

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 BENTIVOLIO FOR CONGRESS

ADDRESS (number and street) 510 HIGHLAND AVE. #235 MILFORD MI 48381 CITY STATE ZIP CODE

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00656033 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE MI DISTRICT 11

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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 04/01/2018 through 06/30/2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Piwko, Richard, A., Type or Print Name of Treasurer Signature of Treasurer Piwko, Richard, A., [Electronically Filed] Date MM/DD/YYYY 07/12/2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

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))....	6683.40	30848.54
(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)).....	6683.40	30848.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7839.58	29679.36
(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)).....	7839.58	29679.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	85.56	
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).....	2600.00	

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 05/2016)

Write or Type Committee Name

BENTIVOLIO FOR CONGRESS

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

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).....	5288.40	24792.10
(ii) Unitemized.....	1385.00	6046.44
(iii) TOTAL of contributions from individuals ▶	6673.40	30838.54
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	10.00	10.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6683.40	30848.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	1850.00	2600.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1850.00	2600.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	8533.40	33448.54

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.....	7839.58	29679.36
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	3933.62	3933.62
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11773.20	33612.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3325.36
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8533.40
25. SUBTOTAL (add Line 23 and Line 24).....	11858.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11773.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	85.56

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

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

FOR LINE NUMBER: PAGE 5 OF 22
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
BENTIVOLIO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Behling, Barb, , ,

Mailing Address 1444 Brewer Road

City Leonard State MI Zip Code 48367

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2018

Transaction ID : SA11AI.4426

Amount of Each Receipt this Period
250.00

Memo Item
Donation

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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
440.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 08 / 2018

Transaction ID : SA11AI.4493

Amount of Each Receipt this Period
300.00

Memo Item
Total Cash Donations from grass roots event

C. Full Name (Last, First, Middle Initial)
Chestnut, Kathy, , ,

Mailing Address 1385 Plover Dr

City highland State MI Zip Code 48352

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
460.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 12 / 2018

Transaction ID : SA11AI.4441

Amount of Each Receipt this Period
100.00

Memo Item
Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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 6 OF 22
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
BENTIVOLIO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Fohey, Elizabeth, , ,

Mailing Address 19664 Willshire Blvd

City: Beverly Hills State: MI Zip Code: 48025

FEC ID number of contributing federal political committee: C

Name of Employer: Michael Girsakis DDS Occupation: Dental Hygentist

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2018

Transaction ID : SA11AI.4440

Amount of Each Receipt this Period
 _____ 100.00

Memo Item
Donation

B. Full Name (Last, First, Middle Initial)
Gennara, Chuck, , ,

Mailing Address 40450 Seven Mile

City: Northville State: MI Zip Code: 48162

FEC ID number of contributing federal political committee: C

Name of Employer: Retire Occupation: Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 310.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2018

Transaction ID : SA11AI.4457

Amount of Each Receipt this Period
 _____ 10.00

Memo Item
Donation

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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 335.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2018

Transaction ID : SA11AI.4444

Amount of Each Receipt this Period
 _____ 50.00

Memo Item
Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 160.00

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 22
(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)
Hartmann, William, , ,

Mailing Address 1273 Lindbergh

City Wyandotte State MI Zip Code 48192

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

Name of Employer Self-Employed Occupation Owner

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2530.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 08 / 2018

Transaction ID : SA11AI.4497

Amount of Each Receipt this Period
30.00

Memo Item
Donation

B. Full Name (Last, First, Middle Initial)
Kahle, Vickie, , ,

Mailing Address 3112 Hillside Dr

City Milford State MI Zip Code 48380

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

Name of Employer Delta Supply Co. Occupation Purchasing

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2018

Transaction ID : SA11AI.4414

Amount of Each Receipt this Period
200.00

Memo Item
Donation

C. Full Name (Last, First, Middle Initial)
Kahle, Vickie, , ,

Mailing Address 3112 Hillside Dr

City Milford State MI Zip Code 48380

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

Name of Employer Delta Supply Co. Occupation Purchasing

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2018

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period
200.00

Memo Item
Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 430.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 22
(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)
Kahle, Vickie, , ,

Mailing Address 3112 Hillside Dr

City Milford State MI Zip Code 48380

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

Name of Employer Delta Supply Co. Occupation Purchasing

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 26 / 2018

Transaction ID : SA11AI.4436

Amount of Each Receipt this Period
100.00

Memo Item
Donation

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 Kyyba Occupation Engineer

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 09 / 2018

Transaction ID : SA11AI.4428

Amount of Each Receipt this Period
100.00

Memo Item
Donation

C. Full Name (Last, First, Middle Initial)
Lynch, Andrew, , ,

Mailing Address 162 Somerset

City Milford State MI Zip Code 48381

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1647.40

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 25 / 2018

Transaction ID : SA11AI.4458

Amount of Each Receipt this Period
467.40

Memo Item
In-kind - Airline Ticket for Tony Shaffer event

SUBTOTAL of Receipts This Page (optional)..... ▶ 667.40

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 22
(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)
MCEVOY, JULIE, ANNE, ,

