

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
EHLERS FOR CONGRESS COMMITTEE

ADDRESS (number and street) PO BOX 3340
 Check if different than previously reported. (ACC)
GRAND RAPIDS MI 49501

2. **FEC IDENTIFICATION NUMBER** C00283267
CITY STATE ZIP CODE STATE DISTRICT
MI 03
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

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

5. Covering Period 01 01 2006 through 03 31 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 J. Lindsey Dood

Signature of Treasurer Electronically Filed by J. Lindsey Dood Date 04 14 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

EHLERS FOR CONGRESS COMMITTEE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 72206.00 | 257684.04 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 72206.00 | 257684.04 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 39602.93 | 191163.30 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 249.99 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 39602.93 | 190913.31 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 409054.88 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
EHLERS FOR CONGRESS COMMITTEE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| 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).....

69250.00

160360.00

(ii) Unitemized.....

1456.00

22804.04

(iii) TOTAL of contributions

70706.00

183164.04

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

1500.00

74520.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

72206.00

257684.04

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

0.00

0.00

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

0.00

249.99

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

3468.93

9367.53

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

75674.93

267301.56

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 39602.93 | 191163.30 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS..... | 1000.00 | 59500.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 40602.93 | 250663.30 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 373982.88 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 75674.93 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 449657.81 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 40602.93 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 409054.88 |

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 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Daniel Abraham | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006 | |
| Mailing Address 1714 Tammarron SE | | Transaction ID: SA11A1.14319 | |
| City State Zip Code Grand Rapids MI 49546-9700 | 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 Savory Foods Occupation Executive | 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. Ray Andrews | | Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2006 | |
| Mailing Address 2112 Dewberry Drive NE | | Transaction ID: SA11A1.14322 | |
| City State Zip Code Grand Rapids MI 49505-5725 | 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 Retired Attorney | Election Cycle-to-Date 2000.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. John Baab | | Date of Receipt M M / D D / Y Y Y Y 01 / 11 / 2006 | |
| Mailing Address 6400 Tammarron Court SE | | Transaction ID: SA11A1.14324 | |
| City State Zip Code Grand Rapids MI 49546 | 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 Ernst & Young Occupation Retired | Election Cycle-to-Date 1000.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

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

Mailing Address 2819 Cotswold Lane SE

City State Zip Code
East Grand Rapids MI 49506

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

Name of Employer Occupation
VKW Hardwood, Inc. President

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

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

Transaction ID: SA11A1.14326

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)
William J. Bowling

Mailing Address 3330 Elmwood Beach

City State Zip Code
Middleville MI 49333

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

Name of Employer Occupation
Grubb & Ellis Paramount Commercial Realtor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: SA11A1.14327

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)
Mary Buist

Mailing Address 3351 Golfview Drive NW

City State Zip Code
Grand Rapids MI 49544-7338

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

Name of Employer Occupation
Community Volunteer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1120.00

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

Transaction ID: SA11A1.14329

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) | ▶ | 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 7 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Robert Buist | | Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 |
| Mailing Address 1410 Rothbury Drive NE | | Transaction ID: SA11A1.14330 |
| City State Zip Code Grand Rapids MI 49505 | 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 D & M Metal Products Co | Occupation 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. Donald Buske | | Date of Receipt M M / D D / Y Y Y Y 01 / 24 / 2006 |
| Mailing Address 3055 Mary SE | | Transaction ID: SA11A1.14331 |
| City State Zip Code East Grand Rapids MI 49506 | 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 Retired | |
| 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) C. Dr. Gaylen J. Byker | | Date of Receipt M M / D D / Y Y Y Y 01 / 24 / 2006 |
| Mailing Address 3201 Burton Street SE | | Transaction ID: SA11A1.14332 |
| City State Zip Code Grand Rapids MI 49546 | 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 Calvin College | Occupation President | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|---------|
| 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 8 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Norman Byrne

Mailing Address PO Box 306

City State Zip Code
Rockford MI 49341-0306

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

Name of Employer Occupation
Byrne Electrical Special- President
ists

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

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

Transaction ID: SA11A1.14333

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)
Philip Catlett

Mailing Address 2249 Okemos SE

City State Zip Code
Grand Rapids MI 49506

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

Name of Employer Occupation
WLHT, Inc. General 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
0 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.14334

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)
Charlotte C. Chamberlain

Mailing Address 3600 E. Fulton Street, Apt. B232

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: SA11A1.14335

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) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Jon Chism | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 330 Plymouth Dr. SE | | Transaction ID: SA11A1.14336 | |
| City State Zip Code East Grand Rapids MI 49506 | 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 Plante & Moran, PLLC | Occupation CPA | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1050.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Wendell Christoff | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 7122 Gladys SE | | Transaction ID: SA11A1.14337 | |
| City State Zip Code Grand Rapids MI 49546 | 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 Litehouse, Inc. | Occupation Management | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Thomas Church | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6 | |
| Mailing Address 636 Manhattan Road SE | | Transaction ID: SA11A1.14338 | |
| City State Zip Code East Grand Rapids MI 49506-2025 | 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 Deloitte & Touche | Occupation CPA | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 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 10 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

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

Mailing Address 6495 Timpson Avenue

City State Zip Code
Alto MI 49302

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

Name of Employer
Varnum, Riddering, Schmidt & Howlett.

Occupation
Attorney at Law

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

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

Transaction ID: SA11A1.14339

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)
Dr. Donald Condit

Mailing Address 2555 Frederick Drive SE

City State Zip Code
Grand Rapids MI 49506-3105

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

Name of Employer
West Michigan Hand Center

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID: SA11A1.14340

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)
Peter Cook

Mailing Address 3729 Cook Valley Blvd

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer
Cook Holdings

Occupation
Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: SA11A1.14341

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) | ▶ | 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 11 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Dr. Jon Cowan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 2830 Woodcliff Circle SE | | Transaction ID: SA11A1.14342 |
| City State Zip Code East Grand Rapids MI 49506 | 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 Anesthesia Medical Consultants, PC | Occupation Physician - Anesthesiologist | |
| 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. William Currie | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 1830 Beard Drive SE | | Transaction ID: SA11A1.14343 |
| City State Zip Code Grand Rapids MI 49546 | 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 Universal Forest Products | Occupation CEO | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Dr. Steven Dater | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6 |
| Mailing Address 7122 Hawick Ct. | | Transaction ID: SA11A1.14344 |
| City State Zip Code Belmont MI 49306 | 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 Dentist | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 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 12 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Douglas Decamp | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 3485 West M-179 Highway | | Transaction ID: SA11A1.14347 | |
| City State Zip Code Hastings MI 49058 | 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 FlexFab/FHI Occupation President/CEO | Election Cycle-to-Date 4000.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Douglas Decamp | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 3485 West M-179 Highway | | Transaction ID: SA11A1.14347.0 | |
| City State Zip Code Hastings MI 49058 | Amount of Each Receipt this Period 1900.00 | | |
| 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) [MEMO ITEM] | |
| Name of Employer FlexFab/FHI Occupation President/CEO | Election Cycle-to-Date 5900.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Douglas Decamp | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 3485 West M-179 Highway | | Transaction ID: SA11A1.14347.1 | |
| City State Zip Code Hastings MI 49058 | Amount of Each Receipt this Period 100.00 | | |
| 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) [MEMO ITEM] | |
| Name of Employer FlexFab/FHI Occupation President/CEO | Election Cycle-to-Date 6000.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

