2006

Transaction ID: C471848

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1148 Eton Cross

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer Ford Motor Company Occupation Executive Vice President

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2006

Transaction ID: C471818

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas D. Sellers

Mailing Address 2600 West Maple

City Troy State MI Zip Code 48084

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

Name of Employer Dean Sellers Ford Occupation Automobile Dealer

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: C488645

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 206
	<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)  
John D. Dingell for Congress

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

Mailing Address 27100 Loma Court

City State Zip Code  
Grosse Ile MI 48138

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

Name of Employer Occupation  
Henry Ford Health System Chief Executive Officer

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2006

Transaction ID: C417453

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas W. Sidlik

Mailing Address P.O. Box 7940

City State Zip Code  
Ann Arbor MI 48107

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

Name of Employer Occupation  
DaimlerChrysler Corporation Manager

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2006

Transaction ID: C415403

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bradley M. Simmons

Mailing Address 1400 Fairway Drive

City State Zip Code  
Birmingham MI 48009

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

Name of Employer Occupation  
Information Requested Information Requested

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2006

Transaction ID: C471821

Amount of Each Receipt this Period  
250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 206
	<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)  
John D. Dingell for Congress

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

Mailing Address 1123 Crest Lane

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
Sidley Austin Brown & Wood LLP Attorney

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

2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

**Transaction ID: C465827**

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Stephen A. Swanson

Mailing Address 712 State Circle

City State Zip Code  
Ann Arbor MI 48106

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

Name of Employer Occupation  
Nanocerox CEO

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

**Transaction ID: C463753**

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Edward Szandzik

Mailing Address 21671 River Road

City State Zip Code  
Grosse Pointe Wood MI 48236

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

Name of Employer Occupation  
Henry Ford Hospital Director of Pharmacy

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2006

**Transaction ID: C423390**

Amount of Each Receipt this Period  
250.00

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

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Paul Szilagyi</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 1043 Oxford Ct		<b>Transaction ID: C423346</b>	
City State Zip Code Monroe MI 48161	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Henry Ford Health System	Occupation Regional Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Michael S. Szuba</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 6755 Abi Lane		<b>Transaction ID: C471823</b>	
City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Polce & Szuba, PLLC	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Richard J. Tarplin</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 1875 Eye Street, N.W. Suite 400		<b>Transaction ID: C463758</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Timmons and Company, Inc.	Occupation Chairman of the Board & Managing Director		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 206
	<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)  
John D. Dingell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Glynn C. Taylor		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 4141 N. Henderson Road		<b>Transaction ID:</b> C423585
City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Terrence Thomas		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address 18214 Parkside		<b>Transaction ID:</b> C423215
City State Zip Code Detroit MI 48221	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Kenneth W. Thompson		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 5403 Goldsboro Rd		<b>Transaction ID:</b> C465830
City State Zip Code Bethesda MD 20817-6314	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 3500.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> William R. Tiefel		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 2330 Bancroft Place		<b>Transaction ID:</b> C455382	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation Retired	Election Cycle-to-Date ▼ 1500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Kenneth G. Trester		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 3965 Penberton		<b>Transaction ID:</b> C415406	
City State Zip Code Ann Arbor MI 48105-3020	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Oakwood Healthcare Inc. Occupation Senior Vice President	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Alex P. Ver		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 2061 Valleyview Drive		<b>Transaction ID:</b> C471824	
City State Zip Code Ann Arbor MI 48105-9569	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ford Motor Company Occupation CEO, Auto Components Holdings	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Philip L. Verveer

Mailing Address 2125 Leroy Place, N.W.

City Washington State DC Zip Code 20008

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

Name of Employer Willkie Farr & Gallagher Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2006

**Transaction ID: C465833**

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 48 Cambridge Boulevard

City Pleasant Ridge State MI Zip Code 48069

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

Name of Employer Henry Ford Health System Occupation Senior Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 21 / 2006

**Transaction ID: C417446**

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Attila J. Wagner

Mailing Address 42480 Corlina Drive

City Northville State MI Zip Code 48167

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

Name of Employer Ford Motor Company Occupation President, Ford Credit North America

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2006

**Transaction ID: C471822**

Amount of Each Receipt this Period  
 500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gary L. Wasserman

Mailing Address 1750 Stephenson Highway

City Troy State MI Zip Code 48083

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

Name of Employer Allied Metals Corporation Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** C471826

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Donna S. Webb

Mailing Address 6142 Hidden Lake Cir.

City Richland State MI Zip Code 49083

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 0 6

**Transaction ID:** C455378

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Douglas D. Welday

Mailing Address 32468 Sandstone Court

City Farmington Hills State MI Zip Code 48334

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

Name of Employer Oakwood Healthcare, Inc. Occupation Financial Officer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** C423348

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Rhonda C. Welday

Mailing Address 3124 Freedom Road

City Farmington State MI Zip Code 48335

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

**Transaction ID: C455407**

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Whipple, Jr.

Mailing Address 1115 Country Club Drive

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID: C423580**

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dawn White

Mailing Address 6363 Waters Road

City Ann Arbor State MI Zip Code 48103

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 6

**Transaction ID: C422805**

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 55 / 206</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Richard N. Wiener Mailing Address 721 North Capitol Avenue Suite 1 City State Zip Code Lansing MI 48906 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C423300 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	6		500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	1		2	0	0	6														
	500.00																						
Name of Employer Occupation Wiener Associates Attorney Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>750.00</td> </tr> </table>		750.00																				
	750.00																						

<b>B.</b> Full Name (Last, First, Middle Initial) Richard N. Wiener Mailing Address 721 North Capitol Avenue Suite 1 City State Zip Code Lansing MI 48906 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C422806 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	4		2	0	0	6		250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	4		2	0	0	6														
	250.00																						
Name of Employer Occupation Wiener Associates Attorney Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>750.00</td> </tr> </table>		750.00																				
	750.00																						

<b>C.</b> Full Name (Last, First, Middle Initial) In Kwang Yoon Mailing Address 17000 Hubbard Drive Suite 800 City State Zip Code Dearborn MI 48126 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C417972 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6		250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	4		2	0	0	6														
	250.00																						
Name of Employer Occupation SKYL Sports Medicine Physician Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>250.00</td> </tr> </table>		250.00																				
	250.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td>1000.00</td> </tr> </table>	1000.00
1000.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Stephen E. Young		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 2133 Moores River Drive		<b>Transaction ID:</b> C463708
City State Zip Code Lansing MI 48910	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Frank G. Zarb		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 402 Centre Island Road		<b>Transaction ID:</b> C477764
City State Zip Code Oyster Bay NY 11771	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mary L. Zuckerman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 19721 Gary Ln		<b>Transaction ID:</b> C423214
City State Zip Code Livonia MI 48152-1168	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00	

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Covington & Burling, LLP

Mailing Address 1201 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 19 / 2006

Transaction ID: C467233

Amount of Each Receipt this Period  
 1000.00

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

PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
Aaron R. Marcu

Mailing Address 1201 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

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

Name of Employer Occupation  
Covington, & Burling, LLP Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 19 / 2006

Transaction ID: C467237

Amount of Each Receipt this Period  
 250.00

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

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
C. William Phillips

Mailing Address 1201 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

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

Name of Employer Occupation  
Covington & Burling, LLP Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 19 / 2006

Transaction ID: C467244

Amount of Each Receipt this Period  
 250.00

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

[MEMO ITEM]

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 206  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gerard J. Waldron

Mailing Address 1201 Pennsylvania Avenue, N.W.

City	State	Zip Code
Washington	DC	20004

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

Name of Employer Covington & Burling, LLP	Occupation Partner
--	-----------------------

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	6

Transaction ID: C467250

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	103800.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 206
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. AFLAC Inc. PAC</b>		Date of Receipt MM / DD / YYYY 08 / 08 / 2006
Mailing Address Worldwide Headquarters		<b>Transaction ID: C423573</b>
City Columbus	State GA	Zip Code 31999
FEC ID number of contributing federal political committee. <b>C C00034157</b>		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B. AFLAC Inc. PAC</b>		Date of Receipt MM / DD / YYYY 08 / 08 / 2006
Mailing Address Worldwide Headquarters		<b>Transaction ID: C423571</b>
City Columbus	State GA	Zip Code 31999
FEC ID number of contributing federal political committee. <b>C C00034157</b>		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>C. Altria Group, Inc. PAC</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2006
Mailing Address 101 Constitution Avenue, N.W. Suite 400W		<b>Transaction ID: C477779</b>
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. <b>C C00089136</b>		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Amer. Assoc. of Oral & Maxillofacial Surgeons PAC

Mailing Address 9700 West Bryn Mawr Avenue

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee. **C** C00005660

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2006

**Transaction ID:** C415410

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 607 East Adams Street

City State Zip Code  
Springfield IL 62739

FEC ID number of contributing federal political committee. **C** C00206136

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

**Transaction ID:** C467173

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
America's Health Insurance Plans PAC

Mailing Address 601 Pennsylvania Avenue, N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00106740

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2006

**Transaction ID:** C422356

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. America's Health Insurance Plans PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 601 Pennsylvania Avenue, N.W. Suite 500, South Building		Transaction ID: C471828
City Washington      State DC      Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00106740		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. American Academy of Dermatology Assoc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 1350 I Street, NW Suite 880		Transaction ID: C488235
City Washington      State DC      Zip Code 20005	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00359539		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. American Academy of Ophthalmology PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 655 Beach Street		Transaction ID: C488238
City San Francisco      State CA      Zip Code 94109	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00196246		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> American Assoc. for Marriage & Family Therapy PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2006
Mailing Address 112 South Alfred Street		<b>Transaction ID:</b> C467179
City State Zip Code Alexandria VA 22314	FEC ID number of contributing federal political committee. <b>C</b> C00198259	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> American Association for Homecare PAC		Date of Receipt M M / D D / Y Y Y Y Y 08 / 28 / 2006
Mailing Address 625 Slaters Lane Suite 200		<b>Transaction ID:</b> C455385
City State Zip Code Alexandria VA 22314	FEC ID number of contributing federal political committee. <b>C</b> C00357129	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> American Association of Nurse Anesthetists PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006
Mailing Address 222 South Prospect Avenue		<b>Transaction ID:</b> C471925
City State Zip Code Park Ridge IL 60068	FEC ID number of contributing federal political committee. <b>C</b> C00173153	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 63 / 206</span>			
	(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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> American College of Cardiology PAC		Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2006
Mailing Address 9111 Old Georgetown Road		<b>Transaction ID:</b> C423373
City State Zip Code Bethesda MD 20814	FEC ID number of contributing federal political committee. <b>C</b> C00375360	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> American College of Cardiology PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006
Mailing Address 9111 Old Georgetown Road		<b>Transaction ID:</b> C471853
City State Zip Code Bethesda MD 20814	FEC ID number of contributing federal political committee. <b>C</b> C00375360	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> American College of Physician Services PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 2011 Pennsylvania Avenue, N.W. Suite 800		<b>Transaction ID:</b> C471852
City State Zip Code Washington DC 20006	FEC ID number of contributing federal political committee. <b>C</b> C00403881	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

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

FOR LINE NUMBER: PAGE 64 / 206  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial)  
**A.** American College of Radiology Association PAC  
 Mailing Address 1891 Preston White Drive  
 City State Zip Code  
 Reston VA 20191  
 FEC ID number of contributing federal political committee. **C** C00343459  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 13 / 2006  
**Transaction ID: C464059**  
 Amount of Each Receipt this Period  
 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**B.** American College of Surgeons Professional Assn PAC  
 Mailing Address 1640 Wisconsin Avenue, N.W.  
 City State Zip Code  
 Washington DC 20007  
 FEC ID number of contributing federal political committee. **C** C00382424  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 13 / 2006  
**Transaction ID: C464061**  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**C.** American Dental PAC  
 Mailing Address 1111 14th Street, NW  
 Suite 1100  
 City State Zip Code  
 Washington DC 20005  
 FEC ID number of contributing federal political committee. **C** C00000729  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 07 / 2006  
**Transaction ID: C422358**  
 Amount of Each Receipt this Period  
 4000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**  
**TOTAL** This Period (last page this line number only) ..... ►



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 206
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. American Dental PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 1111 14th Street, NW Suite 1100		<b>Transaction ID: C467181</b>
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b> C00000729	Amount of Each Receipt this Period 5000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B. American Electric Power Comm. For Responsible Gove</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 1 Riverside Plaza, 26th Floor P.O. Box 16036		<b>Transaction ID: C467184</b>
City Columbus State OH Zip Code 43215	FEC ID number of contributing federal political committee. <b>C</b> C00096842	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) <b>C. American Express Company PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 801 Pennsylvania Avenue, N.W. Suite 650		<b>Transaction ID: C475432</b>
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. <b>C</b> C00040535	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. American Health Care Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 1201 L Street, NW		<b>Transaction ID: C467185</b>	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00006080		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B. American Hospital Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006	
Mailing Address 325 Seventh Street, N.W. Suite 700		<b>Transaction ID: C417332</b>	
City State Zip Code Washington DC 20004		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00106146		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 7000.00	

Full Name (Last, First, Middle Initial) <b>C. American Hospital Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006	
Mailing Address 325 Seventh Street, N.W. Suite 700		<b>Transaction ID: C417333</b>	
City State Zip Code Washington DC 20004		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00106146		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 7000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. American Medical Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 1101 Vermont Avenue, N.W. 12th Floor		<b>Transaction ID: C417335</b>
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b> C00000422	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. American Nurses Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 8515 Georgia Avenue Suite 400		<b>Transaction ID: C463699</b>
City Silver Spring State MD Zip Code 20910	FEC ID number of contributing federal political committee. <b>C</b> C00017525	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>C. American Optometric Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 1505 Prince Street Suite 300		<b>Transaction ID: C467186</b>
City Alexandria State VA Zip Code 22314	FEC ID number of contributing federal political committee. <b>C</b> C00024968	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 206
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. American Physical Therapy Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006
Mailing Address 1111 North Fairfax Street		<b>Transaction ID: C475437</b>
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C C00012880</b>	Amount of Each Receipt this Period 1500.00	
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>B. American Public Power Association POWERPAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2006
Mailing Address 2301 M Street, N.W.		<b>Transaction ID: C467187</b>
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. <b>C C00161570</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. American Society of Anesthesiologists PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006
Mailing Address 520 North Northwest Highway		<b>Transaction ID: C464062</b>
City Park Ridge	State IL	Zip Code 60068
FEC ID number of contributing federal political committee. <b>C C00255752</b>	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Amgen PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 555 13th Street, N.W. Suite 600 West		Transaction ID: C477741
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. <b>C</b> C00251876	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) <b>B. Areva Cogema Framatome ANP PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 4800 Hampden Lane Suite 1100		Transaction ID: C475441
City Bethesda State MD Zip Code 20814	FEC ID number of contributing federal political committee. <b>C</b> C00395285	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Arnold &amp; Porter LLP Partners PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 555 12th Street, N.W.		Transaction ID: C467189
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. <b>C</b> C00216895	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 206
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
ASCAP Legislative Fund for the Arts

Mailing Address 1 Lincoln Plaza

City State Zip Code  
New York NY 10023

FEC ID number of contributing federal political committee. **C** C00228296

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

**Transaction ID:** C467188

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Association of Professional Flight Attendants PAC

Mailing Address 1004 West Eules Blvd.

