



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**BENTIVOLIO FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	56842.64	97567.91
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	17786.26
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	56842.64	79781.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	18575.65	41979.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	18575.65	41979.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	43274.70	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	28799.55	

**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 05/2016)

Write or Type Committee Name

**BENTIVOLIO FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	53994.37	81394.41
(ii) Unitemized .....	2848.27	16173.50
(iii) TOTAL of contributions from individuals .....	56842.64	97567.91
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	56842.64	97567.91
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	52500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	52500.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	2150.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	56842.64	152217.91

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18575.65	41979.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	50120.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	50120.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	17786.26
(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	17786.26
21. OTHER DISBURSEMENTS .....	0.00	75.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	18575.65	109960.37

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5007.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	56842.64
25. SUBTOTAL (add Line 23 and Line 24).....	61850.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18575.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	43274.70

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 37	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

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

Mailing Address 3299 Tomahawk Dr SW

City Grandville	State MI	Zip Code 49418
--------------------	-------------	-------------------

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

Name of Employer Self	Occupation Owner
--------------------------	---------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2020

**Transaction ID : SA11AI.5015**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

Memo Item  
check

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

Mailing Address 2383 Loch Creek Way

City Bloomfield Hills	State MI	Zip Code 48304
--------------------------	-------------	-------------------

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

Name of Employer Self	Occupation Self
--------------------------	--------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2020

**Transaction ID : SA11AI.5012**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item  
check

**C.** Full Name (Last, First, Middle Initial)  
**Bauman, Emily, , ,**

Mailing Address 6129 N Harvey St

City Westland	State MI	Zip Code 48185
------------------	-------------	-------------------

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

Name of Employer Bentivolio for Congress	Occupation Campaign Manager
---	--------------------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2020

**Transaction ID : SA11AI.5041**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item  
In-kind -

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 3200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____

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

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

FOR LINE NUMBER: PAGE 6 OF 37  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

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

Mailing Address 6129 N Harvey St

City Westland State MI Zip Code 48185

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

Name of Employer Christensen's Plant Center Occupation Sales

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2020

**Transaction ID : SA11AI.5051**

Amount of Each Receipt this Period  
2600.00

Memo Item  
In-kind -

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

Mailing Address 510 Highland Ave #235

City Milford State MI Zip Code 48381

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

Name of Employer Retired Occupation retired

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
29856.40

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2020

**Transaction ID : SA11AI.5037**

Amount of Each Receipt this Period  
29500.00

Memo Item  
cash donation

**C.** Full Name (Last, First, Middle Initial)  
**Grace, Arthur, , ,**

Mailing Address 11410 Lucerne

City Redford Charter Township State MI Zip Code 48239

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

Name of Employer Clearwater Const Services, Inc Occupation Owner

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 20 / 2020

**Transaction ID : SA11AI.4953**

Amount of Each Receipt this Period  
500.00

Memo Item  
Anedot

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 32600.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

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

Mailing Address 11410 Lucerne

City Redford Charter Township State MI Zip Code 48239

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

Name of Employer Clearwater Const Services, Inc Occupation Owner

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2020

Transaction ID : SA11AI.5042

Amount of Each Receipt this Period  
 600.00

Memo Item  
In-kind -

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

Mailing Address 21000 W 14 Mile Road

City Bloomfield Hills State MI Zip Code 48301

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

Name of Employer Callitechnic, LLC Occupation Technologist

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2020

Transaction ID : SA11AI.4940

Amount of Each Receipt this Period  
 500.00

Memo Item  
Anedot

**C.** Full Name (Last, First, Middle Initial)  
**Haas, Debi, , ,**

Mailing Address 5530 Rivers Edge Drive

City Commerce State MI Zip Code 48382

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

Name of Employer EDSI Occupation HR Manager / Owner

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2020

Transaction ID : SA11AI.5027

Amount of Each Receipt this Period  
 150.00

Memo Item  
contribution

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 37	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Haas, Debi, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2020	
Mailing Address 5530 Rivers Edge Drive			<b>Transaction ID : SA11AI.5028</b>	
City Commerce	State MI	Zip Code 48382	Amount of Each Receipt this Period _____ 1000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer EDSI		Occupation HR Manager / Owner	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1650.00		