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

Mailing Address 3746 Charlevoix SE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
Russ' Rests. Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: SA11A1.14348

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)
Mr. Robert G. denDulk

Mailing Address P.O. Box 100

City State Zip Code
Cannonsburg MI 49317

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2015.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2006

Transaction ID: SA11A1.14435

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)
Frank Deppe

Mailing Address 2198 North Thrush Court SE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: SA11A1.14350

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) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Betsy DeVos | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 2003 Hillsboro SE | | Transaction ID: SA11A1.14351 | |
| City State Zip Code Grand Rapids MI 49546 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer The Windquest Group | Occupation President | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Daniel DeVos | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address PO Box 248 | | Transaction ID: SA11A1.14354 | |
| City State Zip Code Ada MI 49301 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer DP Fox Ventures L.L.C. | Occupation President & CEO | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Daniel DeVos | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address PO Box 248 | | Transaction ID: SA11A1.14353 | |
| City State Zip Code Ada MI 49301 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer DP Fox Ventures L.L.C. | Occupation President & CEO | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1500.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2000.00 |
| TOTAL 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 15 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Douglas and Maria DeVos | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 | |
| Mailing Address 2020 Devonwood Lane SE | | Transaction ID: SA11A1.14355 | |
| City State Zip Code Grand Rapids MI 49546 | 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 Alticor | Occupation 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. Richard DeVos | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6 | |
| Mailing Address 1840 South Ocean Blvd. | | Transaction ID: SA11A1.14356 | |
| City State Zip Code Manalapan FL 33462 | 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 RDV Sports | Occupation Chairman Orlando Magic | | |
| 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) C. James Dirkes | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 2310 Westwinde Court NW | | Transaction ID: SA11A1.14357 | |
| City State Zip Code Grand Rapids MI 49504 | 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 Retired | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3500.00 |
| TOTAL 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 16 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Lizann Donley

Mailing Address 2062 Stickley Drive SE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
Retired

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
0 1 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.14358

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)
Dr. James Fahner

Mailing Address 4445 Oakleaf Drive SE

City State Zip Code
Grand Rapids MI 49546-8225

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

Name of Employer Occupation
DeVos Children's Hospital Pediatric Oncologist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

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

Transaction ID: SA11A1.14361

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)
Al Forte

Mailing Address 3548 Reeds Lake Blvd. SE

City State Zip Code
Grand Rapids MI 49506

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

Name of Employer Occupation
Retired Attorney

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

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

Transaction ID: SA11A1.14363

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) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|-------------------------------------|---|
| A. Full Name (Last, First, Middle Initial) David G. Frey | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 |
| Mailing Address Bank One 200 Ottawa Avenue NW | | Transaction ID: SA11A1.14364 |
| City State Zip Code Grand Rapids MI 49503 | | 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 Bank One | Occupation Advisor | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|------------------------------------|---|
| B. Full Name (Last, First, Middle Initial) James E. McKay Frey | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 210 Greenwich Road NE | | Transaction ID: SA11A1.14365 |
| City State Zip Code Grand Rapids MI 49506 | | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Northern Trust | Occupation Chairman | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|-------------------------------------|---|
| C. Full Name (Last, First, Middle Initial) Dr. Raymond Fuller | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 2249 Shawnee SE | | Transaction ID: SA11A1.14366 |
| City State Zip Code Grand Rapids MI 49506 | | 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 Spectrum Health -- Blodgett Campus | Occupation Retired Physician | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 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 18 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. David H. Gibbs | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 600 Cambridge Blvd. SE | | Transaction ID: SA11A1.14367 | |
| City State Zip Code East Grand Rapids MI 49506-2811 | 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 retired | Election Cycle-to-Date 2000.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Jr. William Halliday | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 3020 Uplands Drive SE | | Transaction ID: SA11A1.14369 | |
| City State Zip Code Grand Rapids MI 49506 | 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 Attorney-at-Law Attorney | Election Cycle-to-Date 2000.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ralph Hauenstein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 3739 Cook Valley Blvd. SE | | Transaction ID: SA11A1.14370 | |
| City State Zip Code Grand Rapids MI 49546 | 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 Self Employed Executive | Election Cycle-to-Date 1500.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Daniel Haveman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 953 Chippewa Dr. SE | | Transaction ID: SA11A1.14371 |
| City State Zip Code Grand Rapids MI 49506-3377 | 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 Progressive Technologies Occupation Mechanical Engineer | Election Cycle-to-Date 560.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mike Hekstra | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 7345 Heather Ridge Court | | Transaction ID: SA11A1.14372 |
| City State Zip Code Caledonia MI 49316-9010 | 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 Mike Hekstra Builder LLC Occupation Builder | Election Cycle-to-Date 1000.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Hon. Terri Land Hibma | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 7955 Byron Station Court SW | | Transaction ID: SA11A1.14373 |
| City State Zip Code Byron Center MI 49315-9460 | 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 State of Michigan Occupation Secretary of State | Election Cycle-to-Date 1000.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) A. Donnalee Holton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 3258 Rogue River Road | | Transaction ID: SA11A1.14374 | |
| City Belmont | State MI | Zip Code 49306 | 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 Community Volunteer | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Robert Hooker | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 3877 Cook Valley Court SE | | Transaction ID: SA11A1.14375 | |
| City Grand Rapids | State MI | Zip Code 49546-8352 | 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 C & H Holdings | Occupation Vice Chair | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1090.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Lee Irving | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 936 San Lucia SE | | Transaction ID: SA11A1.14376 | |
| City East Grand Rapids | State MI | Zip Code 49506 | 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 Self-Employed | Occupation Physican | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Michael Jandernoa | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 2431 Belleglade SE | | Transaction ID: SA11A1.14377 | |
| City State Zip Code Grand Rapids MI 49546 | 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 Bridge Street Capital Partners Occupation Executive | Election Cycle-to-Date 2006 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Amount of Each Receipt this Period 2000.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Deb Walsh Kay | | Date of Receipt M M / D D / Y Y Y Y 01 / 19 / 2006 | |
| Mailing Address 1155 Idema SE | | Transaction ID: SA11A1.14379 | |
| City State Zip Code East Grand Rapids MI 49506 | 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 Varnum, Riddering, Schmidt Occupation Attorney | Election Cycle-to-Date 2006 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Amount of Each Receipt this Period 1000.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. MaryAnn Keeler | | Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 | |
| Mailing Address 2525 Indian Trail SE | | Transaction ID: SA11A1.14380 | |
| City State Zip Code East Grand Rapids MI 49506 | 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 Retired | Election Cycle-to-Date 2006 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Amount of Each Receipt this Period 3000.00 | | |

| | |
|--|---------|
| 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 | FOR LINE NUMBER: (check only one) | PAGE 22 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
MaryAnn Keeler