Mailing Address 33900 WADSWORTH ST

City Livonia State MI Zip Code 48150

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 290.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2018

Transaction ID : SA11AI.4482

Amount of Each Receipt this Period
40.00

Memo Item
T-Shirt Purchase

B. Full Name (Last, First, Middle Initial)
MCEVOY, JULIE, ANNE, ,

Mailing Address 33900 WADSWORTH ST

City Livonia State MI Zip Code 48150

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 08 / 2018

Transaction ID : SA11AI.4445

Amount of Each Receipt this Period
25.00

Memo Item
Donation

C. 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: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2418.36

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2018

Transaction ID : SA11AI.4409

Amount of Each Receipt this Period
1.00

Memo Item
donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.00

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 22
(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)
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: 2018
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 2618.36

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 23 / 2018
Transaction ID : SA11AI.4495
Amount of Each Receipt this Period
200.00
 Memo Item
Donation

B. 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: 2018
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 2340.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 23 / 2018
Transaction ID : SA11AI.4476
Amount of Each Receipt this Period
2000.00
 Memo Item
Donation

C. Full Name (Last, First, Middle Initial)
Shaffer, Anthony, , ,
Mailing Address 8613 Etta Dr.
City Springfield State VA Zip Code 22152
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation V/R
Receipt For: 2018
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 5015.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2018
Transaction ID : SA11AI.4481
Amount of Each Receipt this Period
15.00
 Memo Item
T-Shirt Purchase

SUBTOTAL of Receipts This Page (optional)..... ▶ 2215.00
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 22	
<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)
BENTIVOLIO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Weitman, Paul, , ,

Mailing Address 6925 N Gleneagles Dr

City Tucson	State AZ	Zip Code 85718
----------------	-------------	-------------------

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

Name of Employer The Weitman Trust	Occupation Manager
---------------------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2018

Transaction ID : SA11AI.4491

Amount of Each Receipt this Period
 , , 1000.00

Memo Item
Donation

B. Full Name (Last, First, Middle Initial)
Whitney, Terry, , ,

Mailing Address 4814 Sundale Drive

City Clarkston	State MI	Zip Code 48346
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation IT
-----------------------------------	------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , 350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2018

Transaction ID : SA11AI.4429

Amount of Each Receipt this Period
 , , 100.00

Memo Item
Donation

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

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/> 1100.00
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/> 5288.40

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 22	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BENTIVOLIO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BENTIVOLIO, KERRY, , ,

Mailing Address 510 Highland Ave. #235

City Milford	State MI	Zip Code 48381
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FEC ID number of contributing federal political committee. **C** H2MI11133

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 19 / 2018

Transaction ID : SA11D.4411

Amount of Each Receipt this Period

Memo Item
Donation

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

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

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

<input type="text" value="10.00"/>
<input type="text" value="10.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 22	
	<input type="checkbox"/> 11a 12	<input checked="" 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)
BENTIVOLIO FOR CONGRESS

Mailing Address 510 HIGHLAND AVE. #235

City MILFORD	State MI	Zip Code 48381
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00656033

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____,_____,_____ 1025.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2018

Transaction ID : SA13A.4496

Amount of Each Receipt this Period
 _____,_____,_____ 275.00

Memo Item
 Advertising Materials

B. Full Name (Last, First, Middle Initial)
BENTIVOLIO FOR CONGRESS

Mailing Address 510 HIGHLAND AVE. #235

City MILFORD	State MI	Zip Code 48381
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00656033

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____,_____,_____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2018

Transaction ID : SA13A.4456

Amount of Each Receipt this Period
 _____,_____,_____ 1575.00

Memo Item
 Receipts for events, travel and supplies paid by Kerry B

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

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ , _____ , _____ 1850.00
TOTAL This Period (last page this line number only)..... ▶	_____ , _____ , _____ 1850.00

**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 14 OF 22	
	<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) A. 11th CDRC			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2018	
Mailing Address PO Box 281			FEC Identification Number C C00656033	
City Novi	State MI	Zip Code 48376	Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement Advertising Projector - Eventbright		Category/ Type 004	Transaction ID : SB17.4475	
Candidate Name BENTIVOLIO FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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. About-face Media, LLC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2018	
Mailing Address 7284 Birchwood Rd			FEC Identification Number C C00656033	
City Lexington	State MI	Zip Code 48450	Amount of Each Disbursement this Period 387.67	
Purpose of Disbursement Lg Signs & Stakes		Category/ Type 004	Transaction ID : SB17.4470	
Candidate Name BENTIVOLIO FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI	District: 11			

Full Name (Last, First, Middle Initial) c. About-face Media, LLC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2018	
Mailing Address 7284 Birchwood Rd			FEC Identification Number C C00656033	
City Lexington	State MI	Zip Code 48450	Amount of Each Disbursement this Period 1120.00	
Purpose of Disbursement Door Hangers		Category/ Type 004	Transaction ID : SB17.4469	
Candidate Name BENTIVOLIO FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI	District: 11			