City State Zip Code  
Eules TX 76040

FEC ID number of contributing federal political committee. **C** C00246421

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006

**Transaction ID:** C464080

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Baxter Healthcare Corporation PAC

Mailing Address 1501 K Street, N.W.

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00117838

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

**Transaction ID:** C475443

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Biotechnology Industry Organization PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 1225 Eye Street, N.W. Suite 400		<b>Transaction ID: C455401</b>	
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00355677		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		Redesignation Requested	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Blue Cross and Blue Shield of Michigan PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6	
Mailing Address 602 West Ionia		<b>Transaction ID: C422359</b>	
City Lansing State MI Zip Code 48933	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00084061		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 8500.00	

Full Name (Last, First, Middle Initial) <b>C. Blue Cross and Blue Shield of Michigan PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address 602 West Ionia		<b>Transaction ID: C471836</b>	
City Lansing State MI Zip Code 48933	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00084061		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 8500.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. BRACEPAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 2000 K Street, N.W. Suite 500		Transaction ID: C467196
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00021295		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Bryan Cave LLP PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 700 Thirteenth Street , N.W. Suite 700		Transaction ID: C467197
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00332643		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Buchanan Ingersoll Committee for Effective Governm</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 301 Grant Street 20th Floor		Transaction ID: C467200
City Pittsburgh State PA Zip Code 15219	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00195388		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 / 206
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> BUILD PAC of the National Assoc. of Home Builders		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 1201 15th Street, N.W.		Transaction ID: C455387
City Washington	State DC	Amount of Each Receipt this Period 2000.00
Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b> C00000901	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	Redesignation Requested
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> BWX Technologies Inc PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 2016 Mt. Athos Road		Transaction ID: C488243
City Lynchburg	State VA	Amount of Each Receipt this Period 1000.00
Zip Code 24504	FEC ID number of contributing federal political committee. <b>C</b> C00365502	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Calpine Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 50 West San Fernando Street		Transaction ID: C477777
City San Jose	State CA	Amount of Each Receipt this Period 1000.00
Zip Code 95113-2414	FEC ID number of contributing federal political committee. <b>C</b> C00362640	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input 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) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Capital One Financial Corp. Assoc. Political Fund

Mailing Address 1680 Capital One Drive

City State Zip Code  
McLean VA 22102

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** C471931

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Cardinal Health, Inc. PAC

Mailing Address 7000 Cardinal Place

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing federal political committee. **C** C00332833

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2006

**Transaction ID:** C467204

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Caremark RX Employees PAC

Mailing Address 2211 Sanders Road  
10th Floor

City State Zip Code  
Northbrook IL 60062

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2006

**Transaction ID:** C463701

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 / 206
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Cement Kiln Recycling Coalition PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 1001 Connecticut Avenue, N.W. Suite 615		Transaction ID: C467206
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00287524		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Chicago Board of Options Exchange PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 400 South LaSalle Street		Transaction ID: C477755
City Chicago State IL Zip Code 60605	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00100693		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Clear Channel Communications, Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006
Mailing Address 200 East Basse Road		Transaction ID: C417968
City San Antonio State TX Zip Code 78209-8328	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00279216		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Cleveland-Cliffs, Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 1100 Superior Avenue Room 1800		Transaction ID: C471838
City Cleveland State OH Zip Code 44114	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00039016		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. CMS Energy Employees for Better Government</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address One Energy Plaza EP8-267		Transaction ID: C415400
City Jackson State MI Zip Code 49201	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00075473		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5500.00	

Full Name (Last, First, Middle Initial) <b>C. COALPAC-A PAC of the National Mining Association</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 101 Constitution Avenue, N.W. Suite 500 East		Transaction ID: C467360
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00109819		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. College of American Pathologists PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 1350 Eye Street, N.W. Suite 590		Transaction ID: C475418
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00274944		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>B. Comcast Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006
Mailing Address 1500 Market Street, Center Square 35th Floor		Transaction ID: C417966
City Philadelphia State PA Zip Code 19102	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00248716		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Consumer Electronics Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 2500 Wilson Boulevard		Transaction ID: C475447
City Arlington State VA Zip Code 22201	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00375048		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input 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) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 206
	<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)  
John D. Dingell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Council for Responsible Nutrition PAC Mailing Address 1828 L Street, N.W. Suite 900 City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. <b>C</b> C00399659 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 6 Transaction ID: C467232 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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<b>B.</b> Full Name (Last, First, Middle Initial) CSX Corporation Good Government Fund Mailing Address 1331 Pennsylvania Avenue, N.W. Suite 560 City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. <b>C</b> C00163832 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 6 Transaction ID: C467257 Amount of Each Receipt this Period 2500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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<b>C.</b> Full Name (Last, First, Middle Initial) CTIA-The Wireless Association PAC Mailing Address 1400 16th Street, N.W. Suite 600 City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. <b>C</b> C00262295 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Transaction ID: C475446 Amount of Each Receipt this Period 2500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Cummins Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 601 Pennsylvania Avenue, NW North Building, Suite 625		<b>Transaction ID: C467261</b>
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00377952		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. CWA COPE Political Contribution Committee</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 501 Third Street, N.W.		<b>Transaction ID: C467218</b>
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00002089		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>C. DaimlerChrysler Corporation Political Support Comm</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 1000 Chrysler Drive		<b>Transaction ID: C464082</b>
City Auburn Hills State MI Zip Code 48326	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00043687		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> DaimlerChrysler Corporation Political Support Comm		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 1000 Chrysler Drive		Transaction ID: C477742	
City Auburn Hills	State MI	Zip Code 48326	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b> C00043687		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dealers Election Action Committee		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address 8400 Westpark Drive		Transaction ID: C417964	
City McLean	State VA	Zip Code 22102	Amount of Each Receipt this Period 4000.00
FEC ID number of contributing federal political committee. <b>C</b> C00040998		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dealers Election Action Committee		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 8400 Westpark Drive		Transaction ID: C467340	
City McLean	State VA	Zip Code 22102	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b> C00040998		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dickstein Shapiro LLP PAC

Mailing Address 1825 Eye Street, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00110197

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

**Transaction ID:** C467268

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
DIRECTV Group, Inc. Fund

Mailing Address 444 North Capitol Street, N.W.  
Suite 728

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00331991

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

**Transaction ID:** C467272

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
DTE Energy Company PAC

Mailing Address 2000 Second Avenue  
1079 WCB

City Detroit State MI Zip Code 48226

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** C471932

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Duke Energy Corporation PAC

Mailing Address 400 South Tyron Street

City State Zip Code  
Charlotte NC 28285

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: C475450

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dykema Gossett Federal PAC

Mailing Address 201 Townsend Street Suite 900

City State Zip Code  
Lansing MI 48933

FEC ID number of contributing federal political committee. **C** C00342113

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

Transaction ID: C467275

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
EchoStar Communications Corporation PAC

Mailing Address 1233 20th Street, N.W. Suite 302

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00330647

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: C471933

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. El Paso Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 1001 Louisiana Street Suite N1134S		Transaction ID: C477751
City Houston State TX Zip Code 77002	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00093948		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Electric Delivery PAC of TXU Corporation</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 500 North Akard Suite 12-045		Transaction ID: C477750
City Dallas State TX Zip Code 75201	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00255992		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Electric Power Supply Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 1401 New York Avenue, N.W. 11th Floor		Transaction ID: C464086
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00326009		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input 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) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Eli Lilly and Company PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address Lilly Corporate Center		Transaction ID: C455404	
City Indianapolis      State IN      Zip Code 46285	Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  Redesignation Requested
FEC ID number of contributing federal political committee. <b>C</b> C00082792			
Name of Employer      Occupation  Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Federal National Mortgage Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6	
Mailing Address 3900 Wisconsin Avenue, N.W.		Transaction ID: C471940	
City Washington      State DC      Zip Code 20016	Amount of Each Receipt this Period 2500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b> C00393520			
Name of Employer      Occupation  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C. Ford Motor Company Civic Action Fund</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address c/o Comerica Bank PAC Services MC 2250		Transaction ID: C489446	
City Detroit      State MI      Zip Code 48275	Amount of Each Receipt this Period 75.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  * In-Kind: Inkind - Use of Mailing List
FEC ID number of contributing federal political committee. <b>C</b> C00046474			
Name of Employer      Occupation  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6075.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3575.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> FPL PAC Florida Power and Light Co. Employees PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address P.O. Box 14000		Transaction ID: C488240	
City State Zip Code Juno Beach FL 33408	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00064774		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> General Electric Company PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 1299 Pennsylvania Avenue, NW Suite 900W		Transaction ID: C464032	
City State Zip Code Washington DC 20004-2407	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00024869		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 6000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> General Motors Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006	
Mailing Address 1600 L Street, NW Suite 400		Transaction ID: C422353	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00076810		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 10000.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 / 206
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. General Motors Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 1600 L Street, NW Suite 400		<b>Transaction ID: C488242</b>	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C C00076810</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B. Genworth Financial, Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 6620 West Broad Street		<b>Transaction ID: C477743</b>	
City State Zip Code Richmond VA 23230		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C C00404194</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Genzyme Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006	
Mailing Address 1020 19th Street, NW, Suite 550		<b>Transaction ID: C422357</b>	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C C00393736</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Goodyear Tire &amp; Rubber Good Government Fund</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 1144 East Market Street		<b>Transaction ID: C488234</b>	
City Akron State OH Zip Code 44316	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00100131		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>B. Grand Trunk Rail-Illinois Central Railroad Co. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 17641 South Ashland Avenue		<b>Transaction ID: C464089</b>	
City Homeland State IL Zip Code 60430	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00095117		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Guardian Industries Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 2300 Harmon Road		<b>Transaction ID: C471842</b>	
City Auburn Hills State MI Zip Code 48326	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00239285		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input 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) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 / 206
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Hallmark PAC Mailing Address P.O. Box 419580 City State Zip Code Kansas City MO 64141 FEC ID number of contributing federal political committee. <b>C</b> C00000059 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C488233 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	9	/	2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	2	9	/	2	0	0	6														
1000.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) HCA, Inc. Good Government Fund Mailing Address One Park Plaza P.O. Box 550 City State Zip Code Nashville TN 37203 FEC ID number of contributing federal political committee. <b>C</b> C00067231 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C467282 Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	9	/	2	0	0	6	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	1	9	/	2	0	0	6														
2500.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Health Alliance Plan PAC Mailing Address 2850 West Grand Blvd. City State Zip Code Detroit MI 48202 FEC ID number of contributing federal political committee. <b>C</b> C00410670 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C423368 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	0	1	/	2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8	/	0	1	/	2	0	0	6														
500.00																							

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Healthcare Distribution Management Association PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 901 North Glebe Road Suite 1000		Transaction ID: C467284
City Arlington State VA Zip Code 22203	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00247569		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> HJ Heinz Company PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 600 Grant Street 60th Floor USX Tower		Transaction ID: C467286
City Pittsburgh State PA Zip Code 15219	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00336040		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Holcim (US) Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address 201 Jones Road		Transaction ID: C464036
City Waltham State MA Zip Code 02451	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00213348		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 206
	<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)  
John D. Dingell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Honeywell International PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6	
Mailing Address 101 Constitution Avenue, N.W. Suite 500 West		<b>Transaction ID:</b> C467288	
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00096156		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Human Rights Campaign PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6	
Mailing Address 1640 Rhode Island Avenue, N.W.		<b>Transaction ID:</b> C488262	
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b> C00235853		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2025.00	