Mailing Address 2525 Indian Trail SE

City East Grand Rapids State MI Zip Code 49506

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 06 / 2006

Transaction ID: SA11A1.14380.0

Amount of Each Receipt this Period
 1100.00

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

B. Full Name (Last, First, Middle Initial)
MaryAnn Keeler

Mailing Address 2525 Indian Trail SE

City East Grand Rapids State MI Zip Code 49506

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

Name of Employer Occupation Retired

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
 03 / 06 / 2006

Transaction ID: SA11A1.14380.1

Amount of Each Receipt this Period
 900.00

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

C. Full Name (Last, First, Middle Initial)
Fred Keller

Mailing Address 5505 Bancroft Avenue

City Alto State MI Zip Code 49302-9601

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

Name of Employer Cascade Engineering Occupation Executive

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
 02 / 08 / 2006

Transaction ID: SA11A1.14381

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) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Fred Keller | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 6 | |
| Mailing Address 5505 Bancroft Avenue | | Transaction ID: SA11A1.14381.0 | |
| City State Zip Code Alto MI 49302-9601 | Amount of Each Receipt this Period 1100.00 | | |
| 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) [MEMO ITEM] | |
| Name of Employer Occupation Cascade Engineering Executive | Election Cycle-to-Date 4100.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Fred Keller | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 6 | |
| Mailing Address 5505 Bancroft Avenue | | Transaction ID: SA11A1.14381.1 | |
| City State Zip Code Alto MI 49302-9601 | Amount of Each Receipt this Period 900.00 | | |
| 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) [MEMO ITEM] | |
| Name of Employer Occupation Cascade Engineering Executive | Election Cycle-to-Date 5000.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) John Kennedy | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 4610 Bradford NE | | Transaction ID: SA11A1.14382 | |
| City State Zip Code Grand Rapids MI 49525 | 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 AutoCam Corporation President | Election Cycle-to-Date 2000.00 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | |
|--|---------|
| 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 24 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Jr. Donald Klopcic | | Date of Receipt MM / DD / YYYY 01 / 24 / 2006 |
| Mailing Address 2555 Ashwood Court SE | | Transaction ID: SA11A1.14383 |
| City Ada | State MI | Zip Code 49301 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer West Side Beer | Occupation 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. Dr. Robert LaFleur | | Date of Receipt MM / DD / YYYY 02 / 10 / 2006 |
| Mailing Address 2401 Okemos Drive SE | | Transaction ID: SA11A1.14384 |
| City Grand Rapids | State MI | Zip Code 49506-5382 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Emergency Care Specialists | 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 ▼ 2000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Libby Child Laskowski | | Date of Receipt MM / DD / YYYY 01 / 23 / 2006 |
| Mailing Address 1525 Laurel Avenue SE | | Transaction ID: SA11A1.14385 |
| City Grand Rapids | State MI | Zip Code 49506 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Varnum Consulting | Occupation Consultant | <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 ▼ 1600.00 | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

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

Mailing Address 6383 Redington Drive

City State Zip Code
Ada MI 49301

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

Name of Employer Occupation
Spectrum Hospital, North Office Buildi Attorney/General Counsel

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

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

Transaction ID: SA11A1.14386

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 Link

Mailing Address 4100 Clearview NE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
Self-Employed 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 Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.14387

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)
Dr. Kenneth Lobbes

Mailing Address 2204 DeLange Drive SE

City State Zip Code
Grand Rapids MI 49506-5305

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

Name of Employer Occupation
Retired Physician

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
0 1 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.14388

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) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Donald W. Maine | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 550 Overbrook Lane | | Transaction ID: SA11A1.14389 | |
| City State Zip Code Grand Rapids MI 49507-3520 | 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 Davenport University | Occupation Chancellor Emeritus | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Lawrence Marcotte | | Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6 | |
| Mailing Address 2020 Raybrook SE Suite 201 | | Transaction ID: SA11A1.14390 | |
| City State Zip Code Grand Rapids MI 49546 | 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 Marcotte, Hodges, Smith D.D.S., P.C. | Occupation Dentist | | |
| 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) C. David Mehney | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 3049 Mary SE | | Transaction ID: SA11A1.14394 | |
| City State Zip Code East Grand Rapids MI 49506 | 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 KMW Group, Inc. | Occupation President | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4000.00 | | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. David Mehney | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 3049 Mary SE | | Transaction ID: SA11A1.14394.0 | |
| City East Grand Rapids | State MI | Zip Code 49506 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer KMW Group, Inc. | Occupation President | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4100.00 | | |

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

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. David Mehney | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 3049 Mary SE | | Transaction ID: SA11A1.14394.1 | |
| City East Grand Rapids | State MI | Zip Code 49506 | Amount of Each Receipt this Period 1900.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer KMW Group, Inc. | Occupation President | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 6000.00 | | |

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

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Fred Meijer | | Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6 | |
| Mailing Address Meijer Inc 2929 Walker NW | | Transaction ID: SA11A1.14395 | |
| City Grand Rapids | State MI | Zip Code 49544 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Meijer Inc. | Occupation Owner | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

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

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) | 500.00 |
| TOTAL 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 28 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|-------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Hendrik Meijer | | Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006 | |
| Mailing Address Meijer Inc. 2929 Walker NW | | Transaction ID: SA11A1.14396 | |
| City Grand Rapids | State MI | Zip Code 49544 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer Meijer, Inc. | Occupation Retailer-Writer | Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 1000.00 | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Barbara Mieras | | Date of Receipt M M / D D / Y Y Y Y 01 / 13 / 2006 | |
| Mailing Address Davenport College 5668 Forest Glen SE | | Transaction ID: SA11A1.14398 | |
| City Ada | State MI | Zip Code 49301 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer Davenport University | Occupation President of the Foundation / EVP for | 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) C. David Morgenstern | | Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2006 | |
| Mailing Address 1055 Coach Light Drive | | Transaction ID: SA11A1.14399 | |
| City Byron Center | State MI | Zip Code 49315 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> | |
| Name of Employer Associated Insurance Design | Occupation Insurance Sales | Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 1000.00 | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 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 29 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mark Muller | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 |
| Mailing Address 98 Ottawa Avenue NW | | Transaction ID: SA11A1.14402 |
| City State Zip Code Grand Rapids MI 49503-2806 | 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 Ben M. Muller Realty Co, Inc. Occupation Real Estate Broker | Election Cycle-to-Date ▼ 2000.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Tom Newhof | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6 |
| Mailing Address 6550 Old Darby Trail | | Transaction ID: SA11A1.14403 |
| City State Zip Code Ada MI 49301 | 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 Prein and Newhof Occupation Engineer | 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) C. James Nicholas | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 3103 Manhattan Lane SE | | Transaction ID: SA11A1.14404 |
| City State Zip Code East Grand Rapids MI 49506 | 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 Nicholas Plastics Occupation Chairman | Election Cycle-to-Date ▼ 2000.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| 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 30 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Anne Poortenga | | Date of Receipt MM / DD / YYYY 02 / 22 / 2006 |
| Mailing Address 547 Kent Hills Road NE | | Transaction ID: SA11A1.14407 |
| City Grand Rapids | State MI | Zip Code 49505 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Progressive Technologies | Occupation Manager | <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 ▼ 270.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. James Poortenga | | Date of Receipt MM / DD / YYYY 03 / 03 / 2006 |
| Mailing Address 3858 Kalamazoo SE | | Transaction ID: SA11A1.14408 |
| City Grand Rapids | State MI | Zip Code 49508 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Chuck Royce | | Date of Receipt MM / DD / YYYY 01 / 10 / 2006 |
| Mailing Address 252 Pearl NW Suite 4D | | Transaction ID: SA11A1.14409 |
| City Grand Rapids | State MI | Zip Code 49503 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Calvin College | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