Full Name (Last, First, Middle Initial) <b>B. Haas, Debi, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2020	
Mailing Address 5530 Rivers Edge Drive			<b>Transaction ID : SA11AI.5065</b>	
City Commerce	State MI	Zip Code 48382	Amount of Each Receipt this Period _____ 279.68	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item In-kind -	
Name of Employer EDSI		Occupation HR Manager / Owner		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1929.68		

Full Name (Last, First, Middle Initial) <b>C. Johns, Theresa, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2020	
Mailing Address 9105 Steephollow Drive			<b>Transaction ID : SA11AI.5066</b>	
City White Lake Charter Township	State MI	Zip Code 48386	Amount of Each Receipt this Period _____ 188.73	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item In-kind -	
Name of Employer Self		Occupation Owner		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 359.33		

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 1468.41
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 9 OF 37  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Johns, Theresa, , ,**  
Mailing Address 9105 Steephollow Drive

City State Zip Code  
White Lake Charter Township MI 48386

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

Name of Employer Occupation  
Self Owner

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
959.33

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 30 2020

**Transaction ID : SA11AI.4933**

Amount of Each Receipt this Period  
600.00

Memo Item  
Anedot

**B.** Full Name (Last, First, Middle Initial)  
**Kahle, Vickie, , ,**  
Mailing Address 3112 Hillside Dr

City State Zip Code  
Milford MI 48380

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

Name of Employer Occupation  
Delta Supply Co. Purchasing

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 22 2020

**Transaction ID : SA11AI.4945**

Amount of Each Receipt this Period  
100.00

Memo Item  
Anedot

**C.** Full Name (Last, First, Middle Initial)  
**Kassab, Sam, , ,**  
Mailing Address 3910 Coachwood Lane

City State Zip Code  
Rochester Hills MI 48309

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

Name of Employer Occupation  
GAHC Owner

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 14 2020

**Transaction ID : SA11AI.4965**

Amount of Each Receipt this Period  
250.00

Memo Item  
Anedot

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Kughn, Gary, A, ,**  
Mailing Address 2948 Morrow Ln  
  
City Milford8 State MI Zip Code 48381  
  
FEC ID number of contributing federal political committee. **C**  
  
Name of Employer Retired Occupation Retired  
  
Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
  
Election Cycle-to-Date ▼  
- 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2020  
**Transaction ID : SA11AI.4959**  
  
Amount of Each Receipt this Period  
200.00  
  
 Memo Item  
Anedot

**B.** Full Name (Last, First, Middle Initial)  
**Lloyd, David, , ,**  
Mailing Address 25204 BIRCHWOODS D  
  
City Novi State MI Zip Code 48374  
  
FEC ID number of contributing federal political committee. **C**  
  
Name of Employer Chrysler Corporation Occupation Engineer  
  
Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
  
Election Cycle-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 12 / 2020  
**Transaction ID : SA11AI.4983**  
  
Amount of Each Receipt this Period  
100.00  
  
 Memo Item  
Anedot

**C.** Full Name (Last, First, Middle Initial)  
**Mancini, Mike, , ,**  
Mailing Address 18507 Merriman Road  
  
City Livonia State MI Zip Code 48152  
  
FEC ID number of contributing federal political committee. **C**  
  
Name of Employer Redford Cement Co Occupation Concrete Contractor  
  
Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
  
Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 25 / 2020  
**Transaction ID : SA11AI.4976**  
  
Amount of Each Receipt this Period  
500.00  
  
 Memo Item  
Anedot

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 37	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

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

Mailing Address 18507 Merriman Road

City Livonia	State MI	Zip Code 48152
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FEC ID number of contributing federal political committee. **C**

Name of Employer Redford Cement Co	Occupation Concrete Contractor
---------------------------------------	-----------------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 25 / 2020

**Transaction ID : SA11AI.4978**

Amount of Each Receipt this Period  
500.00

Memo Item  
Anedot

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

Mailing Address 112758 De Cook Drive

City Sterling Heights	State MI	Zip Code 48313
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2020

**Transaction ID : SA11AI.4999**

Amount of Each Receipt this Period  
100.00

Memo Item  
Anedot

**C.** Full Name (Last, First, Middle Initial)  
**Ostin, Karen, L, ,**

Mailing Address 23411 Hillview Ct.