\* In-Kind: Web Communication

<b>C.</b> Full Name (Last, First, Middle Initial) Independent Insurance Agents of America PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 412 First Street, S.E. Suite 300		<b>Transaction ID:</b> C477744	
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00022343		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3525.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. International Association of Firefighters FIREPAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 1750 New York Avenue, NW		<b>Transaction ID: C471941</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00029447</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>B. International Transmission Company PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 124 West Allegan Suite 800		<b>Transaction ID: C422809</b>	
City State Zip Code Lansing MI 48933	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00388462</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. J.P. Morgan Chase &amp; Company Federal PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 10 South Dearborn Street		<b>Transaction ID: C467294</b>	
City State Zip Code Chicago IL 60603	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00104299</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

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

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

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

FOR LINE NUMBER: PAGE 92 / 206  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jacobs Good Government Fund

Mailing Address 1111 South Arroyo Parkway

City Pasadena State CA Zip Code 91105

FEC ID number of contributing federal political committee. **C** C00142299

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

**Transaction ID:** C471944

Amount of Each Receipt this Period  
 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Johnson & Johnson Employees Good Govt. Fund

Mailing Address One Johnson & Johnson Plaza

City New Brunswick State NJ Zip Code 08933-7204

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

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

**Transaction ID:** C422352

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
LaSalle Bank Corporation PAC

Mailing Address 135 South LaSalle Street Suite 925

City Chicago State IL Zip Code 60603

FEC ID number of contributing federal political committee. **C** C00135186

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** C471829

Amount of Each Receipt this Period  
 1000.00

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

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

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

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

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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lehigh Cement Company PAC

Mailing Address 7660 Imperial Way

City State Zip Code  
Allentown PA 18195

FEC ID number of contributing federal political committee. **C** C00224287

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

Transaction ID: C464046

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Liberty Mutual Insurance Company PAC

Mailing Address 175 Berkeley Steet

City State Zip Code  
Boston MA 02117

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2006

Transaction ID: C422361

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Lockheed Martin Employees PAC

Mailing Address 1725 Jefferson Davis Highway  
Crystal Square Two, Suite 300

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2006

Transaction ID: C422362

Amount of Each Receipt this Period  
4000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

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

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

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(check only one)  
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 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Massachusetts Mutual Life Insurance Company PAC

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111-0001

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID:** C489592

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Medco Health Solutions PAC

Mailing Address 591 Redwood Highway  
Building 4000

City State Zip Code  
Mill Valley CA 94941

FEC ID number of contributing federal political committee. **C** C00384362

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID:** C488236

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 601 Pennsylvania Avenue, N.W.  
North Building, Suite 1200

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

**Transaction ID:** C422351

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 / 206
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Michigan Independent PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 150 West Jefferson Suite 2500		Transaction ID: C471833
City Detroit State MI Zip Code 48226	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00292367		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Microsoft Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address Box 97017 16011 N.E. 36th Way		Transaction ID: C467334
City Redmond State WA Zip Code 98073	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00227546		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Miller &amp; Chevalier PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 655 15th Street, N.W. Suite 900		Transaction ID: C471946
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00255216		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input 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) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. MINEPAC-A PAC of the National Mining Association</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 101 Constitution Avenue, N.W. Suite 500 East		Transaction ID: C467355
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00304634		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Motorola Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1350 I Street, NW Suite 400		Transaction ID: C477745
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00075341		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 6000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. National Academy of Elder Law Attorneys PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1604 North Country Club Road		Transaction ID: C475452
City Tucson State AZ Zip Code 85716	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00393553		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 7000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> National Academy of Elder Law Attorneys PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1604 North Country Club Road		<b>Transaction ID:</b> C475453
City State Zip Code Tucson AZ 85716	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00393553	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 7000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> National Air Traffic Controller Association PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1325 Massachusetts Avenue, N.W.		<b>Transaction ID:</b> C477753
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00238725	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 10000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> National Assn of Real Estate Investment Trusts PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 1875 Eye Street, N.W. Suite 600		<b>Transaction ID:</b> C467338
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00303339	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 98 / 206
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. National Association of Broadcasters PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 1771 N Street, N.W.		<b>Transaction ID: C475454</b>	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C C00009985</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 7000.00		

Full Name (Last, First, Middle Initial) <b>B. National Association of Chain Drug Stores PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address P.O. Box 1417-D49		<b>Transaction ID: C416878</b>	
City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00022368</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. National Association of Water Companies PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 1725 K Street, NW Suite 1212		<b>Transaction ID: C455392</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00075275</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Assoc. PAC

Mailing Address 1101 King Street  
Suite 600

City State Zip Code  
Alexandria VA 22314-4494

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2006

**Transaction ID:** C422363

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Cable & Telecommunications Assoc. PAC

Mailing Address 1724 Massachusetts Avenue, N.W.

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2006

**Transaction ID:** C464093

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Court Reporters Association PAC

Mailing Address 8224 Old Courthouse Road

City State Zip Code  
Vienna VA 22182

FEC ID number of contributing federal political committee. **C** C00146506

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

**Transaction ID:** C467347

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 100 / 206
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. National Emergency Medicine PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 1125 Executive Circle		<b>Transaction ID: C471929</b>	
City State Zip Code Irving TX 75038		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00140061		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 9500.00	

Full Name (Last, First, Middle Initial) <b>B. Natl Comm to Pres Social Security &amp; Medicare PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 10 G Street, N.E. Suite 600		<b>Transaction ID: C467344</b>	
City State Zip Code Washington DC 20002		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00172296		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. NATSO, Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 1737 King Street Suite 200		<b>Transaction ID: C471947</b>	
City State Zip Code Alexandria VA 22314		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00097865		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input 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) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Nelson, Mullins, Riley & Scarborough Political Com		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address P.O. Box 11070		<b>Transaction ID:</b> C467368
City State Zip Code Columbia SC 29211	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00278895	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 3000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Nelson, Mullins, Riley & Scarborough Political Com		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address P.O. Box 11070		<b>Transaction ID:</b> C477787
City State Zip Code Columbia SC 29211	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00278895	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 3000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Northwest Airlines PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 901 15th Street, N.W. Suite 310		<b>Transaction ID:</b> C467372
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00104802	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Novartis Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address 701 Pennsylvania Avenue, N.W. Suite 725		<b>Transaction ID: C415401</b>
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00033969</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Nuclear Energy Institute Federal PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 1776 Eye Street, N.W. 4th Floor		<b>Transaction ID: C422807</b>
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00239848</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4500.00		

Full Name (Last, First, Middle Initial) <b>C. Nuclear Energy Institute Federal PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 1776 Eye Street, N.W. 4th Floor		<b>Transaction ID: C467374</b>
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00239848</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4500.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Occidental Petroleum Corp. PAC		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 10889 Wilshire Blvd. Suite 600		Transaction ID: C455395
City State Zip Code Los Angeles CA 90024	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00083857		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Oldcastle Materials Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 101 Constitution Avenue, N.W. Suite 600 West		Transaction ID: C464050
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00346353		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Patton Boggs PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 2550 M Street, N.W.		Transaction ID: C463703
City State Zip Code Washington DC 20037	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00401083		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Paul, Hastings, Janofsky &amp; Walker PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 515 South Flower Street 25th Floor		<b>Transaction ID: C467376</b>	
City State Zip Code Los Angeles CA 90071	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00144584</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Pharmavite LLC PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address P.O. Box 9606		<b>Transaction ID: C475456</b>	
City State Zip Code Mission Hills CA 91346	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00410654</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Pinnacle West Capital Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 801 Pennsylvania Avenue, N.W. Suite 214		<b>Transaction ID: C467377</b>	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00015933</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 3000.00		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 206
	<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)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Portland Cement Association PAC

Mailing Address 500 New Jersey Avenue, N.W.  
7th Floor

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00237065

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

**Transaction ID:** C464054

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Power & Energy PAC of TXU Corporation

Mailing Address 201 Main Street  
Suite 1350

City Fort Worth State TX Zip Code 76102

FEC ID number of contributing federal political committee. **C** C00255950

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2006

**Transaction ID:** C467398

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Power PAC of the Edison Electric Institute

Mailing Address 701 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00095869

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2006

**Transaction ID:** C467278

Amount of Each Receipt this Period  
2500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 106 / 206
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Powers Pyles Sutter PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 1875 Eye Street, N.W. 12th Floor		<b>Transaction ID: C467379</b>
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00302687		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Premier Employees Civic Action Fund</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 444 North Capitol Street, N.W. Suite 625		<b>Transaction ID: C477746</b>
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00346288		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Preston Gates Ellis &amp; Rouvelas Meeds PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 1735 New York Avenue, N.W. Suite 500		<b>Transaction ID: C467382</b>
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00213173		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 107 / 206
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Professionals in Advertising PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 1203 19th Street, N.W. 4th Floor		<b>Transaction ID:</b> C467176	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00233353		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Qualcomm Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 2001 Pennsylvania Avenue, N.W. Suite 650		<b>Transaction ID:</b> C467385	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00339085		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Safety-Kleen Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 5400 Legacy Drive Cluster II, Building 3		<b>Transaction ID:</b> C467387	
City State Zip Code Plano TX 75024		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00313312		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input 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) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 206  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Salt River Valley Water Users Association PIC

Mailing Address P.O. Box 52025

City State Zip Code  
Phoenix AZ 85072-2025

FEC ID number of contributing federal political committee. **C** C00048579

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2006

**Transaction ID:** C467390

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sanofi Pasteur PAC

Mailing Address Discovery Drive

City State Zip Code  
Swiftwater PA 18370

FEC ID number of contributing federal political committee. **C** C00215236

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2006

**Transaction ID:** C477749

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Schroeder for Congress Committee, Inc.

Mailing Address 2000 Gaylord Street

City State Zip Code  
Denver CO 80205-5622

FEC ID number of contributing federal political committee. **C** C00008235

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2006

**Transaction ID:** C464095

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Sears Holdings Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006		
Mailing Address 3333 Beverly Road BC-113A		<b>Transaction ID: C467394</b>		
City Hoffman Estates      State IL      Zip Code 60179	Amount of Each Receipt this Period 2000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) <b>B. Service Employees International Union COPE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006		
Mailing Address 1313 L Street, N.W.		<b>Transaction ID: C477752</b>		
City Washington      State DC      Zip Code 20005	Amount of Each Receipt this Period 1500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C C00004036</b>				
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 1500.00			

Full Name (Last, First, Middle Initial) <b>C. Sierra Club Political Committee</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006		
Mailing Address 85 Second Street 2nd Floor		<b>Transaction ID: C456884</b>		
City San Francisco      State CA      Zip Code 94105	Amount of Each Receipt this Period 10.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  * In-Kind: Website Endorsement	
FEC ID number of contributing federal political committee. <b>C C00135368</b>				
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 10.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3510.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 110 / 206
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

**A.** Society for Vascular Surgery PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 633 North St. Clair Street  
24th Floor

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00381459

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

**Transaction ID:** C464065

Amount of Each Receipt this Period  
1000.00

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

**B.** Society of Thoracic Surgeons PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1025 Connecticut Avenue, N.W.  
Suite 1104

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

**Transaction ID:** C464067

Amount of Each Receipt this Period  
1000.00

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

**C.** Southern Company Employees PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 241 Ralph McGill Blvd., NE

City State Zip Code  
Atlanta GA 30308

FEC ID number of contributing federal political committee. **C** C00144774

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2006

**Transaction ID:** C422360

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Sprint Nextel Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 401 Ninth Street, N.W. Suite 400		<b>Transaction ID: C467397</b>
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00089342		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>B. SUNPAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 1735 Market Street		<b>Transaction ID: C488241</b>
City State Zip Code Philadelphia PA 19103	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00378216		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Supervalu, Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 20		<b>Transaction ID: C475430</b>
City State Zip Code Boise ID 83726	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00243220		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input 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) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. TECO Energy, Inc. Employees' PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006
Mailing Address 702 North Franklin Street		<b>Transaction ID: C475457</b>
City Tampa State FL Zip Code 33602	FEC ID number of contributing federal political committee. <b>C</b> C00161422	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Tesoro Petroleum Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006
Mailing Address 300 Concord Plaza Drive		<b>Transaction ID: C475458</b>
City San Antonio State TX Zip Code 78216	FEC ID number of contributing federal political committee. <b>C</b> C00358366	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Time Warner PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2006
Mailing Address 800 Connecticut Avenue, N.W. Suite 200		<b>Transaction ID: C415239</b>
City Washington State DC Zip Code 20006	FEC ID number of contributing federal political committee. <b>C</b> C00339291	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> TRW Automotive, Inc. Good Government Fund		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 12001 Tech Center Drive		<b>Transaction ID:</b> C477789
City Livonia      State MI      Zip Code 48150	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00025536		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> United Parcel Service, Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 55 Glenlake Parkway, N.E.		<b>Transaction ID:</b> C467399
City Atlanta      State GA      Zip Code 30328	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00064766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> United States Steel Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 600 Grant Street Room 675		<b>Transaction ID:</b> C471949
City Pittsburgh      State PA      Zip Code 15219	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00030676		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 / 206  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
UST Executives Administrators & Managers PAC

Mailing Address 100 West Putnam Avenue

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C** C00104851

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2006

Transaction ID: C467402

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Walt Disney Productions Employees' PAC

Mailing Address 1150 17th Street, N.W.  
Suite 400

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00197749

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2006

Transaction ID: C467404

Amount of Each Receipt this Period  
4000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wexler and Walker Public Policy Assoc. PAC

Mailing Address 1317 F Street, NW  
Suite 600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00248195