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

Mailing Address 324 Forest Hill Avenue SE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
Med-Center Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.14410

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)
Amb. Peter Secchia

Mailing Address 2833 Bonnell SE

City State Zip Code
East Grand Rapids MI 49506

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

Name of Employer Occupation
SIBSCO LLC Chairman of the Board

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2006

Transaction ID: SA11A1.14411

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)
James Shea

Mailing Address 1965 Barrett

City State Zip Code
Troy MI 48084-2125

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

Name of Employer Occupation
P. K. Contracting, Inc. Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: SA11A1.14412

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) | ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Dana Sommers | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 4428 Bradford Farms Court NE | | Transaction ID: SA11A1.14413 | |
| City State Zip Code Grand Rapids MI 49525-1184 | 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 Grotenhuis | Occupation CEO | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. The Honorable Glenn Steil | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address Compatico 4710 44th Street SE | | Transaction ID: SA11A1.14415 | |
| City State Zip Code Grand Rapids MI 49512 | 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 Compatico | Occupation CEO | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Cyndy Stek | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 | |
| Mailing Address 1274 White Pine Drive SW | | Transaction ID: SA11A1.14417 | |
| City State Zip Code Walker MI 49544 | 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 City of Walker | Occupation City Commissioner | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Jerry Subar | | Date of Receipt MM / DD / YYYY 03 / 14 / 2006 |
| Mailing Address 2605 Hampshire SE | | Transaction ID: SA11A1.14419 |
| City East Grand Rapids | State MI | Zip Code 49506 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Model Coverall Service | Occupation Chairman | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Marleen Sullivan | | Date of Receipt MM / DD / YYYY 01 / 11 / 2006 |
| Mailing Address 505 Ball NE | | Transaction ID: SA11A1.14421 |
| City Grand Rapids | State MI | Zip Code 49503-2011 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer | Occupation Retired | <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) C. Jerry Tubergen | | Date of Receipt MM / DD / YYYY 01 / 17 / 2006 |
| Mailing Address 5101 Spring Ridge | | Transaction ID: SA11A1.14422 |
| City Ada | State MI | Zip Code 49301-8807 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer RDV Corporation | Occupation 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 | |

| | | |
|--|---|---------|
| 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 34 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Stephen VanAndel | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 |
| Mailing Address PO Box 74 | | Transaction ID: SA11A1.14423 |
| City State Zip Code Ada MI 49301 | 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 Alticor Inc. | Occupation Chairman | |
| 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. Jack VanderSloot | | Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2006 |
| Mailing Address 3756 Ravine Vista SE | | Transaction ID: SA11A1.14424 |
| City State Zip Code Grand Rapids MI 49508 | 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 Van's Industrial Equipment | Occupation President | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. George VandeWoude | | Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2006 |
| Mailing Address 9451 Bailey Dr. NE | | Transaction ID: SA11A1.14425 |
| City State Zip Code Ada MI 49301 | 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 VanAndel Research Institute | Occupation Director | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. George VandeWoude | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 9451 Bailey Dr. NE | | Transaction ID: SA11A1.14425.0 | |
| City Ada | State MI | Zip Code 49301 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer VanAndel Research Institute | Occupation Director | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4100.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. George VandeWoude | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 9451 Bailey Dr. NE | | Transaction ID: SA11A1.14425.1 | |
| City Ada | State MI | Zip Code 49301 | Amount of Each Receipt this Period 1900.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer VanAndel Research Institute | Occupation Director | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 6000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Norma VanKuiken | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 3909 Lake Drive SE | | Transaction ID: SA11A1.14426 | |
| City Grand Rapids | State MI | Zip Code 49546-4346 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired Teacher | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Carl Verbeek | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 2430 Glen Echo SE | | Transaction ID: SA11A1.14427 |
| City State Zip Code Grand Rapids MI 49546 | 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 Varnum, Riddering, Schmidt | Occupation Attorney | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Jr. Roger L. Warnshuis | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 3869 Cook Valley Court SE | | Transaction ID: SA11A1.14428 |
| City State Zip Code Grand Rapids MI 49546 | 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 Retired | |
| 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) C. Jr. Roger L. Warnshuis | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 3869 Cook Valley Court SE | | Transaction ID: SA11A1.14428.0 |
| City State Zip Code Grand Rapids MI 49546 | Amount of Each Receipt this Period 100.00 | |
| 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) [MEMO ITEM] |
| Name of Employer | Occupation Retired | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4100.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL 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 37 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Jr. Roger L. Warnshuis

Mailing Address 3869 Cook Valley Court SE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 6000.00

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

Transaction ID: SA11A1.14428.1

Amount of Each Receipt this Period
1900.00

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

B. Full Name (Last, First, Middle Initial)
Peter M. Wege

Mailing Address PO Box 6388

City State Zip Code
Grand Rapids MI 49516

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

Name of Employer Occupation
Wege Foundation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

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

Transaction ID: SA11A1.14429

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)
Peter M. Wege

Mailing Address PO Box 6388

City State Zip Code
Grand Rapids MI 49516

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

Name of Employer Occupation
Wege Foundation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4100.00

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

Transaction ID: SA11A1.14429.0

Amount of Each Receipt this Period
1600.00

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

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

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

Mailing Address PO Box 6388

City State Zip Code
Grand Rapids MI 49516

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

Name of Employer Occupation
Wege Foundation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4500.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: SA11A1.14429.1

Amount of Each Receipt this Period
400.00

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

B. Full Name (Last, First, Middle Initial)
Paul Weller

Mailing Address 4505 James Drive SW

City State Zip Code
Grandville MI 49418

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

Name of Employer Occupation
Weller Auto Parts Inc. Manager

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

Date of Receipt
MM / DD / YYYY
01 / 19 / 2006

Transaction ID: SA11A1.14430

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)
James Williams

Mailing Address 7464 Whispering Ridge SE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
Williams Distributing Co. Bus. Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: SA11A1.14431

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) | 1000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | | | |
|--|---|------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 39 / 75 | |
| | (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)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Jim Zawacki

Mailing Address 4883 N. Quail Crest

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
Grand Rapids Spring & Sta- Manager
mping

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

1000.00

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

Transaction ID: SA11A1.14432

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) | 500.00 |
| TOTAL This Period (last page this line number only) | 69250.00 |

**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 40 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
CMS ENERGY CORP EMPLOYEES FOR BETTER GOVERNMENT (FKA CONSUMERS POWER COMPANY)

Mailing Address 330 TOWN CENTER DR

City State Zip Code
DEARBORN MI 48126

FEC ID number of contributing federal political committee. **C** C00075473

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3120.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2006

Transaction ID: SA11C.14539

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)
HUNTINGTON BANCSHARES INCORPORATED POLITICAL ACTION COMMITTEE(HBI-PAC)