City Farmington	State MI	Zip Code 48335
--------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
230.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 30 / 2020

**Transaction ID : SA11AI.5024**

Amount of Each Receipt this Period  
100.00

Memo Item  
contribution

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 37	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ostin, Karen, L, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2020	
Mailing Address 23411 Hillview Ct.			<b>Transaction ID : SA11AI.4948</b>	
City Farmington	State MI	Zip Code 48335	Amount of Each Receipt this Period _____ 200.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Anedot	
Name of Employer Retired		Occupation Retired	<input type="checkbox"/> Election Cycle-to-Date _____ 430.00	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. Ostin, Karen, L, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2020	
Mailing Address 23411 Hillview Ct.			<b>Transaction ID : SA11AI.5025</b>	
City Farmington	State MI	Zip Code 48335	Amount of Each Receipt this Period _____ 1000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Retired		Occupation Retired	<input type="checkbox"/> Election Cycle-to-Date _____ 1430.00	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. Ostin, Karen, L, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2020	
Mailing Address 23411 Hillview Ct.			<b>Transaction ID : SA11AI.5067</b>	
City Farmington	State MI	Zip Code 48335	Amount of Each Receipt this Period _____ 90.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item In-kind -	
Name of Employer Retired		Occupation Retired	<input type="checkbox"/> Election Cycle-to-Date _____ 1520.00	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 1290.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 13 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Patel, Raj, , ,**  
 Mailing Address 4418 Terra Ridge Dr  
 City Milford State MI Zip Code 48381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Plante Moran Occupation Cyber Consultant  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : SA11AI.4931**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Anedot

**B.** Full Name (Last, First, Middle Initial)  
**Piwko, Richard, A, ,**  
 Mailing Address 7284 Birchwood Rd.  
 City Lexington State MI Zip Code 48450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Marketing  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2020  
**Transaction ID : SA11AI.5040**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 In-kind -

**C.** Full Name (Last, First, Middle Initial)  
**Poplawski, Terry, , ,**  
 Mailing Address Information Requested  
 City State Zip Code 48335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2020  
**Transaction ID : SA11AI.5022**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 37  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

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

Mailing Address Information Requested

City State Zip Code  
48335

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

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1105.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2020

**Transaction ID : SA11AI.5068**

Amount of Each Receipt this Period  
35.96

Memo Item  
In-kind -

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

Mailing Address 3895 Dorothy Lane

City State Zip Code  
Waterford MI 48329

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

Name of Employer Occupation  
Self Self

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 24 / 2020

**Transaction ID : SA11AI.5031**

Amount of Each Receipt this Period  
1000.00

Memo Item  
contribution

**C.** Full Name (Last, First, Middle Initial)  
**Rosati, Colette, , ,**

Mailing Address 3895 Dorothy Lane

City State Zip Code  
Waterford MI 48329

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

Name of Employer Occupation  
Self Self

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 24 / 2020

**Transaction ID : SA11AI.5033**

Amount of Each Receipt this Period  
1700.00

Memo Item  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2735.96

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

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

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

FOR LINE NUMBER: PAGE 15 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

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

Mailing Address 777 Thayer Boulevard

City Northville State MI Zip Code 48167

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

Name of Employer Roush Occupation Business Strategy

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2020

Transaction ID : SA11AI.5018

Amount of Each Receipt this Period  
2500.00

Memo Item contribution

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

Mailing Address 777 Thayer Blvd

City Northville State MI Zip Code 48167

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

Name of Employer Self Occupation Artist

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2020

Transaction ID : SA11AI.5019

Amount of Each Receipt this Period  
2500.00

Memo Item contribution

**C.** Full Name (Last, First, Middle Initial)  
**Tent, Randall, , ,**

Mailing Address 5805 Kingon Drive

City Brighton State MI Zip Code 48116

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

Name of Employer Diverse Health Services, PLLC Occupation Chiropractor

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2020

Transaction ID : SA11AI.5016

Amount of Each Receipt this Period  
500.00

Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	53994.37

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

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

FOR LINE NUMBER: PAGE 16 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

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

Mailing Address 31193 Hillbrook St.