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: C488239

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 206
	<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Wine and Spirits Wholesalers of America PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 805 15th Street, N.W. Suite 430		<b>Transaction ID: C467406</b>
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00147173		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

Full Name (Last, First, Middle Initial) <b>B. Zeneca Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006
Mailing Address 1800 Concord Pike		<b>Transaction ID: C417546</b>
City State Zip Code Wilmington DE 19850-5438	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00279455		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) <b>C. Zeneca Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1800 Concord Pike		<b>Transaction ID: C477754</b>
City State Zip Code Wilmington DE 19850-5438	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00279455		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	291860.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 206
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) Paychex Mailing Address P.O. Box 2950		Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2006
City State Zip Code Merrifield VA 22116		Transaction ID: C489140 Amount of Each Receipt this Period 347.89
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Refund
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 695.78	

Full Name (Last, First, Middle Initial) Paychex Mailing Address P.O. Box 2950		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006
City State Zip Code Merrifield VA 22116		Transaction ID: C489014 Amount of Each Receipt this Period 297.47
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Refund
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 695.78	

Full Name (Last, First, Middle Initial) Paychex Mailing Address P.O. Box 2950		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006
City State Zip Code Merrifield VA 22116		Transaction ID: C489015 Amount of Each Receipt this Period 50.42
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Refund
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 695.78	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	695.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	695.78

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 206
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, N.W. City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006 Transaction ID: C489155 Amount of Each Receipt this Period 12.71
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 217.90	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * Interest Income

Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, N.W. City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 06 / 2006 Transaction ID: C489157 Amount of Each Receipt this Period 44.30
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 217.90	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * Interest Income

Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, N.W. City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2006 Transaction ID: C489158 Amount of Each Receipt this Period 44.45
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 217.90	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * Interest Income

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>101.46</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 206
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) Citibank F.S.B.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address P.O. Box 19748		Transaction ID: C488244	
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 1020.62
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 17332.46	
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
* Interest Income			

Full Name (Last, First, Middle Initial) Citibank F.S.B.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address P.O. Box 19748		Transaction ID: C488245	
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 81.21
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 17332.46	
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
* Interest Income			

Full Name (Last, First, Middle Initial) Citibank F.S.B.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address P.O. Box 19748		Transaction ID: C488246	
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 279.79
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 17332.46	
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
* Interest Income			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1381.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 119 / 206
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) Citibank F.S.B.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address P.O. Box 19748		Transaction ID: C488247	
City Washington	State DC	Amount of Each Receipt this Period 1024.02	
Zip Code 20036		* Interest Income	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	* Interest Income	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 17332.46	* Interest Income	

Full Name (Last, First, Middle Initial) Citibank F.S.B.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address P.O. Box 19748		Transaction ID: C488248	
City Washington	State DC	Amount of Each Receipt this Period 86.44	
Zip Code 20036		* Interest Income	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	* Interest Income	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 17332.46	* Interest Income	

Full Name (Last, First, Middle Initial) Citibank F.S.B.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address P.O. Box 19748		Transaction ID: C488249	
City Washington	State DC	Amount of Each Receipt this Period 280.40	
Zip Code 20036		* Interest Income	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	* Interest Income	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 17332.46	* Interest Income	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1390.86
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 206
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Citibank F.S.B.

Mailing Address P.O. Box 19748

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
17332.46

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID: C488250**

Amount of Each Receipt this Period  
88.35

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

\* Interest Income

**B.** Full Name (Last, First, Middle Initial)  
Citibank F.S.B.

Mailing Address P.O. Box 19748

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
17332.46

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID: C489152**

Amount of Each Receipt this Period  
994.24

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

\* Interest Income

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1082.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3956.53</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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Angel Food Catering</b>		<b>Transaction ID: D62827</b> Date of Disbursement 08 / 21 / 2006
Mailing Address 6 West Michigan Ave.		Amount of Each Disbursement this Period 255.00
City Ypsilanti State MI Zip Code 48197	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		<b>Transaction ID: D59109</b> Date of Disbursement 07 / 31 / 2006
Mailing Address Bill Payment Center		Amount of Each Disbursement this Period 230.54
City Saginaw State MI Zip Code 48663-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		<b>Transaction ID: D62851</b> Date of Disbursement 09 / 13 / 2006
Mailing Address Bill Payment Center		Amount of Each Disbursement this Period 349.86
City Saginaw State MI Zip Code 48663-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>835.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank Of America</b>		Transaction ID: D63741 Date of Disbursement 07 / 28 / 2006	
Mailing Address PO Box 1758		Amount of Each Disbursement this Period 2820.73	
City Newark State NJ Zip Code 07101-1758	Purpose of Disbursement Credit Card Payment See Below Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Cantrell/Cutter Printing Inc.</b>		Transaction ID: D62820 Date of Disbursement 08 / 15 / 2006	
Mailing Address 1789 Olive Street		Amount of Each Disbursement this Period 1012.03	
City Capitol Heights State MD Zip Code 20763	Purpose of Disbursement Printing Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Catering By Dee</b>		Transaction ID: D58523 Date of Disbursement 07 / 24 / 2006	
Mailing Address 2384 Isabelle		Amount of Each Disbursement this Period 1200.00	
City Inkster State MI Zip Code 48141	Purpose of Disbursement Catering Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5032.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Citibank, F.S.B.</b>		<b>Transaction ID: D63691</b> Date of Disbursement 08 / 18 / 2006
Mailing Address P.O. Box 19748		Amount of Each Disbursement this Period 64.50
City Washington State DC Zip Code 20036	Purpose of Disbursement Service Charge Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Citibank, F.S.B.</b>		<b>Transaction ID: D63692</b> Date of Disbursement 09 / 19 / 2006
Mailing Address P.O. Box 19748		Amount of Each Disbursement this Period 36.18
City Washington State DC Zip Code 20036	Purpose of Disbursement Bank Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Dearborn Chamber of Commerce</b>		<b>Transaction ID: D62971</b> Date of Disbursement 09 / 28 / 2006
Mailing Address 15544 Michigan Avenue		Amount of Each Disbursement this Period 50.00
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Dearborn Democratic Club</b>		<b>Transaction ID: D59137</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6	
Mailing Address 22939 Wellington		Amount of Each Disbursement this Period 363.41	
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Mileage Cost Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dearborn Democratic Club</b>		<b>Transaction ID: D59138</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6	
Mailing Address 22939 Wellington		Amount of Each Disbursement this Period 500.00	
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Tickets Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Diversified Acquiring Solutions</b>		<b>Transaction ID: D63686</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6	
Mailing Address 740 Veterans Highway		Amount of Each Disbursement this Period 27.50	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement Credit Card Processing Fee Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	890.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Diversified Acquiring Solutions</b>		<b>Transaction ID:</b> D63687 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 740 Veterans Highway		Amount of Each Disbursement this Period 184.74
City Hauppauge State NY Zip Code 11788	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Epoch Events Catering</b>		<b>Transaction ID:</b> D62816 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 27145 Sheraton Drive		Amount of Each Disbursement this Period 1197.95
City Novi State MI Zip Code 48377	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID:</b> D64030 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 188.30
City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Overnight Mail	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1570.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Overnight Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D64031</b> Date of Disbursement 09 / 28 / 2006 Amount of Each Disbursement this Period 183.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Overnight Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D64032</b> Date of Disbursement 07 / 26 / 2006 Amount of Each Disbursement this Period 41.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Fisher Flowers</b> Full Name (Last, First, Middle Initial) Mailing Address 4849 Schaefer City Dearborn State MI Zip Code 48126 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61150</b> Date of Disbursement 08 / 29 / 2006 Amount of Each Disbursement this Period 53.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	277.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Floating Point Consultants, Inc.</b>		<b>Transaction ID: D59841</b> Date of Disbursement 08 / 15 / 2006
Mailing Address 2360 Orchard Lake Road Suite 104		Amount of Each Disbursement this Period 45.00
City State Zip Code Sylvan Lake MI 48320	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Hosting	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Floating Point Consultants, Inc.</b>		<b>Transaction ID: D59134</b> Date of Disbursement 07 / 26 / 2006
Mailing Address 2360 Orchard Lake Road Suite 104		Amount of Each Disbursement this Period 45.00
City State Zip Code Sylvan Lake MI 48320	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Hosting	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Fraioli &amp; Associates</b>		<b>Transaction ID: D59105</b> Date of Disbursement 07 / 31 / 2006
Mailing Address 80 F Street, NW Suite 804		Amount of Each Disbursement this Period 5000.00
City State Zip Code Washington DC 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5090.00
<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)

PAGE 128 / 206

<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)  
John D. Dingell for Congress

<b>A. Fraioli &amp; Associates</b> Full Name (Last, First, Middle Initial) Mailing Address 80 F Street, NW Suite 804 City Washington State DC Zip Code 20001 Purpose of Disbursement Fundraising Consulting Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D59106</b> Date of Disbursement 07 / 31 / 2006 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Fraioli &amp; Associates</b> Full Name (Last, First, Middle Initial) Mailing Address 80 F Street, NW Suite 804 City Washington State DC Zip Code 20001 Purpose of Disbursement Catering/Printing/Courier Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D59107</b> Date of Disbursement 08 / 02 / 2006 Amount of Each Disbursement this Period 1286.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Fraioli &amp; Associates</b> Full Name (Last, First, Middle Initial) Mailing Address 80 F Street, NW Suite 804 City Washington State DC Zip Code 20001 Purpose of Disbursement Catering/Postage/Mailing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D59108</b> Date of Disbursement 08 / 02 / 2006 Amount of Each Disbursement this Period 1959.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8246.05</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 129 / 206

<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)  
John D. Dingell for Congress

<b>A. Fraioli &amp; Associates</b> Full Name (Last, First, Middle Initial) Mailing Address 80 F Street, NW Suite 804 City Washington State DC Zip Code 20001 Purpose of Disbursement Catering/Courier/Faxing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D62849</b> Date of Disbursement 09 / 13 / 2006 Amount of Each Disbursement this Period 2624.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Fraioli &amp; Associates</b> Full Name (Last, First, Middle Initial) Mailing Address 80 F Street, NW Suite 804 City Washington State DC Zip Code 20001 Purpose of Disbursement Fundraising Consulting Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D62850</b> Date of Disbursement 09 / 13 / 2006 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Fraternal Order of Police</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 925 City Monroe State MI Zip Code 48161 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D62988</b> Date of Disbursement 08 / 15 / 2006 Amount of Each Disbursement this Period 195.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7819.45</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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Garrison Place Limited Partnership</b>		<b>Transaction ID: D62974</b> Date of Disbursement 09 / 28 / 2006
Mailing Address 29548 Southfield Road Suite 200		Amount of Each Disbursement this Period 498.17
City Southfield State MI Zip Code 48076	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Garrison Place Limited Partnership</b>		<b>Transaction ID: D59128</b> Date of Disbursement 07 / 26 / 2006
Mailing Address 29548 Southfield Road Suite 200		Amount of Each Disbursement this Period 496.17
City Southfield State MI Zip Code 48076	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Garrison Place Limited Partnership</b>		<b>Transaction ID: D61158</b> Date of Disbursement 08 / 31 / 2006
Mailing Address 29548 Southfield Road Suite 200		Amount of Each Disbursement this Period 496.17
City Southfield State MI Zip Code 48076	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1490.51</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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Gerych's Distinctive Flowers &amp; Gifts, Inc.</b>		<b>Transaction ID: D62818</b> Date of Disbursement 08 / 15 / 2006	
Mailing Address 713 Silver Lake Rd.		Amount of Each Disbursement this Period 290.00	
City Fenton State MI Zip Code 48430	Purpose of Disbursement Flowers	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Ms. Brittany M. Guerriero</b>		<b>Transaction ID: D58680</b> Date of Disbursement 07 / 28 / 2006	
Mailing Address 4510 W Jefferson Unit 1		Amount of Each Disbursement this Period 990.57	
City Ecorse State MI Zip Code 48229	Purpose of Disbursement Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Ms. Brittany M. Guerriero</b>		<b>Transaction ID: D59100</b> Date of Disbursement 08 / 09 / 2006	
Mailing Address 4510 W Jefferson Unit 1		Amount of Each Disbursement this Period 681.30	
City Ecorse State MI Zip Code 48229	Purpose of Disbursement Reimbursement - Mileage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1961.87
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Ms. Brittany M. Guerriero</b>		<b>Transaction ID: D63006</b> Date of Disbursement 08 / 11 / 2006	
Mailing Address 4510 W Jefferson Unit 1		Amount of Each Disbursement this Period 530.84	
City Ecorse State MI Zip Code 48229	Purpose of Disbursement Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Ms. Carly A. Hepola</b>		<b>Transaction ID: D63010</b> Date of Disbursement 08 / 25 / 2006	
Mailing Address 217 N. Fifth Ave.		Amount of Each Disbursement this Period 1270.05	
City Ann Arbor State MI Zip Code 48104	Purpose of Disbursement Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Ms. Carly A. Hepola</b>		<b>Transaction ID: D64029</b> Date of Disbursement 09 / 13 / 2006	
Mailing Address 217 N. Fifth Ave.		Amount of Each Disbursement this Period 324.98	
City Ann Arbor State MI Zip Code 48104	Purpose of Disbursement Reimbursement - Mileage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2125.87</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 133 / 206

<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)  
John D. Dingell for Congress