Mailing Address 41 SOUTH HIGH STREET

City State Zip Code
COLUMBUS OH 43215

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

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
02 / 01 / 2006

Transaction ID: SA11C.14538

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) | ▶ | 1500.00 |

**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 41 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Bank One, Michigan Mailing Address PO Box 330116 City State Zip Code Detroit MI 48232-6116 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2006 Transaction ID: SA15.14549 Amount of Each Receipt this Period 861.99 Interest Income <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 ▼ 1816.82 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Founder's Trust Mailing Address 5181 Cascade Road City State Zip Code Grand Rapids MI 49546 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 01 / 25 / 2006 Transaction ID: SA15.14540 Amount of Each Receipt this Period 158.58 Interest Income <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 ▼ 1506.38 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Founder's Trust Mailing Address 5181 Cascade Road City State Zip Code Grand Rapids MI 49546 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2006 Transaction ID: SA15.14541 Amount of Each Receipt this Period 158.98 Interest Income <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 ▼ 1665.36 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1179.55 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Founder's Trust | | Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006 | |
| Mailing Address 5181 Cascade Road | | Transaction ID: SA15.14547 | |
| City State Zip Code Grand Rapids MI 49546 | Amount of Each Receipt this Period 159.38 | | |
| FEC ID number of contributing federal political committee. C | Interest Income <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 ▼ 1824.74 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Macatawa Bank | | Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2006 | |
| Mailing Address 126 Ottawa NW | | Transaction ID: SA15.14553 | |
| City State Zip Code Grand Rapids MI 49503 | Amount of Each Receipt this Period 85.10 | | |
| FEC ID number of contributing federal political committee. C | Interest Income <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 ▼ 1786.98 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Macatawa Bank | | Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2006 | |
| Mailing Address 126 Ottawa NW | | Transaction ID: SA15.14554 | |
| City State Zip Code Grand Rapids MI 49503 | Amount of Each Receipt this Period 1052.14 | | |
| FEC ID number of contributing federal political committee. C | Interest Income <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 ▼ 2839.12 | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1296.62 |
| 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 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Macatawa Bank | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 | |
| Mailing Address 126 Ottawa NW | | Transaction ID: SA15.14546 | |
| City State Zip Code Grand Rapids MI 49503 | Amount of Each Receipt this Period 14.20 | | |
| FEC ID number of contributing federal political committee. C | Interest Income <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 ▼ 2853.32 | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Macatawa Bank | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 | |
| Mailing Address 126 Ottawa NW | | Transaction ID: SA15.14545 | |
| City State Zip Code Grand Rapids MI 49503 | Amount of Each Receipt this Period 168.38 | | |
| FEC ID number of contributing federal political committee. C | Interest Income <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 ▼ 3021.70 | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mercantile Bank of West Michigan | | Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2006 | |
| Mailing Address 216 N. Division Avenue | | Transaction ID: SA15.14548 | |
| City State Zip Code Grand Rapids MI 49503 | Amount of Each Receipt this Period 599.57 | | |
| FEC ID number of contributing federal political committee. C | Interest Income <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 ▼ 1769.17 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 782.15 |
| TOTAL This Period (last page this line number only) | [] |

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

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 / 75 |
| | <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) Northern Trust Bank, FSB | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 40701 Woodward Avenue Suite 110 | | Transaction ID: SA15.14542 | |
| City State Zip Code Bloomfield Hills MI 48304 | | Amount of Each Receipt this Period 72.34 | |
| FEC ID number of contributing federal political committee. C | | Interest Income <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 ▼ 796.83 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) Northern Trust Bank, FSB | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 9 / 2 0 0 6 | |
| Mailing Address 40701 Woodward Avenue Suite 110 | | Transaction ID: SA15.14543 | |
| City State Zip Code Bloomfield Hills MI 48304 | | Amount of Each Receipt this Period 72.55 | |
| FEC ID number of contributing federal political committee. C | | Interest Income <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 ▼ 869.38 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) Northern Trust Bank, FSB | | Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 9 / 2 0 0 6 | |
| Mailing Address 40701 Woodward Avenue Suite 110 | | Transaction ID: SA15.14544 | |
| City State Zip Code Bloomfield Hills MI 48304 | | Amount of Each Receipt this Period 65.72 | |
| FEC ID number of contributing federal political committee. C | | Interest Income <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 ▼ 935.10 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 210.61 |
| TOTAL This Period (last page this line number only) | 3468.93 |

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 45 / 75

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Amway Grand Plaza Hotel | | Transaction ID: SB17.14436 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 | |
| Mailing Address Pearl at Monroe | | Amount of Each Disbursement this Period 920.56 | |
| City Grand Rapids State MI Zip Code 49503 | Purpose of Disbursement Luncheon food | <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. Applause Catering | | Transaction ID: SB17.14437 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 | |
| Mailing Address 2728 Birchcrest SE | | Amount of Each Disbursement this Period 1616.46 | |
| City Grand Rapids State MI Zip Code 49506 | Purpose of Disbursement Luncheon 03/27/06 | <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) C. Apple Store | | Transaction ID: SB17.14438 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 | |
| Mailing Address Woodland Mall | | Amount of Each Disbursement this Period 83.74 | |
| City Grand Rapids State MI Zip Code 49508 | Purpose of Disbursement Software | <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 | |

SUBTOTAL of Disbursements This Page (optional) ▶

2620.76

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Avaya Inc. | | Transaction ID: SB17.14440 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 |
| Mailing Address PO Box 5332 | | Amount of Each Disbursement this Period 37.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New York State NY Zip Code 10087 | Purpose of Disbursement Telephone Contract 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. Avaya Inc. | | Transaction ID: SB17.14441 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 |
| Mailing Address PO Box 5332 | | Amount of Each Disbursement this Period 37.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New York State NY Zip Code 10087 | Purpose of Disbursement Telephone Contract 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) C. Avaya Inc. | | Transaction ID: SB17.14442 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 |
| Mailing Address PO Box 5332 | | Amount of Each Disbursement this Period 37.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New York State NY Zip Code 10087 | Purpose of Disbursement Telephone Contract 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) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 112.17 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 75

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Bandstra Business Service | | Transaction ID: SB17.14443 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address PO Box 888698 | | Amount of Each Disbursement this Period 48.39 |
| City Grand Rapids State MI Zip Code 49588 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement December Payroll | 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. Bandstra Business Service | | Transaction ID: SB17.14444 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 |
| Mailing Address PO Box 888698 | | Amount of Each Disbursement this Period 80.00 |
| City Grand Rapids State MI Zip Code 49588 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement 4th Quarter Taxes | 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) C. Bandstra Business Service | | Transaction ID: SB17.14445 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 |
| Mailing Address PO Box 888698 | | Amount of Each Disbursement this Period 47.17 |
| City Grand Rapids State MI Zip Code 49588 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement January Payroll | 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) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 175.56 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Bandstra Business Service | | Transaction ID: SB17.14446 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6 | |
| Mailing Address PO Box 888698 | | Amount of Each Disbursement this Period 46.00 | |
| City Grand Rapids State MI Zip Code 49588 | Purpose of Disbursement February 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. Calvin College Alumni | | Transaction ID: SB17.14450 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6 | |
| Mailing Address 3201 Burton Street SE | | Amount of Each Disbursement this Period 500.00 | |
| City Grand Rapids State MI Zip Code 49546 | Purpose of Disbursement Golf Hole Sponsorship | <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) C. Capitol Hill Club | | Transaction ID: SB17.14451 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 | |
| Mailing Address 300 First Street SE | | Amount of Each Disbursement this Period 350.00 | |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Event food | <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 | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 896.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Celebration Cinema | | Transaction ID: SB17.14452 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 |
| Mailing Address 2121 Celebration Drive NE | | Amount of Each Disbursement this Period 173.60 |
| City Grand Rapids State MI Zip Code 49525 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Event food | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. City of Grand Rapids | | Transaction ID: SB17.14453 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 300 Monroe NW | | Amount of Each Disbursement this Period 76.19 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Payroll Taxes | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. City of Grand Rapids | | Transaction ID: SB17.14454 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 300 Monroe NW | | Amount of Each Disbursement this Period 148.29 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Payroll Taxes | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 398.08 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 75