City Livonia State MI Zip Code 48152

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

Name of Employer Self Employed Occupation Independent Sales Consultant

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
14.87

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 30 2020

Transaction ID : SA13B.5039

Amount of Each Receipt this Period  
 20460.00

Memo Item  
loan to candidate

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. All in One Campaign, LLC, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2020	
Mailing Address 7284 Birchwood Rd.			FEC Identification Number C C00656033	
City Lexington	State MI	Zip Code 48450	Amount of Each Disbursement this Period 556.46	
Purpose of Disbursement Marketing		Category/ Type 004	Transaction ID : SB17.5057	
Candidate Name <b>BENTIVOLIO FOR CONGRESS</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI	District: 11			

Full Name (Last, First, Middle Initial) <b>B. All in One Campaign, LLC, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2020	
Mailing Address 7284 Birchwood Rd.			FEC Identification Number C C00656033	
City Lexington	State MI	Zip Code 48450	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement Marketing		Category/ Type 004	Transaction ID : SB17.5054	
Candidate Name <b>BENTIVOLIO FOR CONGRESS</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI	District: 11			

Full Name (Last, First, Middle Initial) <b>c. All in One Campaign, LLC, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2020	
Mailing Address 7284 Birchwood Rd.			FEC Identification Number C C00656033	
City Lexington	State MI	Zip Code 48450	Amount of Each Disbursement this Period 255.64	
Purpose of Disbursement Inv. 20200618		Category/ Type 004	Transaction ID : SB17.5061	
Candidate Name <b>BENTIVOLIO FOR CONGRESS</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI	District: 11			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	912.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 37			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. All in One Campaign, LLC, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2020		
Mailing Address 7284 Birchwood Rd.			FEC Identification Number C C00656033		
City Lexington	State MI	Zip Code 48450	Amount of Each Disbursement this Period 4420.90		
Purpose of Disbursement Inv. 202000620		Category/ Type 004	Transaction ID : SB17.5062		
Candidate Name <b>BENTIVOLIO FOR CONGRESS</b>		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: MI	District: 11				

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2020		
Mailing Address 4017 Buena Vista St. #109			FEC Identification Number C		
City Dallas	State TX	Zip Code 75204	Amount of Each Disbursement this Period 256.05		
Purpose of Disbursement Fees		Category/ Type 003	Transaction ID : SB17.5046		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Bauman, Emily, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2020		
Mailing Address 6129 N Harvey St			FEC Identification Number C C00656033		
City Westland	State MI	Zip Code 48185	Amount of Each Disbursement this Period 60.36		
Purpose of Disbursement Reimbursement		Category/ Type 003	Transaction ID : SB17.5059		
Candidate Name <b>BENTIVOLIO FOR CONGRESS</b>		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: MI	District: 11				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4737.31
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 37			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bauman, Emily, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2020		
Mailing Address 6129 N Harvey St			FEC Identification Number C		
City Westland	State MI	Zip Code 48185	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement In-kind -		Category/ Type	Transaction ID : SB17.5044		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Bauman, William, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2020		
Mailing Address 6129 N Harvey St			FEC Identification Number C		
City Westland	State MI	Zip Code 48185	Amount of Each Disbursement this Period 2600.00		
Purpose of Disbursement In-kind -		Category/ Type	Transaction ID : SB17.5053		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. BENTIVOLIO FOR CONGRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2020		
Mailing Address 260 White Pine Trail			FEC Identification Number C C00656033		
City MILFORD	State MI	Zip Code 48381	Amount of Each Disbursement this Period 3700.00		
Purpose of Disbursement		Category/ Type 008	Transaction ID : SB17.5063		
Candidate Name <b>BENTIVOLIO FOR CONGRESS</b>			<input type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: MI District: 11					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CJ Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2020
Mailing Address		FEC Identification Number C 00656033
City	State MI	Zip Code
Purpose of Disbursement Marketing		004
Candidate Name <b>BENTIVOLIO FOR CONGRESS</b>		Amount of Each Disbursement this Period 122.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.5055</b>
State: MI District: 11		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Grace, Arthur, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2020
Mailing Address 11410 Lucerne		FEC Identification Number C
City	State MI	Zip Code 48239
Purpose of Disbursement In-kind -		
Candidate Name		Amount of Each Disbursement this Period 600.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.5043</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>c. Haas, Debi, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2020
Mailing Address 5530 Rivers Edge Drive		FEC Identification Number C
City	State MI	Zip Code 48382
Purpose of Disbursement In-kind -		
Candidate Name		Amount of Each Disbursement this Period 279.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.5072</b>
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1001.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 37			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Johns, Theresa, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2020		
Mailing Address 9105 Steephollow Drive			FEC Identification Number C		
City White Lake Charter Township	State MI	Zip Code 48386	Amount of Each Disbursement this Period 188.73		
Purpose of Disbursement In-kind -		Category/ Type	Transaction ID : SB17.5071		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Lee, Kristen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2020		
Mailing Address 31193 Hillbrook St.			FEC Identification Number C C00656033		
City Livona	State MI	Zip Code 48152	Amount of Each Disbursement this Period 295.00		
Purpose of Disbursement Reimbursements		Category/ Type 003	Transaction ID : SB17.5060		
Candidate Name <b>BENTIVOLIO FOR CONGRESS</b>		<input type="checkbox"/> Memo Item			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: MI District: 11					