<b>A.</b> Ms. Zinnia Kallabat Full Name (Last, First, Middle Initial) Mailing Address 4743 South Knoll City West Bloomfield State MI Zip Code 48323 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> D63005 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 1227.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B.</b> Ms. Zinnia Kallabat Full Name (Last, First, Middle Initial) Mailing Address 4743 South Knoll City West Bloomfield State MI Zip Code 48323 Purpose of Disbursement Reimbursement - Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> D59098 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 2663.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C.</b> Ms. Zinnia Kallabat Full Name (Last, First, Middle Initial) Mailing Address 4743 South Knoll City West Bloomfield State MI Zip Code 48323 Purpose of Disbursement Reimbursement - Travel & Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> D59099 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 244.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4134.81</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A.</b> Ms. Zinnia Kallabat Full Name (Last, First, Middle Initial) Mailing Address 4743 South Knoll City West Bloomfield State MI Zip Code 48323 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> D58679 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 1227.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B.</b> Ms. Zinnia Kallabat Full Name (Last, First, Middle Initial) Mailing Address 4743 South Knoll City West Bloomfield State MI Zip Code 48323 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> D60643 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 1227.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C.</b> Ms. Zinnia Kallabat Full Name (Last, First, Middle Initial) Mailing Address 4743 South Knoll City West Bloomfield State MI Zip Code 48323 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> D60910 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 1227.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3681.78</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<p><b>A. Ms. Zinnia Kallabat</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4743 South Knoll</p> <p>City West Bloomfield State MI Zip Code 48323</p> <p>Purpose of Disbursement Payroll</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><b>Transaction ID: D59488</b></p> <p>Date of Disbursement</p> <p>08 / 25 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1227.26</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Andrew Labarre</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 201 Massachusetts Avenue, N.E. Apt. 201</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Reimbursement - Travel</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><b>Transaction ID: D59132</b></p> <p>Date of Disbursement</p> <p>07 / 26 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>37.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Andrew Labarre</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 201 Massachusetts Avenue, N.E. Apt. 201</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Reimbursement - Mileage</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><b>Transaction ID: D62987</b></p> <p>Date of Disbursement</p> <p>08 / 15 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>133.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>1398.14</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 136 / 206

<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Messenger Printing</b>		<b>Transaction ID:</b> D62966 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 20136 Ecorse Road		Amount of Each Disbursement this Period 29.50
City Taylor State MI Zip Code 48180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Messenger Printing</b>		<b>Transaction ID:</b> D62822 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 20136 Ecorse Road		Amount of Each Disbursement this Period 551.04
City Taylor State MI Zip Code 48180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Messenger Printing</b>		<b>Transaction ID:</b> D62853 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 20136 Ecorse Road		Amount of Each Disbursement this Period 783.87
City Taylor State MI Zip Code 48180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1364.41
<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)  
John D. Dingell for Congress

<b>A. Messenger Printing</b> Full Name (Last, First, Middle Initial) Mailing Address 20136 Ecorse Road City Taylor State MI Zip Code 48180 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D59118</b> Date of Disbursement 07 / 26 / 2006 Amount of Each Disbursement this Period 391.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Messenger Printing</b> Full Name (Last, First, Middle Initial) Mailing Address 20136 Ecorse Road City Taylor State MI Zip Code 48180 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D59119</b> Date of Disbursement 07 / 26 / 2006 Amount of Each Disbursement this Period 243.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Messenger Printing</b> Full Name (Last, First, Middle Initial) Mailing Address 20136 Ecorse Road City Taylor State MI Zip Code 48180 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61154</b> Date of Disbursement 08 / 29 / 2006 Amount of Each Disbursement this Period 152.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	787.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A. Messenger Printing</b> Full Name (Last, First, Middle Initial) Mailing Address 20136 Ecorse Road City Taylor State MI Zip Code 48180 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61155</b> Date of Disbursement 08 / 29 / 2006 Amount of Each Disbursement this Period 168.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Messenger Printing</b> Full Name (Last, First, Middle Initial) Mailing Address 20136 Ecorse Road City Taylor State MI Zip Code 48180 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61156</b> Date of Disbursement 08 / 29 / 2006 Amount of Each Disbursement this Period 504.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Messenger Printing</b> Full Name (Last, First, Middle Initial) Mailing Address 20136 Ecorse Road City Taylor State MI Zip Code 48180 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61157</b> Date of Disbursement 08 / 29 / 2006 Amount of Each Disbursement this Period 170.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	843.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Mitchell Research &amp; Communications</b>		<b>Transaction ID: D59840</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 5034 Champlin Circle		Amount of Each Disbursement this Period 4000.00
City West Bloomfield State MI Zip Code 48323	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mitchell Research &amp; Communications</b>		<b>Transaction ID: D59126</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 5034 Champlin Circle		Amount of Each Disbursement this Period 4000.00
City West Bloomfield State MI Zip Code 48323	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Monroe Chamber of Commerce</b>		<b>Transaction ID: D59140</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 106 West Front Street		Amount of Each Disbursement this Period 80.00
City Monroe State MI Zip Code 48161	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tickets Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8080.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Monroe Chamber of Commerce</b>		<b>Transaction ID: D62838</b> Date of Disbursement 09 / 13 / 2006
Mailing Address 106 West Front Street		Amount of Each Disbursement this Period 280.00
City Monroe State MI Zip Code 48161	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Membership Dues	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Monroe Golf &amp; Country Club</b>		<b>Transaction ID: D59150</b> Date of Disbursement 08 / 09 / 2006
Mailing Address 611 Cole Road		Amount of Each Disbursement this Period 2535.30
City Monroe State MI Zip Code 48162	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mr. Joshua Myers</b>		<b>Transaction ID: D59148</b> Date of Disbursement 08 / 09 / 2006
Mailing Address 417 West 5th Street		Amount of Each Disbursement this Period 135.28
City Monroe State MI Zip Code 48161	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement - Mileage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2950.58</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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. NGP Software, Inc.</b>		<b>Transaction ID: D61164</b> Date of Disbursement 08 / 31 / 2006
Mailing Address 1101 Vermont Avenue, N.W. Suite 710		Amount of Each Disbursement this Period 220.00
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Email Services Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. NGP Software, Inc.</b>		<b>Transaction ID: D59135</b> Date of Disbursement 07 / 26 / 2006
Mailing Address 1101 Vermont Avenue, N.W. Suite 710		Amount of Each Disbursement this Period 1950.00
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Software Rental Fees Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Par-Fection, Inc.</b>		<b>Transaction ID: D61162</b> Date of Disbursement 08 / 31 / 2006
Mailing Address 20450 Sibling Road		Amount of Each Disbursement this Period 562.50
City Brownstown State MI Zip Code 48192	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2732.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Par-Fection, Inc.</b>		<b>Transaction ID: D61163</b> Date of Disbursement 08 / 31 / 2006
Mailing Address 20450 Sibling Road		Amount of Each Disbursement this Period 3526.39
City Brownstown State MI Zip Code 48192	Purpose of Disbursement Catering Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		<b>Transaction ID: D59490</b> Date of Disbursement 08 / 25 / 2006
Mailing Address P.O. Box 2950		Amount of Each Disbursement this Period 575.58
City Merrifield State VA Zip Code 22116	Purpose of Disbursement Payroll Taxes Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		<b>Transaction ID: D59491</b> Date of Disbursement 08 / 25 / 2006
Mailing Address P.O. Box 2950		Amount of Each Disbursement this Period 532.40
City Merrifield State VA Zip Code 22116	Purpose of Disbursement Payroll Taxes Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4634.37</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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		<b>Transaction ID: D59102</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 2950		Amount of Each Disbursement this Period 134.21
City Merrifield State VA Zip Code 22116	Purpose of Disbursement Payroll Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		<b>Transaction ID: D58681</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 2950		Amount of Each Disbursement this Period 887.46
City Merrifield State VA Zip Code 22116	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		<b>Transaction ID: D63007</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 2950		Amount of Each Disbursement this Period 674.37
City Merrifield State VA Zip Code 22116	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1696.04</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		<b>Transaction ID: D63689</b> Date of Disbursement 09 / 12 / 2006	
Mailing Address P.O. Box 2950		Amount of Each Disbursement this Period 880.29	
City Merrifield State VA Zip Code 22116	Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		<b>Transaction ID: D63690</b> Date of Disbursement 09 / 21 / 2006	
Mailing Address P.O. Box 2950		Amount of Each Disbursement this Period 880.29	
City Merrifield State VA Zip Code 22116	Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Perkins Coie LLP</b>		<b>Transaction ID: D62839</b> Date of Disbursement 09 / 13 / 2006	
Mailing Address 607 14th Street, NW Suite 800		Amount of Each Disbursement this Period 133.01	
City Washington State DC Zip Code 20005	Purpose of Disbursement Legal & Accounting Services Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1893.59
<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Perkins Coie LLP</b>		<b>Transaction ID: D62840</b> Date of Disbursement 09 / 13 / 2006
Mailing Address 607 14th Street, NW Suite 800		Amount of Each Disbursement this Period 66.11
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Legal & Accounting Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Perkins Coie LLP</b>		<b>Transaction ID: D62841</b> Date of Disbursement 09 / 13 / 2006
Mailing Address 607 14th Street, NW Suite 800		Amount of Each Disbursement this Period 73.06
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Legal & Accounting Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Perkins Coie LLP</b>		<b>Transaction ID: D62842</b> Date of Disbursement 09 / 13 / 2006
Mailing Address 607 14th Street, NW Suite 800		Amount of Each Disbursement this Period 161.41
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Legal & Accounting Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

**300.58**

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Petty Cash</b>		<b>Transaction ID: D62981</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 607 14th Street, N.W. Suite 800		Amount of Each Disbursement this Period 309.66
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Misc. Campaign Expenses	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		<b>Transaction ID: D59147</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 607 14th Street, N.W. Suite 800		Amount of Each Disbursement this Period 278.82
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Misc. Campaign Expenses	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Robert Herndon Dearborn Hills Golf Course</b>		<b>Transaction ID: D59151</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 1300 S. Telegraph Road		Amount of Each Disbursement this Period 211.65
City Dearborn State MI Zip Code 48124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	800.13
<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Sam's Club</b>		<b>Transaction ID: D59144</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 4596		Amount of Each Disbursement this Period 463.28
City Carol Stream State IL Zip Code 60197-4596	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sawicki &amp; Son</b>		<b>Transaction ID: D62852</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 1521 West Lafayette		Amount of Each Disbursement this Period 392.20
City Detroit State MI Zip Code 48216	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Signs Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Shurgard Storage</b>		<b>Transaction ID: D59146</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 9300 Pelham Road		Amount of Each Disbursement this Period 190.00
City Taylor State MI Zip Code 48180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Storage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1045.48</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A. Shurgard Storage</b> Full Name (Last, First, Middle Initial) Mailing Address 9300 Pelham Road City Taylor State MI Zip Code 48180 Purpose of Disbursement Campaign Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D59129</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 190.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Sidetrack Bar &amp; Grill</b> Full Name (Last, First, Middle Initial) Mailing Address 56 East Cross Street City Ypsilanti State MI Zip Code 48198 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D62976</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 4845.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

<b>C. Southern Wayne County Regional Chamber</b> Full Name (Last, First, Middle Initial) Mailing Address 20600 Eureka Road Suite 315 City Taylor State MI Zip Code 48180 Purpose of Disbursement Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D59842</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5065.00
<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 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)  
John D. Dingell for Congress