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. CompUSA | | Transaction ID: SB17.14455 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 |
| Mailing Address 3940 - 28th Street SE | | Amount of Each Disbursement this Period 211.99 |
| City Grand Rapids State MI Zip Code 49512 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Hard Drive | 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. Custom Printers | | Transaction ID: SB17.14456 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 |
| Mailing Address 2801 Oak Industrial Dr NE | | Amount of Each Disbursement this Period 1984.32 |
| City Grand Rapids State MI Zip Code 49505 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Fundraiser invitation 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Ehlers for Congress 401(k) Plan | | Transaction ID: SB17.14457 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 126 Ottawa NW | | Amount of Each Disbursement this Period 45.00 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Employee benefits | 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) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2241.31 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ehlers for Congress 401(k) Plan | | Transaction ID: SB17.14458 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 126 Ottawa NW | | Amount of Each Disbursement this Period 45.00 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Employee benefits 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. Ehlers for Congress 401(k) Plan | | Transaction ID: SB17.14459 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 126 Ottawa NW | | Amount of Each Disbursement this Period 75.00 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Employee benefits 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) C. Eric Treur | | Transaction ID: SB17.14460 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 333 Woodmere Avenue SE | | Amount of Each Disbursement this Period 110.37 |
| City Grand Rapids State MI Zip Code 49506 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Employee Salary 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) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ►

230.37

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Eric Treur | | Transaction ID: SB17.14461 Date of Disbursement 02 / 15 / 2006 | |
| Mailing Address 333 Woodmere Avenue SE | | Amount of Each Disbursement this Period 43.96 | |
| City Grand Rapids State MI Zip Code 49506 | Purpose of Disbursement Mileage reimbursement Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | 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. Eric Treur | | Transaction ID: SB17.14462 Date of Disbursement 02 / 28 / 2006 | |
| Mailing Address 333 Woodmere Avenue SE | | Amount of Each Disbursement this Period 110.38 | |
| City Grand Rapids State MI Zip Code 49506 | Purpose of Disbursement Employee Salary Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | 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) C. Eric Treur | | Transaction ID: SB17.14463 Date of Disbursement 03 / 31 / 2006 | |
| Mailing Address 333 Woodmere Avenue SE | | Amount of Each Disbursement this Period 212.45 | |
| City Grand Rapids State MI Zip Code 49506 | Purpose of Disbursement Employee Salary Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 366.79 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 75

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Frankenmuth Insurance | | Transaction ID: SB17.14464 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 |
| Mailing Address One Mutual Avenue | | Amount of Each Disbursement this Period 237.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Frankenmuth State MI Zip Code 48787 | | |
| Purpose of Disbursement Insurance 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. Ginko Studios | | Transaction ID: SB17.14467 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 |
| Mailing Address 951 Cherry Street SE | | Amount of Each Disbursement this Period 79.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Grand Rapids State MI Zip Code 49506 | | |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Ginko Studios | | Transaction ID: SB17.14468 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 951 Cherry Street SE | | Amount of Each Disbursement this Period 196.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Grand Rapids State MI Zip Code 49506 | | |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 514.05 |
| 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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. IRS (Macatawa Bank) | | Transaction ID: SB17.14519 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 126 Ottawa NW | | Amount of Each Disbursement this Period 209.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Grand Rapids State MI Zip Code 49503 | Purpose of Disbursement Employee Taxes 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. IRS (Macatawa Bank) | | Transaction ID: SB17.14472 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6 |
| Mailing Address 126 Ottawa NW | | Amount of Each Disbursement this Period 969.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Grand Rapids State MI Zip Code 49503 | Purpose of Disbursement 1120-POL Taxes 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) C. Kent Communications Inc. | | Transaction ID: SB17.14473 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 3901 East Paris Avenue SE | | Amount of Each Disbursement this Period 1185.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Grand Rapids State MI Zip Code 49512 | Purpose of Disbursement Christmas Card 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2364.89 |
| 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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Kent Communications Inc. | | Transaction ID: SB17.14474 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 |
| Mailing Address 3901 East Paris Avenue SE | | Amount of Each Disbursement this Period 1038.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Grand Rapids State MI Zip Code 49512 | | |
| Purpose of Disbursement #9 BRM Envelopes 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Kent County Republican Committee | | Transaction ID: SB17.14475 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 264 Leonard Street NW | | Amount of Each Disbursement this Period 5111.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Grand Rapids State MI Zip Code 49504 | | |
| Purpose of Disbursement Moving Costs/Rent 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) C. Kent County Republican Committee | | Transaction ID: SB17.14476 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6 |
| Mailing Address 264 Leonard Street NW | | Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Grand Rapids State MI Zip Code 49504 | | |
| Purpose of Disbursement Rent 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) ▼ | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 8649.46 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Macatawa Bank | | Transaction ID: SB17.14477 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 |
| Mailing Address 126 Ottawa NW | | Amount of Each Disbursement this Period 1012.50 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Ehlers 401(k) Administration 2004/2005 | | 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. Macatawa Bank | | Transaction ID: SB17.14447 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 |
| Mailing Address 126 Ottawa NW | | Amount of Each Disbursement this Period 5.00 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Internet Banking | | 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) C. Macatawa Bank | | Transaction ID: SB17.14448 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6 |
| Mailing Address 126 Ottawa NW | | Amount of Each Disbursement this Period 5.00 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Internet Banking | | 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: | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1022.50 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|--|--|
| <p>A. Macatawa Bank</p> <p>Full Name (Last, First, Middle Initial) Macatawa Bank</p> <p>Mailing Address 126 Ottawa NW</p> <p>City Grand Rapids State MI Zip Code 49503</p> <p>Purpose of Disbursement Wire Charge</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB17.14449</p> <p>Date of Disbursement 03 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Macatawa Bank (IRS)</p> <p>Full Name (Last, First, Middle Initial) Macatawa Bank (IRS)</p> <p>Mailing Address 126 Ottawa NW</p> <p>City Grand Rapids State MI Zip Code 49503</p> <p>Purpose of Disbursement 941 Taxes</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB17.14478</p> <p>Date of Disbursement 01 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 187.26</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Macatawa Bank (IRS)</p> <p>Full Name (Last, First, Middle Initial) Macatawa Bank (IRS)</p> <p>Mailing Address 126 Ottawa NW</p> <p>City Grand Rapids State MI Zip Code 49503</p> <p>Purpose of Disbursement 941 Taxes</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB17.14479</p> <p>Date of Disbursement 01 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 13.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