Full Name (Last, First, Middle Initial) <b>C. Lee, Kristen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2020		
Mailing Address 31193 Hillbrook St.			FEC Identification Number C		
City Livona	State MI	Zip Code 48152	Amount of Each Disbursement this Period 14.87		
Purpose of Disbursement In-kind -		Category/ Type	Transaction ID : SB17.5048		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	498.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ostin, Karen, L, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2020	
Mailing Address 23411 Hillview Ct.			FEC Identification Number C	
City Farmington	State MI	Zip Code 48335	Amount of Each Disbursement this Period 90.00	
Purpose of Disbursement In-kind -		Category/ Type	Transaction ID : SB17.5070	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Perks on Us</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2020	
Mailing Address			FEC Identification Number C C00656033	
City St Clair Shores	State MI	Zip Code 48081	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Text Messaging		Category/ Type 003	Transaction ID : SB17.5049	
Candidate Name <b>BENTIVOLIO FOR CONGRESS</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI District: 11				

Full Name (Last, First, Middle Initial) <b>C. Piwko, Richard, A, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2020	
Mailing Address 7284 Birchwood Rd.			FEC Identification Number C C00656033	
City Lexington	State MI	Zip Code 48450	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Treasurer		Category/ Type 001	Transaction ID : SB17.5056	
Candidate Name <b>BENTIVOLIO FOR CONGRESS</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI District: 11				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1090.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piwko, Richard, A, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2020	
Mailing Address 7284 Birchwood Rd.			FEC Identification Number C	
City Lexington	State MI	Zip Code 48450	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement In-kind -		Category/ Type	Transaction ID : SB17.5045	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
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>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18539.69