<b>A. Sprint</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 660092 City Dallas State TX Zip Code 75268 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D62970</b> Date of Disbursement 09 / 28 / 2006 Amount of Each Disbursement this Period 219.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Sprint</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 660092 City Dallas State TX Zip Code 75268 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D62825</b> Date of Disbursement 08 / 21 / 2006 Amount of Each Disbursement this Period 219.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Staples Credit Plan</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 689020 Dept. 85-0000074317 City Des Moines State IA Zip Code 50638-9027 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D62968</b> Date of Disbursement 09 / 28 / 2006 Amount of Each Disbursement this Period 192.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>631.50</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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Staples Credit Plan</b>		<b>Transaction ID:</b> D59133 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 689020 Dept. 85-0000074317		Amount of Each Disbursement this Period 243.91
City Des Moines State IA Zip Code 50638-9027	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sterling Financial</b>		<b>Transaction ID:</b> D63693 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 740 Veterans Highway Suite 305		Amount of Each Disbursement this Period 43.70
City Hauppauge State NY Zip Code 11788	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Equipment Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sterling Financial</b>		<b>Transaction ID:</b> D63694 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 740 Veterans Highway Suite 305		Amount of Each Disbursement this Period 43.70
City Hauppauge State NY Zip Code 11788	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Equipment Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	331.31
<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. SWCRC</b>		Transaction ID: D62814 Date of Disbursement 08 / 15 / 2006	
Mailing Address 20600 Eureka, #315		Amount of Each Disbursement this Period 90.00	
City Taylor State MI Zip Code 48180	Purpose of Disbursement Tickets	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Terry Bakery</b>		Transaction ID: D59101 Date of Disbursement 08 / 02 / 2006	
Mailing Address 119 West Michigan Avenue		Amount of Each Disbursement this Period 75.00	
City Ypsilanti State MI Zip Code 48197	Purpose of Disbursement Food for Event	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Terry Bakery</b>		Transaction ID: D62973 Date of Disbursement 09 / 28 / 2006	
Mailing Address 119 West Michigan Avenue		Amount of Each Disbursement this Period 48.00	
City Ypsilanti State MI Zip Code 48197	Purpose of Disbursement Food for Event	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	213.00
<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Terry Bakery</b>		<b>Transaction ID: D62823</b> Date of Disbursement 08 / 21 / 2006	
Mailing Address 119 West Michigan Avenue		Amount of Each Disbursement this Period 125.00	
City Ypsilanti State MI Zip Code 48197	Purpose of Disbursement Food for Event	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Universal Parking</b>		<b>Transaction ID: D62817</b> Date of Disbursement 08 / 15 / 2006	
Mailing Address 2804 Orchard Lake Rd.		Amount of Each Disbursement this Period 378.00	
City Keego Harbor State MI Zip Code 48320	Purpose of Disbursement Parking Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Walter P Chrysler Museum</b>		<b>Transaction ID: D62821</b> Date of Disbursement 08 / 15 / 2006	
Mailing Address 1 Chrysler Dr		Amount of Each Disbursement this Period 220.00	
City Auburn Hills State MI Zip Code 48326-2778	Purpose of Disbursement Site Rental	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>723.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Xerox Corporation</b>		<b>Transaction ID: D59131</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 802555		Amount of Each Disbursement this Period 28.91
City Chicago State IL Zip Code 60680	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Maintenance Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Xerox Corporation</b>		<b>Transaction ID: D59103</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 802555		Amount of Each Disbursement this Period 28.91
City Chicago State IL Zip Code 60680	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Maintenance Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Xerox Corporation</b>		<b>Transaction ID: D62845</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 802555		Amount of Each Disbursement this Period 28.91
City Chicago State IL Zip Code 60680	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Maintenance Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	86.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Ypsilanti Automotive Heritage Museum</b>		<b>Transaction ID: D61151</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6	
Mailing Address 100 E. Cross Street		Amount of Each Disbursement this Period 899.50	
City Ypsilanti State MI Zip Code 48198	Purpose of Disbursement Site Rental	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Ypsilanti Chamber of Commerce</b>		<b>Transaction ID: D62813</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address 301 West Michigan Avenue Suite 101		Amount of Each Disbursement this Period 15.00	
City Ypsilanti State MI Zip Code 48197	Purpose of Disbursement Ticket	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Ypsilanti Chamber of Commerce</b>		<b>Transaction ID: D62844</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 301 West Michigan Avenue Suite 101		Amount of Each Disbursement this Period 20.00	
City Ypsilanti State MI Zip Code 48197	Purpose of Disbursement Ticket	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	934.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank Of America</b>		<b>Transaction ID:</b> D61188 Date of Disbursement 09 / 05 / 2006
Mailing Address PO Box 1758		Amount of Each Disbursement this Period 2787.02
City Newark State NJ Zip Code 07101-1758	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Payment, See Below	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Amoco Station</b>		<b>Transaction ID:</b> D61188 Date of Disbursement 09 / 05 / 2006
Mailing Address 100 North Telegraph		Amount of Each Disbursement this Period 28.66
City Dearborn State MI Zip Code 48126	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Amoco Station</b>		<b>Transaction ID:</b> D61189 Date of Disbursement 09 / 05 / 2006
Mailing Address 100 North Telegraph		Amount of Each Disbursement this Period 42.59
City Dearborn State MI Zip Code 48126	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2787.02
<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)  
John D. Dingell for Congress

<b>A. Amoco Station</b> Full Name (Last, First, Middle Initial) Mailing Address 100 North Telegraph City Dearborn State MI Zip Code 48126 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61190</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 5.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Amoco Station</b> Full Name (Last, First, Middle Initial) Mailing Address 100 North Telegraph City Dearborn State MI Zip Code 48126 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61191</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 39.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Avis Rent-A-Car</b> Full Name (Last, First, Middle Initial) Mailing Address 295 Lucas Drive City Detroit State MI Zip Code 48242 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61175</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 390.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)  
John D. Dingell for Congress

<b>A. Avis Rent-A-Car</b> Full Name (Last, First, Middle Initial) Mailing Address 295 Lucas Drive City Detroit State MI Zip Code 48242 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61176</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 353.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Bank Of America</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1758 City Newark State NJ Zip Code 07101-1758 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61196</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 49.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Bank Of America</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1758 City Newark State NJ Zip Code 07101-1758 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61197</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 61.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A. Fisher Flowers</b> Full Name (Last, First, Middle Initial) Mailing Address 4849 Schaefer City Dearborn State MI Zip Code 48126 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61177</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 115.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Fisher's Flower Shop</b> Full Name (Last, First, Middle Initial) Mailing Address 3720 Monroe Street City Dearborn State MI Zip Code 48124 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61178</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 162.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Fisher's Flower Shop</b> Full Name (Last, First, Middle Initial) Mailing Address 3720 Monroe Street City Dearborn State MI Zip Code 48124 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61179</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 52.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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 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)  
John D. Dingell for Congress

<p><b>A.</b> House Gift Shop</p> <p>Full Name (Last, First, Middle Initial) John D. Dingell for Congress</p> <p>Mailing Address B217 LHOB</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Gift for Supporters</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D61170</p> <p>Date of Disbursement</p> <p>09 / 05 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>129.60</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></p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>B.</b> House Gift Shop</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address B217 LHOB</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Gift for Supporters</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D61172</p> <p>Date of Disbursement</p> <p>09 / 05 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>88.20</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></p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>C.</b> Marathon Oil</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 505 South Huron</p> <p>City Ypsilanti State MI Zip Code</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D61192</p> <p>Date of Disbursement</p> <p>09 / 05 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>44.71</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></p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A. Marathon Oil</b> Full Name (Last, First, Middle Initial) Mailing Address 505 South Huron City Ypsilanti State MI Zip Code Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D61194</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 44.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Member's Dining Room</b> Full Name (Last, First, Middle Initial) Mailing Address House of Representatives City Washington State DC Zip Code 20215 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D61195</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 62.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Member's Dining Room</b> Full Name (Last, First, Middle Initial) Mailing Address House of Representatives City Washington State DC Zip Code 20215 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D61193</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 53.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Transaction ID: D61173 Date of Disbursement 09 / 05 / 2006	
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 104.32	
City Washington State DC Zip Code 20515	Purpose of Disbursement Meals	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. Par-Fection, Inc.</b>		Transaction ID: D61187 Date of Disbursement 09 / 05 / 2006	
Mailing Address 20450 Sibling Road		Amount of Each Disbursement this Period 240.00	
City Brownstown State MI Zip Code 48192	Purpose of Disbursement Catering	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Party City of Dearborn</b>		Transaction ID: D61180 Date of Disbursement 09 / 05 / 2006	
Mailing Address 22938 Michigan Avenue		Amount of Each Disbursement this Period 105.77	
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Supplies for Event	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

<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)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Transaction ID: D61183 Date of Disbursement 09 / 05 / 2006	
Mailing Address 3800 Greenfield Road		Amount of Each Disbursement this Period 390.00	
City Dearborn State MI Zip Code 48120	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. Bank Of America</b>		Transaction ID: D61858 Date of Disbursement 09 / 05 / 2006	
Mailing Address PO Box 1758		Amount of Each Disbursement this Period 38.44	
City Newark State NJ Zip Code 07101-1758	Purpose of Disbursement Credit card fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Chase Business Credit Card</b>		Transaction ID: D61854 Date of Disbursement 09 / 05 / 2006	
Mailing Address PO Box 15907		Amount of Each Disbursement this Period 1691.12	
City Wilmington State DE Zip Code 19886	Purpose of Disbursement Credit Card Payment, See Below	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1691.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A. Bistro Bis</b> Full Name (Last, First, Middle Initial) Mailing Address 15 E. Street, NW City Washington State DC Zip Code 20001 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61877</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 79.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Chase Business Credit Card</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 15907 City Wilmington State DE Zip Code 19886 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D64011</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Chase Business Credit Card</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 15907 City Wilmington State DE Zip Code 19886 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D64012</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 41.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Chase Business Credit Card</b>		<b>Transaction ID:</b> D64013 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 15907		Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Wilmington State DE Zip Code 19886		
Purpose of Disbursement Bank Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chase Business Credit Card</b>		<b>Transaction ID:</b> D64014 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 15907		Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Wilmington State DE Zip Code 19886		
Purpose of Disbursement Bank Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Chase Business Credit Card</b>		<b>Transaction ID:</b> D64015 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 15907		Amount of Each Disbursement this Period 21.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Wilmington State DE Zip Code 19886		
Purpose of Disbursement Bank Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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)  
John D. Dingell for Congress

<b>A. Chase Business Credit Card</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 15907 City Wilmington State DE Zip Code 19886 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>Transaction ID: D64016</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 37.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

<b>B. Fisher Flowers</b> Full Name (Last, First, Middle Initial) Mailing Address 4849 Schaefer City Dearborn State MI Zip Code 48126 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>Transaction ID: D61865</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 101.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

<b>C. Fisher Flowers</b> Full Name (Last, First, Middle Initial) Mailing Address 4849 Schaefer City Dearborn State MI Zip Code 48126 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>Transaction ID: D61866</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 90.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

<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)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A. Fisher Flowers</b> Full Name (Last, First, Middle Initial) Mailing Address 4849 Schaefer City Dearborn State MI Zip Code 48126 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61867</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 66.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Fisher Flowers</b> Full Name (Last, First, Middle Initial) Mailing Address 4849 Schaefer City Dearborn State MI Zip Code 48126 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61868</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 55.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Fisher's Flower Shop</b> Full Name (Last, First, Middle Initial) Mailing Address 3720 Monroe Street City Dearborn State MI Zip Code 48124 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61859</b> Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 70.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)  
John D. Dingell for Congress

<p><b>A.</b> Fisher's Flower Shop</p> <p>Full Name (Last, First, Middle Initial) John D. Dingell for Congress</p>		<p><b>Transaction ID:</b> D61860</p> <p><b>Date of Disbursement</b> 09 / 05 / 2006</p>
<p>Mailing Address 3720 Monroe Street</p>		<p>Amount of Each Disbursement this Period 70.00</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></p>
<p>City Dearborn State MI Zip Code 48124</p>	<p>Purpose of Disbursement Flowers</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>B.</b> Fisher's Flower Shop</p> <p>Full Name (Last, First, Middle Initial) John D. Dingell for Congress</p>		<p><b>Transaction ID:</b> D61861</p> <p><b>Date of Disbursement</b> 09 / 05 / 2006</p>
<p>Mailing Address 3720 Monroe Street</p>		<p>Amount of Each Disbursement this Period 70.00</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></p>
<p>City Dearborn State MI Zip Code 48124</p>	<p>Purpose of Disbursement Flowers</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>C.</b> Fisher's Flower Shop</p> <p>Full Name (Last, First, Middle Initial) John D. Dingell for Congress</p>		<p><b>Transaction ID:</b> D61878</p> <p><b>Date of Disbursement</b> 09 / 05 / 2006</p>
<p>Mailing Address 3720 Monroe Street</p>		<p>Amount of Each Disbursement this Period 85.00</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></p>
<p>City Dearborn State MI Zip Code 48124</p>	<p>Purpose of Disbursement Flowers</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A. Marathon Oil</b> Full Name (Last, First, Middle Initial) Mailing Address 505 South Huron City Ypsilanti State MI Zip Code Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D61872 Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 21.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

<b>B. Marathon Oil</b> Full Name (Last, First, Middle Initial) Mailing Address 505 South Huron City Ypsilanti State MI Zip Code Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D61875 Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 36.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