221.08

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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Macatawa Bank (IRS) | | Transaction ID: SB17.14480 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 |
| Mailing Address 126 Ottawa NW | | Amount of Each Disbursement this Period 127.20 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement 941 Taxes 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. Macatawa Bank (IRS) | | Transaction ID: SB17.14481 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 |
| Mailing Address 126 Ottawa NW | | Amount of Each Disbursement this Period 147.10 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement 941 Taxes 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) C. Mary Post | | Transaction ID: SB17.14486 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 1360 Penncross Dr SE | | Amount of Each Disbursement this Period 510.00 |
| City Caledonia State MI Zip Code 49316 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Employee Salary 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) ▼ | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 784.30 |
| 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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Mary Post | | Transaction ID: SB17.14487 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 1360 Penncross Dr SE | | Amount of Each Disbursement this Period 606.46 |
| City Caledonia State MI Zip Code 49316 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Employee Salary | 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. Mary Post | | Transaction ID: SB17.14488 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 1360 Penncross Dr SE | | Amount of Each Disbursement this Period 735.07 |
| City Caledonia State MI Zip Code 49316 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Employee Salary | 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) C. Meijer Gardens | | Transaction ID: SB17.14490 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 |
| Mailing Address 1000 East Beltline NE | | Amount of Each Disbursement this Period 400.00 |
| City Grand Rapids State MI Zip Code 49525 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Room Rental | 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) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1741.53 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 75

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Meijer Gardens | | Transaction ID: SB17.14491 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 |
| Mailing Address 1000 East Beltline NE | | Amount of Each Disbursement this Period 600.00 |
| City Grand Rapids State MI Zip Code 49525 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Room Rental 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. Michigan Department of Treasury | | Transaction ID: SB17.14499 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Treasury Building 430 West Allegan Street | | Amount of Each Disbursement this Period 548.00 |
| City Lansing State MI Zip Code 48922 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Payroll Taxes 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) C. Michigan Department of Treasury | | Transaction ID: SB17.14500 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 |
| Mailing Address Treasury Building 430 West Allegan Street | | Amount of Each Disbursement this Period 41.00 |
| City Lansing State MI Zip Code 48922 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Payroll Taxes 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) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1189.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Michigan Department of Treasury | | Transaction ID: SB17.14501 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 |
| Mailing Address Treasury Building 430 West Allegan Street | | Amount of Each Disbursement this Period 45.00 |
| City Lansing State MI Zip Code 48922 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Payroll Taxes 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. Michigan Retailers Association | | Transaction ID: SB17.14493 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 |
| Mailing Address 603 South Washington Avenue | | Amount of Each Disbursement this Period 38.30 |
| City Lansing State MI Zip Code 48933 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Credit Card Transaction 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) C. Michigan Retailers Association | | Transaction ID: SB17.14494 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 603 South Washington Avenue | | Amount of Each Disbursement this Period 257.53 |
| 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 Annual 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 340.83 |
| 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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|--|---|--|---|
| Full Name (Last, First, Middle Initial) A. Michigan Retailers Association | | Transaction ID: SB17.14496 Date of Disbursement MM / DD / YYYY 03 / 10 / 2006 | |
| Mailing Address 603 South Washington Avenue | | Amount of Each Disbursement this Period 38.34 | |
| City Lansing State MI Zip Code 48933 | Purpose of Disbursement Credit Card Transaction Fees Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | |

| | | | |
|--|---|--|---|
| Full Name (Last, First, Middle Initial) B. Michigan State University | | Transaction ID: SB17.14497 Date of Disbursement MM / DD / YYYY 02 / 14 / 2006 | |
| Mailing Address Michigan Political Leadership | | Amount of Each Disbursement this Period 125.00 | |
| City East Lansing State MI Zip Code 48909 | Purpose of Disbursement Event Ticket Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | |

| | | | |
|--|---|--|---|
| Full Name (Last, First, Middle Initial) C. Office Max | | Transaction ID: SB17.14502 Date of Disbursement MM / DD / YYYY 03 / 08 / 2006 | |
| Mailing Address 4160 - 28th Street SE | | Amount of Each Disbursement this Period 35.78 | |
| City Kentwood State MI Zip Code 49512 | Purpose of Disbursement Copier Paper, Pens Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 199.12 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Right To Life Of Michigan | | Transaction ID: SB17.14507 Date of Disbursement |
| Mailing Address 2340 Porter SW | | <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> |
| City Wyoming | State MI | Zip Code 49509 |
| Purpose of Disbursement Event Tickets | <input type="text" value="600.00"/> | |
| Candidate Name | Category/ Type | |
| 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: | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. SBC | | Transaction ID: SB17.14508 Date of Disbursement |
| Mailing Address 4075 Bay Road | | <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> |
| City Saginaw | State MI | Zip Code 48603 |
| Purpose of Disbursement Telephone & Internet Service | <input type="text" value="433.06"/> | |
| Candidate Name | Category/ Type | |
| 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: | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. SBC | | Transaction ID: SB17.14509 Date of Disbursement |
| Mailing Address 4075 Bay Road | | <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> |
| City Saginaw | State MI | Zip Code 48603 |
| Purpose of Disbursement Telephone & Internet Service | <input type="text" value="439.69"/> | |
| Candidate Name | Category/ Type | |
| 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: | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1472.75"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|--|---|
| A. SBC Full Name (Last, First, Middle Initial) Mailing Address 4075 Bay Road City Saginaw State MI Zip Code 48603 Purpose of Disbursement Telephone & Internet Service 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) ▼ | | Transaction ID: SB17.14510 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 438.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|--|--|---|
| B. Spark Design Full Name (Last, First, Middle Initial) Mailing Address The Commerce Center on the East Ra 401 East Colfax Avenue, Suite 300 City South Bend State IN Zip Code 46617 Purpose of Disbursement Invitation Design 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) ▼ | | Transaction ID: SB17.14513 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 145.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

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|---|--|---|
| C. University Club Full Name (Last, First, Middle Initial) Mailing Address One Vandenberg Center City Grand Rapids State MI Zip Code 49503 Purpose of Disbursement 2875 Ehlers 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) ▼ | | Transaction ID: SB17.14520 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 124.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 707.46 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. US House Of Representatives Gift Shop | | Transaction ID: SB17.14521 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6 |
| Mailing Address 1st Floor Longworth Building | | Amount of Each Disbursement this Period 54.00 |
| City Washington State DC Zip Code 20515 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Major Donor Gifts Candidate Name | | Category/Type |
| 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. US House Of Representatives Gift Shop | | Transaction ID: SB17.14522 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 |
| Mailing Address 1st Floor Longworth Building | | Amount of Each Disbursement this Period 472.00 |
| City Washington State DC Zip Code 20515 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Major Donor Gifts Candidate Name | | Category/Type |
| 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) C. US Postmaster | | Transaction ID: SB17.14523 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 225 Michigan Street NW | | Amount of Each Disbursement this Period 2.50 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Postage Candidate Name | | Category/Type |
| 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: | | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 528.50 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. US Postmaster | | Transaction ID: SB17.14524 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 225 Michigan Street NW | | Amount of Each Disbursement this Period 6.00 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. US Postmaster | | Transaction ID: SB17.14525 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 |
| Mailing Address 225 Michigan Street NW | | Amount of Each Disbursement this Period 40.20 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. US Postmaster | | Transaction ID: SB17.14526 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 |
| Mailing Address 225 Michigan Street NW | | Amount of Each Disbursement this Period 144.00 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PO Box Rental 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) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 190.20 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. US Postmaster | | Transaction ID: SB17.14527 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 |
| Mailing Address 225 Michigan Street NW | | Amount of Each Disbursement this Period 48.00 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. US Postmaster | | Transaction ID: SB17.14528 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6 |
| Mailing Address 225 Michigan Street NW | | Amount of Each Disbursement this Period 312.40 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. US Postmaster | | Transaction ID: SB17.14529 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 |
| Mailing Address 225 Michigan Street NW | | Amount of Each Disbursement this Period 78.00 |
| City Grand Rapids State MI Zip Code 49503 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 438.40 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 75