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **BENTIVOLIO FOR CONGRESS** Transaction ID : **SC/10.4810**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) BENTIVOLIO, KERRY, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 510 Highland Ave. #235			
City Milford	State MI	ZIP Code 48381	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 03 / D 05 / Y 2020	M M / D D / On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	3000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **BENTIVOLIO FOR CONGRESS** Transaction ID : **SC/10.4364**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BENTIVOLIO FOR CONGRESS</b>		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 260 White Pine Trail			
City MILFORD	State MI	ZIP Code 48381	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250.00
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<b>TERMS</b>	Date Incurred M 10 / D 13 / Y 2017	Date Due M 11 / D 02 / Y 0010	Interest Rate (If none, enter 0) 10.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	250.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **BENTIVOLIO FOR CONGRESS** Transaction ID : **SC/10.4144**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BENTIVOLIO FOR CONGRESS</b>		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 260 White Pine Trail			
City MILFORD	State MI	ZIP Code 48381	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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<b>TERMS</b>	Date Incurred M 01 / D 16 / Y 2018	Date Due M M / D D / Y 10/15/18	Interest Rate (If none, enter 0) 1.50 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **BENTIVOLIO FOR CONGRESS** Transaction ID : **SC/10.4496**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BENTIVOLIO FOR CONGRESS</b>		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 260 White Pine Trail			
City MILFORD	State MI	ZIP Code 48381	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 275.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 275.00
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<b>TERMS</b>	Date Incurred M 04 / D 25 / Y 2018	Date Due M M / D D / Y 11/10/18	Interest Rate (If none, enter 0) 10.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 275.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **BENTIVOLIO FOR CONGRESS** Transaction ID : **SC/10.4456**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BENTIVOLIO FOR CONGRESS</b>		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 260 White Pine Trail			
City MILFORD	State MI	ZIP Code 48381	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1575.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1575.00
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<b>TERMS</b>	Date Incurred M 06 / D 30 / Y 2018	Date Due M M / D D / Y 8/10/18	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 1575.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **BENTIVOLIO FOR CONGRESS** Transaction ID : **SC/10.4502**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BENTIVOLIO FOR CONGRESS</b>		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 260 White Pine Trail			
City MILFORD	State MI	ZIP Code 48381	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 750.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 750.00
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<b>TERMS</b>	Date Incurred M 07 / D 09 / Y 2018	Date Due M 10 / D 13 / Y 0009	Interest Rate (If none, enter 0) 10.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 750.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **BENTIVOLIO FOR CONGRESS** Transaction ID : **SC/10.4523**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BENTIVOLIO FOR CONGRESS</b>		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 260 White Pine Trail			
City MILFORD	State MI	ZIP Code 48381	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1800.00	Cumulative Payment To Date 620.00	Balance Outstanding at Close of This Period 1180.00
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<b>TERMS</b>	Date Incurred M 08 / D 15 / Y 2018	Date Due M M / D D / Y 11/01/18	Interest Rate (If none, enter 0) 1.50 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1180.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.5039  
**BENTIVOLIO FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input checked="" type="checkbox"/> Memo Item Lee, Kristen, , ,		Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 31193 Hillbrook St.		<input type="checkbox"/> Personal Funds of the Candidate
City Livona	State MI	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20460.00	0.00	20460.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 <sup>M</sup> / D 30 <sup>D</sup> / Y 2020 Y	M M / D D / Y 11/05/2020 Y	3.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....▶	<input type="text" value="7530.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**BENTIVOLIO FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bauman, Emily, , ,</b>			Nature of Debt (Purpose): JFC - Mailing Supplies (To be reimbursed)
Mailing Address 6129 N Harvey St			
City Westland	State MI	Zip Code 48185	

Outstanding Balance Beginning This Period <input type="text" value="67.58"/>	<b>Transaction ID : SD10.4829</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="67.58"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bauman, Emily, , ,</b>			Nature of Debt (Purpose): JFC - Printing (To be reimbursed)
Mailing Address 6129 N Harvey St			
City Westland	State MI	Zip Code 48185	

Outstanding Balance Beginning This Period <input type="text" value="15.16"/>	<b>Transaction ID : SD10.4831</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="15.16"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bauman, Emily, , ,</b>			Nature of Debt (Purpose): JFC - Printing (To be reimbursed)
Mailing Address 6129 N Harvey St			
City Westland	State MI	Zip Code 48185	

Outstanding Balance Beginning This Period <input type="text" value="2.07"/>	<b>Transaction ID : SD10.4832</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2.07"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="84.81"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BENTIVOLIO, KERRY, , ,</b>			Nature of Debt (Purpose): JFC - Communications Services (To be reimbursed)
Mailing Address 510 Highland Ave. #235			
City Milford	State MI	Zip Code 48381	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	<b>Transaction ID : SD10.4651</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BENTIVOLIO, KERRY, , ,</b>			Nature of Debt (Purpose): JFC - Mailing Supplies (To be reimbursed)
Mailing Address 510 Highland Ave. #235			
City Milford	State MI	Zip Code 48381	

Outstanding Balance Beginning This Period <input type="text" value="760.88"/>	<b>Transaction ID : SD10.4592</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="760.88"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BENTIVOLIO, KERRY, , ,</b>			Nature of Debt (Purpose): JFC - Security Services (To be reimbursed)
Mailing Address 510 Highland Ave. #235			
City Milford	State MI	Zip Code 48381	