<b>C. Party City of Dearborn</b> Full Name (Last, First, Middle Initial) Mailing Address 22938 Michigan Avenue City Dearborn State MI Zip Code 48124 Purpose of Disbursement Event Decorations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D61863 Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 37.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Transaction ID: D61869 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 3800 Greenfield Road		Amount of Each Disbursement this Period 48.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Dearborn State MI Zip Code 48120		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Westborn Flower Market</b>		Transaction ID: D61864 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 21770 Michigan Ave		Amount of Each Disbursement this Period 200.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Dearborn State MI Zip Code 48124		
Purpose of Disbursement Flowers Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Westborn Flower Market</b>		Transaction ID: D61876 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 21770 Michigan Avenue		Amount of Each Disbursement this Period 342.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Dearborn State MI Zip Code 48124		
Purpose of Disbursement Flowers Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank Of America</b>		Transaction ID: D62862 Date of Disbursement 09 / 21 / 2006
Mailing Address PO Box 1758		Amount of Each Disbursement this Period 120.84
City Newark State NJ Zip Code 07101-1758	Purpose of Disbursement Credit Card Payment, See Below Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Party City of Dearborn</b>		Transaction ID: D62863 Date of Disbursement 09 / 21 / 2006
Mailing Address 22938 Michigan Avenue		Amount of Each Disbursement this Period 19.21
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Supplies for Event Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Westborn Flower Market</b>		Transaction ID: D62865 Date of Disbursement 09 / 21 / 2006
Mailing Address 21770 Michigan Avenue		Amount of Each Disbursement this Period 101.63
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Flowers Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	120.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank Of America</b>		Transaction ID: D62866 Date of Disbursement 09 / 22 / 2006	
Mailing Address PO Box 1758		Amount of Each Disbursement this Period 523.96	
City Newark State NJ Zip Code 07101-1758	Purpose of Disbursement Credit Card Payment, See Below	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>		Transaction ID: D62869 Date of Disbursement 09 / 22 / 2006	
Mailing Address B217 LHOB		Amount of Each Disbursement this Period 176.94	
City Washington State DC Zip Code 20515	Purpose of Disbursement Gifts for Supporters	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. National Democratic Club</b>		Transaction ID: D62870 Date of Disbursement 09 / 22 / 2006	
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 140.75	
City Washington State DC Zip Code 20515	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	523.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		<b>Transaction ID: D62871</b> Date of Disbursement 09 / 22 / 2006
Mailing Address National Airport		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington	State DC	
Zip Code 20000	Category/Type	
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank Of America</b>		<b>Transaction ID: D62948</b> Date of Disbursement 09 / 21 / 2006
Mailing Address PO Box 1758		Amount of Each Disbursement this Period 1781.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark	State NJ	
Zip Code 07101-1758	Category/Type	
Purpose of Disbursement Credit Card Payment, See Below		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Avis Rent-A-Car</b>		<b>Transaction ID: D62953</b> Date of Disbursement 09 / 21 / 2006
Mailing Address 295 Lucas Drive		Amount of Each Disbursement this Period 579.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Detroit	State MI	
Zip Code 48242	Category/Type	
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1781.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. English Gardens Florist</b>		<b>Transaction ID: D62965</b> Date of Disbursement 09 / 21 / 2006
Mailing Address 22650 Ford Road		Amount of Each Disbursement this Period 201.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Dearborn Heights State MI Zip Code 48127		
Purpose of Disbursement Flowers Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Fisher's Flower Shop</b>		<b>Transaction ID: D62961</b> Date of Disbursement 09 / 21 / 2006
Mailing Address 3720 Monroe Street		Amount of Each Disbursement this Period 70.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Dearborn State MI Zip Code 48124		
Purpose of Disbursement Flowers Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Fisher's Flower Shop</b>		<b>Transaction ID: D62962</b> Date of Disbursement 09 / 21 / 2006
Mailing Address 3720 Monroe Street		Amount of Each Disbursement this Period 43.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Dearborn State MI Zip Code 48124		
Purpose of Disbursement Flowers Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. North Monroe Greenhouses, Inc.</b>		<b>Transaction ID: D62955</b> Date of Disbursement 09 / 21 / 2006
Mailing Address 1818 North Monroe Street		Amount of Each Disbursement this Period 254.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Monroe State MI Zip Code 48161		
Purpose of Disbursement Flowers Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		<b>Transaction ID: D62951</b> Date of Disbursement 09 / 21 / 2006
Mailing Address 3800 Greenfield Road		Amount of Each Disbursement this Period 195.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Dearborn State MI Zip Code 48120		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		<b>Transaction ID: D62949</b> Date of Disbursement 09 / 21 / 2006
Mailing Address 3800 Greenfield Road		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Dearborn State MI Zip Code 48120		
Purpose of Disbursement Rental Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Westborn Flower Market</b>		Transaction ID: D62950 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006	
Mailing Address 21770 Michigan Avenue		Amount of Each Disbursement this Period 137.69	
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Flowers	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Westborn Flower Market</b>		Transaction ID: D62957 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006	
Mailing Address 21770 Michigan Avenue		Amount of Each Disbursement this Period 52.89	
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Flowers	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Westborn Flower Market</b>		Transaction ID: D62958 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006	
Mailing Address 21770 Michigan Avenue		Amount of Each Disbursement this Period 165.23	
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Flowers	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank Of America</b>		<b>Transaction ID:</b> D63695 Date of Disbursement 09 / 21 / 2006
Mailing Address PO Box 1758		Amount of Each Disbursement this Period 1225.75
City Newark	State NJ Zip Code 07101-1758	
Purpose of Disbursement Credit Card Payment See Below		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Big Fish Bistro</b>		<b>Transaction ID:</b> D63716 Date of Disbursement 09 / 21 / 2006
Mailing Address 700 Town Center Drive		Amount of Each Disbursement this Period 225.87
City Dearborn	State MI Zip Code 48126	
Purpose of Disbursement Meals		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BP Oil</b>		<b>Transaction ID:</b> D63717 Date of Disbursement 09 / 21 / 2006
Mailing Address 14545 Ford		Amount of Each Disbursement this Period 45.76
City Dearborn	State MI Zip Code	
Purpose of Disbursement Travel		<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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1225.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) BP Oil		<b>Transaction ID:</b> D63708 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6	
Mailing Address 14545 Ford		Amount of Each Disbursement this Period 45.09	
City Dearborn State MI Zip Code	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) BP Oil		<b>Transaction ID:</b> D63712 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6	
Mailing Address 14545 Ford		Amount of Each Disbursement this Period 55.21	
City Dearborn State MI Zip Code	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Member's Dining Room		<b>Transaction ID:</b> D63698 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6	
Mailing Address House of Representatives		Amount of Each Disbursement this Period 114.00	
City Washington State DC Zip Code 20215	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Shell Gas Station</b>		Transaction ID: D63706 Date of Disbursement 09 / 21 / 2006
Mailing Address 1490 Ann Arbor Rd.		Amount of Each Disbursement this Period 41.21
City Plymouth State MI Zip Code 48170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Shell Gas Station</b>		Transaction ID: D63713 Date of Disbursement 09 / 21 / 2006
Mailing Address 1490 Ann Arbor Rd.		Amount of Each Disbursement this Period 51.42
City Plymouth State MI Zip Code 48170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Zanzibar</b>		Transaction ID: D63711 Date of Disbursement 09 / 21 / 2006
Mailing Address 216 State Street		Amount of Each Disbursement this Period 379.75
City Ann Arbor State MI Zip Code 48104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meals	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank Of America</b>		<b>Transaction ID:</b> D63742 <b>Date of Disbursement</b> 09 / 26 / 2006
Mailing Address PO Box 1758		Amount of Each Disbursement this Period 4268.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark State NJ Zip Code 07101-1758	Purpose of Disbursement Credit Card Payment See Below Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Aramark</b>		<b>Transaction ID:</b> D64058 <b>Date of Disbursement</b> 09 / 26 / 2006
Mailing Address 800 Florida Avenue, NE		Amount of Each Disbursement this Period 376.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement Catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Bank Of America</b>		<b>Transaction ID:</b> D64062 <b>Date of Disbursement</b> 09 / 26 / 2006
Mailing Address PO Box 1758		Amount of Each Disbursement this Period 49.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Newark State NJ Zip Code 07101-1758	Purpose of Disbursement Bank Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4268.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank Of America</b>		Transaction ID: D64063 Date of Disbursement 09 / 26 / 2006
Mailing Address PO Box 1758		Amount of Each Disbursement this Period 125.29
City Newark State NJ Zip Code 07101-1758	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank fee	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Charlie Palmer Steakhouse</b>		Transaction ID: D64042 Date of Disbursement 09 / 26 / 2006
Mailing Address 101 Constitution, NW		Amount of Each Disbursement this Period 1088.01
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		Transaction ID: D64054 Date of Disbursement 09 / 26 / 2006
Mailing Address P.O. Box 6416		Amount of Each Disbursement this Period 837.38
City Carol Stream State IL Zip Code 60197	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A. Fisher Flowers</b> Full Name (Last, First, Middle Initial) Mailing Address 4849 Schaefer City Dearborn State MI Zip Code 48126 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D64043</b> Date of Disbursement 09 / 26 / 2006 Amount of Each Disbursement this Period 53.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Fisher Flowers</b> Full Name (Last, First, Middle Initial) Mailing Address 4849 Schaefer City Dearborn State MI Zip Code 48126 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D64044</b> Date of Disbursement 09 / 26 / 2006 Amount of Each Disbursement this Period 56.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Northwest Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address National Airport City Washington State DC Zip Code 20000 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D64040</b> Date of Disbursement 09 / 26 / 2006 Amount of Each Disbursement this Period 118.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: D64041 Date of Disbursement 09 / 26 / 2006	
Mailing Address National Airport		Amount of Each Disbursement this Period 118.60	
City Washington State DC Zip Code 20000	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Pegasus Taverna</b>		Transaction ID: D64048 Date of Disbursement 09 / 26 / 2006	
Mailing Address 558 Monroe Street		Amount of Each Disbursement this Period 372.19	
City Detroit State MI Zip Code 48242	Purpose of Disbursement Catering	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Pegasus Taverna</b>		Transaction ID: D64049 Date of Disbursement 09 / 26 / 2006	
Mailing Address 558 Monroe Street		Amount of Each Disbursement this Period 55.85	
City Detroit State MI Zip Code 48242	Purpose of Disbursement Catering	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Sandy's Shoppe</b>		Transaction ID: D64057 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 3152 Biddle Avenue		Amount of Each Disbursement this Period 75.00
City Wyandotte State MI Zip Code 48192	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Supplies for Event	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shell Gas Station</b>		Transaction ID: D64050 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 1490 Ann Arbor Rd.		Amount of Each Disbursement this Period 50.02
City Plymouth State MI Zip Code 48170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Shell Gas Station</b>		Transaction ID: D64046 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 1490 Ann Arbor Rd.		Amount of Each Disbursement this Period 44.90
City Plymouth State MI Zip Code 48170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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)  
John D. Dingell for Congress

A. Full Name (Last, First, Middle Initial)  
United Parcel Service, Inc. PAC

Mailing Address 55 Glenlake Parkway, N.E.

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
Shipping

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D64051

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

273.00

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)  
United Parcel Service, Inc. PAC

Mailing Address 55 Glenlake Parkway, N.E.

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
Shipping

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D64052

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

11.30

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

[MEMO ITEM]

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

0.00

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

92219.94



**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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Alan Mollohan for Congress Committee</b>		<b>Transaction ID: D61212</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address P. O. Box 1343		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairmont State WV Zip Code 26555		
Purpose of Disbursement Contribution Candidate Name Alan Mollohan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 01		
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Alma Wheeler for State Representative</b>		<b>Transaction ID: D61800</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 5540 Five Mile Road		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Lyon State MI Zip Code 48178		
Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Andy Dillon for State Representative</b>		<b>Transaction ID: D61802</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 26284 Graham Road		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Redford State MI Zip Code 48239		
Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
Category/Type		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Arcuri for Congress</b>		<b>Transaction ID: D59110</b> Date of Disbursement 07 / 27 / 2006
Mailing Address 2617 Crestway		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Utica	State NY	
Zip Code 13501		
Purpose of Disbursement Contribution Candidate Name Michael Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Barb Farrah for State Representative</b>		<b>Transaction ID: D61791</b> Date of Disbursement 09 / 08 / 2006
Mailing Address 15442 Kennebee Street		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Southgate	State MI	
Zip Code 48195		
Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Bob Constan for State Representative</b>		<b>Transaction ID: D61796</b> Date of Disbursement 09 / 08 / 2006
Mailing Address 5527 Heather Lane		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dearborn Heights	State MI	
Zip Code 48125		
Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Boswell for Congress</b>		<b>Transaction ID: D62828</b> Date of Disbursement 08 / 23 / 2006
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines	State IA	
Zip Code 50309		
Purpose of Disbursement Contribution Category/Type 011		
Candidate Name Leonard L. Boswell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 03		

Full Name (Last, First, Middle Initial) <b>B. Braley for Congress</b>		<b>Transaction ID: D59111</b> Date of Disbursement 07 / 27 / 2006
Mailing Address PO Box 390		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waterloo	State IA	
Zip Code 50704-0390		
Purpose of Disbursement Contribution Category/Type		
Candidate Name Bruce Braley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 01		

Full Name (Last, First, Middle Initial) <b>C. Brian Higgins for Congress</b>		<b>Transaction ID: D62831</b> Date of Disbursement 08 / 23 / 2006
Mailing Address PO Box 28		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Buffalo	State NY	
Zip Code 14220		
Purpose of Disbursement Contribution Category/Type 011		
Candidate Name Brian M. Higgins		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 27		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Carney for Congress</b>		<b>Transaction ID: D59112</b> Date of Disbursement 07 / 27 / 2006
Mailing Address P.O. Box 38		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dimock State PA Zip Code 18816	Purpose of Disbursement Contribution Category/Type: <input type="checkbox"/>	
Candidate Name Carney for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 10		

Full Name (Last, First, Middle Initial) <b>B. Charlie Melancon Campaign Committee</b>		<b>Transaction ID: D62833</b> Date of Disbursement 08 / 23 / 2006
Mailing Address P.O. Box 549		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Napoleonville State LA Zip Code 70390	Purpose of Disbursement Contribution Category/Type: <input type="checkbox"/> 011	
Candidate Name Charlie Melancon	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 3		

Full Name (Last, First, Middle Initial) <b>C. Chet Edwards for Congress</b>		<b>Transaction ID: D62829</b> Date of Disbursement 08 / 23 / 2006
Mailing Address P.O. Box 23273		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waco State TX Zip Code 76702	Purpose of Disbursement Contribution Category/Type: <input type="checkbox"/> 011	
Candidate Name Chet Edwards	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 17		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

<b>A. Citizens For A New Majority</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 12324 City Lansing State MI Zip Code 48901 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D62815</b> Date of Disbursement 08 / 15 / 2006 Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Committee to Bring Back Barron</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1071 City Seymour State IN Zip Code 47274 Purpose of Disbursement Contribution Candidate Name Barron Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61204</b> Date of Disbursement 09 / 08 / 2006 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
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<b>C. Committee to Elect Chris Murphy</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 127 City Cheshire State CT Zip Code 06410 Purpose of Disbursement Contribution Candidate Name Chris Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61208</b> Date of Disbursement 09 / 08 / 2006 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
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2075.00
<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)  
John D. Dingell for Congress

<b>A. Committee to Elect Kate Ebli</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2141 City Monroe State MI Zip Code 48161 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61794</b> Date of Disbursement 09 / 08 / 2006 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