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. US Postmaster | | Transaction ID: SB17.14530 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 |
| Mailing Address 225 Michigan Street NW | | Amount of Each Disbursement this Period 160.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Grand Rapids State MI Zip Code 49503 | | |
| Purpose of Disbursement BRM Permit 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. Vernon J. Ehlers | | Transaction ID: SB17.14531 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 1848 Morningside Drive SE | | Amount of Each Disbursement this Period 7844.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Grand Rapids State MI Zip Code 49506 | | |
| Purpose of Disbursement Reimbursement 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) C. SBC | | Transaction ID: SB17.14531.0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 4075 Bay Road | | Amount of Each Disbursement this Period 469.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Saginaw State MI Zip Code 48603 | | |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 8004.28 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|--|---|
| A. Compucraft Full Name (Last, First, Middle Initial) Mailing Address 620 Stocking Ave NW City Grand Rapids State MI Zip Code 49504 Purpose of Disbursement Computer Hardware & Software 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) ▼ | | Transaction ID: SB17.14531.1 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 5660.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
|---|--|---|

| | | |
|--|--|---|
| B. Apple Store Full Name (Last, First, Middle Initial) Mailing Address Woodland Mall City Grand Rapids State MI Zip Code 49508 Purpose of Disbursement Computer Equipment 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) ▼ | | Transaction ID: SB17.14531.2 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 82.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
|--|--|---|

| | | |
|--|--|--|
| C. Office Depot Full Name (Last, First, Middle Initial) Mailing Address 2895 Radcliff Avenue SE City Kentwood State MI Zip Code 49512 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.14531.3 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 113.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
|--|--|--|

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 70 / 75

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|--|---|---|-------------------|
| Full Name (Last, First, Middle Initial) A. Apple Store | | Transaction ID: SB17.14531.4 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address Woodland Mall | | Amount of Each Disbursement this Period 52.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |
| City Grand Rapids | State MI | | Zip Code 49508 |
| Purpose of Disbursement Computer Supplies | | | Category/ Type |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|--|--|---|-------------------|
| Full Name (Last, First, Middle Initial) B. US House Gift Store | | Transaction ID: SB17.14531.5 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address Longworth HOB | | Amount of Each Disbursement this Period 37.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |
| City Washington | State DC | | Zip Code 20515 |
| Purpose of Disbursement Volunteer gifts | | | Category/ Type |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|--|--|---|-------------------|
| Full Name (Last, First, Middle Initial) C. Office Depot | | Transaction ID: SB17.14531.6 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 2895 Radcliff Avenue SE | | Amount of Each Disbursement this Period 68.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |
| City Kentwood | State MI | | Zip Code 49512 |
| Purpose of Disbursement Office Supplies | | | Category/ Type |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Office Depot | | Transaction ID: SB17.14531.7 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 2895 Radcliff Avenue SE | | Amount of Each Disbursement this Period 38.82 |
| City Kentwood State MI Zip Code 49512 | 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) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. Office Depot | | Transaction ID: SB17.14531.8 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 2895 Radcliff Avenue SE | | Amount of Each Disbursement this Period 122.59 |
| City Kentwood State MI Zip Code 49512 | 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) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Northwest Airlines | | Transaction ID: SB17.14531.9 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 2700 Lone Oak Parkway | | Amount of Each Disbursement this Period 15.00 |
| City Eagan State MN Zip Code 55121 | Purpose of Disbursement Ticketing 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) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Vernon J. Ehlers | | Transaction ID: SB17.14532 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 |
| Mailing Address 1848 Morningside Drive SE | | Amount of Each Disbursement this Period 3586.98 |
| City Grand Rapids State MI Zip Code 49506 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Reimbursement 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. Northwest Airlines | | Transaction ID: SB17.14532.0 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 |
| Mailing Address 2700 Lone Oak Parkway | | Amount of Each Disbursement this Period 250.00 |
| City Eagan State MN Zip Code 55121 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Air travel 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) ▼ | [MEMO ITEM] |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. MacConnection | | Transaction ID: SB17.14532.1 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 |
| Mailing Address 730 Milford Road | | Amount of Each Disbursement this Period 379.39 |
| City Merrimack State NH Zip Code 03054-4631 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Computer 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) ▼ | [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3586.98 |
| 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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|---|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Hyatt Regency Chesapeake Bay</p> <p>Mailing Address 100 Heron Blvd. at Route 50</p> <p>City Cambridge State MD Zip Code 21613</p> <p>Purpose of Disbursement Conference costs</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB17.14532.2 Date of Disbursement 02 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 943.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p> |
|---|--|---|

| | | |
|---|--|---|
| <p>B. Full Name (Last, First, Middle Initial) Vernon J. Ehlers</p> <p>Mailing Address 1848 Morningside Drive SE</p> <p>City Grand Rapids State MI Zip Code 49506</p> <p>Purpose of Disbursement Mileage reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB17.14532.3 Date of Disbursement 02 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 984.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p> |
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|---|--|---|
| <p>C. Full Name (Last, First, Middle Initial) SBC</p> <p>Mailing Address 4075 Bay Road</p> <p>City Saginaw State MI Zip Code 48603</p> <p>Purpose of Disbursement Telephone Service</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB17.14532.4 Date of Disbursement 02 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 134.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p> |
|---|--|---|

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p> | <p>0.00</p> |
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
EHLERS FOR CONGRESS COMMITTEE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Xerox Corporation | | Transaction ID: SB17.14535 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address P.O. Box 660501 | | Amount of Each Disbursement this Period 42.84 |
| City Dallas State TX Zip Code 75266 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Copier Maintenance Agreement | | Category/ Type |
| 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Xerox Corporation | | Transaction ID: SB17.14536 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6 |
| Mailing Address P.O. Box 660501 | | Amount of Each Disbursement this Period 144.91 |
| City Dallas State TX Zip Code 75266 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Copier Maintenance Agreement | | Category/ Type |
| 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Xerox Corporation | | Transaction ID: SB17.14537 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6 |
| Mailing Address P.O. Box 660501 | | Amount of Each Disbursement this Period 42.84 |
| City Dallas State TX Zip Code 75266 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Copier Maintenance Agreement | | Category/ Type |
| 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) ▼ | |

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|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 230.59 |
| TOTAL This Period (last page this line number only) ▶ | 39226.96 |

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)
EHLERS FOR CONGRESS COMMITTEE

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Osborne For Governor | | Transaction ID: SB21.14504 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 525 S. 13th St | | Amount of Each Disbursement this Period 1000.00 | |
| City Lincoln State NE Zip Code 68508 | Purpose of Disbursement Transfer of Excess Funds | <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 | |

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|--|---|----------------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 1000.00 |