SUBTOTAL of Disbursements This Page (optional).....▶	1657.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 22	
	<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) A. Bentivolio, Karen, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2018	
Mailing Address 260 White Pine Trail			FEC Identification Number C 00656033	
City Milford	State MI	Zip Code 48381	Amount of Each Disbursement this Period 2575.00	
Purpose of Disbursement Reimbursement for yard sign purchase		Category/ Type 004	Transaction ID : SB17.4462	
Candidate Name BENTIVOLIO FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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. BENTIVOLIO, KERRY, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2018	
Mailing Address 510 Highland Ave. #235			FEC Identification Number C H2MI11133	
City Milford	State MI	Zip Code 48381	Amount of Each Disbursement this Period 622.00	
Purpose of Disbursement Clipper Magazine Ad reimbursement		Category/ Type 004	Transaction ID : SB17.4465	
Candidate Name BENTIVOLIO, KERRY, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI	District: 11			

Full Name (Last, First, Middle Initial) c. Lynch, Andrew, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2018	
Mailing Address 162 Somerset			FEC Identification Number C	
City Milford	State MI	Zip Code 48381	Amount of Each Disbursement this Period 467.40	
Purpose of Disbursement In-kind - Airline Ticket for Tony Shaffer event		Category/ Type	Transaction ID : SB17.4459	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	▶	3664.40
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 16 OF 22	
	<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) A. Oakland County Republican Party			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2018	
Mailing Address 42611 Woodward Ave			FEC Identification Number C 00656033	
City Bloomfield Hills	State MI	Zip Code 48304	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Lincoln Day Dinner Table and Ad		Category/ Type 004	Transaction ID : SB17.4473	
Candidate Name BENTIVOLIO FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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. Piwko, Richard, A, ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2018	
Mailing Address 7284 Birchwood Rd.			FEC Identification Number C 00656033	
City Lexington	State MI	Zip Code 48450	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Treasurer payroll		Category/ Type 001	Transaction ID : SB17.4472	
Candidate Name BENTIVOLIO FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI District: 11				

Full Name (Last, First, Middle Initial) C. Piwko, Richard, A, ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2018	
Mailing Address 7284 Birchwood Rd.			FEC Identification Number C 00656033	
City Lexington	State MI	Zip Code 48450	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Treasurer Payment		Category/ Type 001	Transaction ID : SB17.4464	
Candidate Name BENTIVOLIO FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI District: 11				

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
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 17 OF 22	
	<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) A. Right Strategies, LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2018	
Mailing Address 2153 Wealthy St. SE, S Suite 166			FEC Identification Number C C00656033	
City East Grand Rapids	State MI	Zip Code 49503	Amount of Each Disbursement this Period 367.47	
Purpose of Disbursement Palm Cards		Category/ Type 004	Transaction ID : SB17.4467	
Candidate Name BENTIVOLIO FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <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.			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	Memo Item <input type="checkbox"/>	
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) C.			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	Memo Item <input type="checkbox"/>	
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	367.47
TOTAL This Period (last page this line number only).....▶	7689.54

**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 22	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" 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) A. Dindofffer, Robert, , ,		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2018
Mailing Address 325 Kershivel		FEC Identification Number C C00656033
City Grosse Pointe Park	State MI	Zip Code 48230
Purpose of Disbursement This payment represents an Illegally, improperly, and unethically filed garnishment of campaign fund		Amount of Each Disbursement this Period 3853.62
Candidate Name BENTIVOLIO FOR CONGRESS		Transaction ID : SB21.4477
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MI	District: 11	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	3853.62
TOTAL This Period (last page this line number only).....▶	3853.62

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) BENTIVOLIO FOR CONGRESS		<input type="checkbox"/> Memo Item	Election: 2018 <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 250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250.00
-----------------------------------	------------------------------------	---

TERMS	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: []

SUBTOTALS This Period This Page (optional).....▶	250.00
TOTALS 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**

LOAN SOURCE Full Name (Last, First, Middle Initial) BENTIVOLIO FOR CONGRESS		<input type="checkbox"/> Memo Item	Election: 2018 <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 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
-----------------------------------	------------------------------------	---

TERMS	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:

SUBTOTALS This Period This Page (optional).....▶	500.00
TOTALS 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**

LOAN SOURCE Full Name (Last, First, Middle Initial) BENTIVOLIO FOR CONGRESS		<input type="checkbox"/> Memo Item	Election: 2018 <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 275.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 275.00
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TERMS	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:

SUBTOTALS This Period This Page (optional).....▶	275.00
TOTALS 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**

LOAN SOURCE Full Name (Last, First, Middle Initial) BENTIVOLIO FOR CONGRESS		<input type="checkbox"/> Memo Item	Election: 2018 <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 1575.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1575.00
------------------------------------	------------------------------------	--

TERMS	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:	

SUBTOTALS This Period This Page (optional).....▶	1575.00
TOTALS This Period (last page in this line only).....▶	2600.00

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