<b>B. Committee to Elect Kate Ebli</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2141 City Monroe State MI Zip Code 48161 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D59142</b> Date of Disbursement 07 / 26 / 2006 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Committee to Elect Kathleen Law</b> Full Name (Last, First, Middle Initial) Mailing Address 29866 Lowell City Gibraltar State MI Zip Code 48173 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61799</b> Date of Disbursement 09 / 08 / 2006 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty field)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Kathy Angerer</b>		<b>Transaction ID: D61797</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 1063 Lloyd Road		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Dundee MI 48131-9701	Purpose of Disbursement Nonfederal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Committee to Re-elect Mayor Alan Lambert</b>		<b>Transaction ID: D59125</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 74574		Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Romulus MI 48174	Purpose of Disbursement Nonfederal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Committee to Re-Elect Robert Schockman for Clerk</b>		<b>Transaction ID: D61793</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 1393 Winding Way		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
City State Zip Code Temperance MI 48182	Purpose of Disbursement Nonfederal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2530.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Community Effort For Pittsfield</b>		<b>Transaction ID: D59123</b> Date of Disbursement 07 / 26 / 2006
Mailing Address 4049 Spring Lake Blvd		Amount of Each Disbursement this Period 500.00
City Ann Arbor State MI Zip Code 48108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Nonfederal Contribution Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Committee</b>		<b>Transaction ID: D62980</b> Date of Disbursement 09 / 26 / 2006
Mailing Address 430 South Capitol Street, S.E.		Amount of Each Disbursement this Period 100000.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Unlimited Transfer to Natl. Party Comm. Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Donnelly for Congress</b>		<b>Transaction ID: D59115</b> Date of Disbursement 07 / 27 / 2006
Mailing Address 211 West Washington Street Suite 1		Amount of Each Disbursement this Period 1000.00
City South Bend State IN Zip Code 46601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name Joe Donnelly		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>101500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Ed Clemente for 14th District State Representative</b>		<b>Transaction ID: D61790</b> Date of Disbursement 09 / 08 / 2006
Mailing Address 1704 Riverbank		Amount of Each Disbursement this Period 250.00
City Lincoln Park State MI Zip Code 48146	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Nonfederal Contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ellsworth for Congress</b>		<b>Transaction ID: D61203</b> Date of Disbursement 09 / 08 / 2006
Mailing Address PO Box 62		Amount of Each Disbursement this Period 1000.00
City Evansville State IN Zip Code 47708	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name Brad Ellsworth	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Jim Marshall</b>		<b>Transaction ID: D61213</b> Date of Disbursement 09 / 08 / 2006
Mailing Address PO Box 125		Amount of Each Disbursement this Period 1000.00
City Macon State GA Zip Code 31201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name Jim Marshall	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Friends of John Barrow</b>		<b>Transaction ID: D59480</b> Date of Disbursement 08 / 23 / 2006
Mailing Address PO Box 8166		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Savannah State GA Zip Code 31412	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name John J. Barrow		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Phil Hare</b>		<b>Transaction ID: D62860</b> Date of Disbursement 09 / 26 / 2006
Mailing Address P.O. Box 4183		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rock Island State IL Zip Code 61204	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Phil Hare		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Tammy Duckworth</b>		<b>Transaction ID: D61202</b> Date of Disbursement 09 / 08 / 2006
Mailing Address 416 W. 22nd St.		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lombard State IL Zip Code 60148	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Tammy Duckworth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Giffords for Congress</b>		<b>Transaction ID: D62856</b> Date of Disbursement 09 / 22 / 2006
Mailing Address P.O. Box 27565		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tucson State AZ Zip Code 85726	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Gabrielle Giffords		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Glenn Anderson for State Representative</b>		<b>Transaction ID: D61801</b> Date of Disbursement 09 / 08 / 2006
Mailing Address 34300 Park Grove Drive		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Westland State MI Zip Code 48185	Category/Type	
Purpose of Disbursement Nonfederal contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Heath Shuler for Congress</b>		<b>Transaction ID: D62859</b> Date of Disbursement 09 / 22 / 2006
Mailing Address P.O. Box 97		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hazelwood State NC Zip Code 28738	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Heath Shuler		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<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)  
John D. Dingell for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Herseth for Congress</p>		<p><b>Transaction ID:</b> D62830 <b>Date of Disbursement</b> 08 / 23 / 2006</p>	
<p>Mailing Address P.O. Box 884</p>		<p>Amount of Each Disbursement this Period 1000.00</p>	
<p>City Brookings State SD Zip Code 57006</p>	<p>Purpose of Disbursement Contribution 011 Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name Stephanie Herseth</p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>B.</b> Full Name (Last, First, Middle Initial) Hooley for Congress</p>		<p><b>Transaction ID:</b> D61199 <b>Date of Disbursement</b> 09 / 07 / 2006</p>	
<p>Mailing Address PO Box 2050</p>		<p>Amount of Each Disbursement this Period 1000.00</p>	
<p>City Salem State OR Zip Code 97308</p>	<p>Purpose of Disbursement Contribution Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name Darlene Hooley</p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>C.</b> Full Name (Last, First, Middle Initial) Hoon-Yung Hopgood for State Representative Cmte.</p>		<p><b>Transaction ID:</b> D61795 <b>Date of Disbursement</b> 09 / 08 / 2006</p>	
<p>Mailing Address 10815 Westlake</p>		<p>Amount of Each Disbursement this Period 250.00</p>	
<p>City Taylor State MI Zip Code 48180</p>	<p>Purpose of Disbursement Nonfederal Contribution Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>2250.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. John Salazar for Congress</b>		<b>Transaction ID: D62835</b> Date of Disbursement 08 / 23 / 2006
Mailing Address P.O. Box 534		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pueblo State CO Zip Code 81002	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name John T. Salazar		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Judy Feder For Congress</b>		<b>Transaction ID: D62858</b> Date of Disbursement 09 / 22 / 2006
Mailing Address 46950 Jennings Farm Drive Suite 100		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sterling State VA Zip Code 20164	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Judy Feder		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kilroy for Congress</b>		<b>Transaction ID: D61205</b> Date of Disbursement 09 / 08 / 2006
Mailing Address 360 S. Grant Avenue		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State OH Zip Code 43215	Purpose of Disbursement Contribution Category/Type	
Candidate Name Mary Jo Kilroy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Klein for Congress</b>		Transaction ID: D61207 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 21301 Powerline Road Suite 204		Amount of Each Disbursement this Period 1000.00
City Boca Raton State FL Zip Code 33433	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Category/ Type	
Candidate Name Ron Klein		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 22		

Full Name (Last, First, Middle Initial) <b>B. Leah Gunn for Washtenaw County Commissioner</b>		Transaction ID: D59124 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 1308 E. Stadium		Amount of Each Disbursement this Period 250.00
City Ann Arbor State MI Zip Code 48104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Nonfederal Contribution	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lois Murphy for Congress</b>		Transaction ID: D61209 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address PO Box 312		Amount of Each Disbursement this Period 1000.00
City Narberth State PA Zip Code 19072	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Category/ Type	
Candidate Name Lois Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<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)  
John D. Dingell for Congress

<b>A. Lucas for Congress</b> Full Name (Last, First, Middle Initial) Lucas for Congress Mailing Address PO Box 17565 City Covington State KY Zip Code 41017 Purpose of Disbursement Contribution Candidate Name Kenneth Lucas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61214</b> Date of Disbursement 09 / 08 / 2006 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
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<b>B. Madrid for Congress</b> Full Name (Last, First, Middle Initial) Madrid for Congress Mailing Address 200 Oak Street Suite 4 City Albuquerque State NM Zip Code 87106 Purpose of Disbursement Contribution Candidate Name Patricia Madrid Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D62857</b> Date of Disbursement 09 / 22 / 2006 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
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<b>C. Marcinkowski For Congress</b> Full Name (Last, First, Middle Initial) Marcinkowski For Congress Mailing Address PO BOX 1605 City Brighton State MI Zip Code 48116 Purpose of Disbursement Contribution Candidate Name James Marcinkowski Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61210</b> Date of Disbursement 09 / 08 / 2006 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
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Matheson for Congress</b>		<b>Transaction ID: D62832</b> Date of Disbursement 08 / 23 / 2006
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Salt Lake City State UT Zip Code 84101	Category/Type 011	
Purpose of Disbursement Contribution		
Candidate Name Jim Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean for Congress</b>		<b>Transaction ID: D59481</b> Date of Disbursement 08 / 23 / 2006
Mailing Address PO Box 3068		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Barrington State IL Zip Code 60010	Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Melissa L. Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael A. Guido Committee</b>		<b>Transaction ID: D59136</b> Date of Disbursement 07 / 26 / 2006
Mailing Address P.O. Box 4577		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dearborn State MI Zip Code 48128	Category/Type	
Purpose of Disbursement Nonfederal Contribution		
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2150.00
<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)

PAGE 201 / 206

<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Michigan Democratic Party-Federal Account</b>		<b>Transaction ID: D63688</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 606 Townsend Street		Amount of Each Disbursement this Period 6500.00
City Lansing State MI Zip Code 48933	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 2006 Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Michigan Democratic Party-Federal Account</b>		<b>Transaction ID: D62979</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 606 Townsend Street		Amount of Each Disbursement this Period 25000.00
City Lansing State MI Zip Code 48933	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Unlimited Transfer to State Party Comm.	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Moore for Congress</b>		<b>Transaction ID: D62834</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 14631		Amount of Each Disbursement this Period 1000.00
City Shawnee Mission State KS Zip Code 66285	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name Dennis Moore	Category/ Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	32500.00
<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Pam Byrnes for State Representative</b>		<b>Transaction ID: D61803</b> Date of Disbursement 09 / 19 / 2006
Mailing Address 17750 Sharon Valley Road		Amount of Each Disbursement this Period 500.00
City Manchester State MI Zip Code 48158	Purpose of Disbursement Nonfederal Contribution	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Patrick Murphy for Congress</b>		<b>Transaction ID: D61201</b> Date of Disbursement 09 / 08 / 2006
Mailing Address PO Box 868		Amount of Each Disbursement this Period 1000.00
City Levittown State PA Zip Code 19058	Purpose of Disbursement Contribution	
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Perlmutter for Congress</b>		<b>Transaction ID: D61200</b> Date of Disbursement 09 / 08 / 2006
Mailing Address 3440 Young Feld Street		Amount of Each Disbursement this Period 1000.00
City Wheat Ridge State CO Zip Code 80033	Purpose of Disbursement Contribution	
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Raymond E. Basham for Senate Committee</b>		<b>Transaction ID: D59139</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 12406 Telegraph Road		Amount of Each Disbursement this Period 250.00
City Taylor State MI Zip Code 48180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Nonfederal Contribution Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rebekah Warren for State Representative</b>		<b>Transaction ID: D61798</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 284 8th Street		Amount of Each Disbursement this Period 500.00
City Ann Arbor State MI Zip Code 48103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Nonfederal Contribution Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sharon Renier for Congress</b>		<b>Transaction ID: D62855</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 10716 McCreery Road		Amount of Each Disbursement this Period 1000.00
City Munith State MI Zip Code 49259	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name Sharon Renier		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<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)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Slavens For State Senate</b>		<b>Transaction ID:</b> D61792 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 87906		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Canton State MI Zip Code 48187	Purpose of Disbursement Nonfederal Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Slavens For State Senate</b>		<b>Transaction ID:</b> D59127 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 87906		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Canton State MI Zip Code 48187	Purpose of Disbursement Nonfederal Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Staples Credit Plan</b>		<b>Transaction ID:</b> D64064 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 689020 Dept. 85-0000074317		Amount of Each Disbursement this Period 171.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50638-9027	Purpose of Disbursement Nonfed In-Kind to Dingell for WSU Gov. Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<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)  
John D. Dingell for Congress

<b>A. Terra Quest 4-H Club</b> Full Name (Last, First, Middle Initial) Terra Quest 4-H Club Mailing Address 9498 Palmer Rd. City Maybee State MI Zip Code 48159 Purpose of Disbursement Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D62977</b> Date of Disbursement 08 / 15 / 2006 Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Trupiano For Congress</b> Full Name (Last, First, Middle Initial) Trupiano For Congress Mailing Address 7236 N Layfayette City Dearborn Heights State MI Zip Code 48127 Purpose of Disbursement Contribution Candidate Name Tony Trupiano Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D59116</b> Date of Disbursement 07 / 27 / 2006 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
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<b>C. Trupiano For Congress</b> Full Name (Last, First, Middle Initial) Trupiano For Congress Mailing Address 7236 N Layfayette City Dearborn Heights State MI Zip Code 48127 Purpose of Disbursement Contribution Candidate Name Tony Trupiano Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D61211</b> Date of Disbursement 09 / 08 / 2006 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
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty field)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
John D. Dingell for Congress

Full Name (Last, First, Middle Initial) <b>A. Wynn for Congress</b>		<b>Transaction ID: D61198</b> Date of Disbursement 09 / 06 / 2006
Mailing Address PO Box 39139		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20016		
Purpose of Disbursement Contribution		
Candidate Name Albert Wynn		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 4		

Full Name (Last, First, Middle Initial) <b>B. Ypsilanti Chamber of Commerce</b>		<b>Transaction ID: D61160</b> Date of Disbursement 08 / 31 / 2006
Mailing Address 301 West Michigan Avenue Suite 101		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ypsilanti	State MI	
Zip Code 48197		
Purpose of Disbursement Donation		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

1100.00

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

178605.00