Outstanding Balance Beginning This Period <input type="text" value="3400.00"/>	<b>Transaction ID : SD10.4589</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3400.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="4360.88"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BENTIVOLIO, KERRY, , ,</b>			Nature of Debt (Purpose): JFC - Legal Services (To be reimbursed)
Mailing Address 510 Highland Ave. #235			
City Milford	State MI	Zip Code 48381	

Outstanding Balance Beginning This Period 1250.00	Transaction ID : <b>SD10.4595</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BENTIVOLIO, KERRY, , ,</b>			Nature of Debt (Purpose): JFC - Communication Services (To be reimbursed)
Mailing Address 510 Highland Ave. #235			
City Milford	State MI	Zip Code 48381	

Outstanding Balance Beginning This Period 300.00	Transaction ID : <b>SD10.4591</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BENTIVOLIO, KERRY, , ,</b>			Nature of Debt (Purpose): Campaign Committee - Bank Account Opening Balance (To be reimbursed)
Mailing Address 510 Highland Ave. #235			
City Milford	State MI	Zip Code 48381	

Outstanding Balance Beginning This Period 50.00	Transaction ID : <b>SD10.4656</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1600.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**BENTIVOLIO FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BENTIVOLIO, KERRY, , ,</b>			Nature of Debt (Purpose): JFC - Venue Expense (To be reimbursed)
Mailing Address 510 Highland Ave. #235			
City Milford	State MI	Zip Code 48381	

Outstanding Balance Beginning This Period 5000.00	Transaction ID : <b>SD10.4588</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BENTIVOLIO, KERRY, , ,</b>			Nature of Debt (Purpose): JFC - Meeting Food and Beverage (To be reimbursed)
Mailing Address 510 Highland Ave. #235			
City Milford	State MI	Zip Code 48381	

Outstanding Balance Beginning This Period 75.23	Transaction ID : <b>SD10.4830</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 75.23

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BENTIVOLIO, KERRY, , ,</b>			Nature of Debt (Purpose): JFC - Office Supplies (To be reimbursed)
Mailing Address 510 Highland Ave. #235			
City Milford	State MI	Zip Code 48381	

Outstanding Balance Beginning This Period 31.64	Transaction ID : <b>SD10.4826</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 31.64

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	5106.87
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**BENTIVOLIO FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lee, Kristen, , ,</b>			Nature of Debt (Purpose): Campaign - Office Supplies (To be reimbursed)
Mailing Address 31193 Hillbrook St.			
City Livona	State MI	Zip Code 48152	

Outstanding Balance Beginning This Period <input type="text" value="27.03"/>	<b>Transaction ID : SD10.4828</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="27.03"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lee, Kristen, , ,</b>			Nature of Debt (Purpose): Campaign - Printing (To be reimbursed)
Mailing Address 31193 Hillbrook St.			
City Livona	State MI	Zip Code 48152	

Outstanding Balance Beginning This Period <input type="text" value="65.50"/>	<b>Transaction ID : SD10.4833</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="65.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lee, Kristen, , ,</b>			Nature of Debt (Purpose): Campaign - Mailing Supplies (To be reimbursed)
Mailing Address 31193 Hillbrook St.			
City Livona	State MI	Zip Code 48152	

Outstanding Balance Beginning This Period <input type="text" value="10.99"/>	<b>Transaction ID : SD10.4834</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10.99"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="103.52"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**BENTIVOLIO FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lee, Kristen, , ,</b>			Nature of Debt (Purpose): Campaign - Office Supplies (To be reimbursed)
Mailing Address 31193 Hillbrook St.			
City Livona	State MI	Zip Code 48152	

Outstanding Balance Beginning This Period 13.47	Transaction ID : SD10.4835	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13.47

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Piwko, Richard, A, ,</b>			Nature of Debt (Purpose): Treasurer fees
Mailing Address 7284 Birchwood Rd.			
City Lexington	State MI	Zip Code 48450	

Outstanding Balance Beginning This Period 5000.00	Transaction ID : SD10.4525	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Piwko, Richard, A, ,</b>			Nature of Debt (Purpose): Treasurer fees
Mailing Address 7284 Birchwood Rd.			
City Lexington	State MI	Zip Code 48450	

Outstanding Balance Beginning This Period 5000.00	Transaction ID : SD10.4524	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	10013.47
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	21269.55
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	7530.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	28799.55