

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Knollenberg for Congress Committee

ADDRESS (number and street) 31000 Telegraph Road, #110  
 Check if different than previously reported. (ACC)  
Bingham Farms MI 48025

2. **FEC IDENTIFICATION NUMBER** C00266767  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
MI 9

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

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

5. Covering Period 01 01 2007 through 03 31 2007

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

Signature of Treasurer Electronically Filed by Richard E. Mida Date 04 10 2007

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Knollenberg for Congress Committee

Report Covering the Period: From: 

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

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

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

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 262330.33               | 272805.33                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 262330.33               | 272805.33                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 115783.74               | 171035.52                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 1981.20                 | 4768.02                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 113802.54               | 166267.50                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 279794.79               |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 0.00                    |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Knollenberg for Congress Committee

Report Covering the Period: From: 

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

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

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

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| <b>I. RECEIPTS</b>   | <b>COLUMN A</b><br>Total This Period | <b>COLUMN B</b><br>Election Cycle-to-Date |
|--|--------------------------------------|---|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                      |   |
| (a) Individuals/Persons Other Than Political Committees  | 179351.00                            | 186851.00                                 |
| (i) Itemized (use Schedule A).....   | 8179.33                              | 9154.33                                   |
| (ii) Unitemized.....   | 187530.33                            | 196005.33                                 |
| (iii) TOTAL of contributions from individuals..... ▶   | 0.00                                 | 0.00                                      |
| (b) Political Party Committees.....  | 74800.00                             | 76800.00                                  |
| (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))                       | 262330.33                            | 272805.33                                 |
| <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                                 | 0.00                                      |
| (b) All Other Loans.....   | 0.00                                 | 0.00                                      |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0.00                                 | 0.00                                      |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>                                 | 1981.20                              | 4768.02                                   |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>   | 0.00                                 | 0.00                                      |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 264311.53                            | 277573.35                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES.....  | 115783.74                             | 171035.52                                  |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00                                  | 0.00                                       |
| 19. LOAN REPAYMENTS:   |                                       |  |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                                  | 0.00                                       |
| (b) Of all Other Loans.....  | 0.00                                  | 0.00                                       |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                                  | 0.00                                       |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                                       |  |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00                                  | 0.00                                       |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                                  | 0.00                                       |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                                  | 0.00                                       |
| 21. OTHER DISBURSEMENTS.....   | 3020.00                               | 3137.00                                    |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 118803.74                             | 174172.52                                  |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 134287.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 264311.53 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 398598.53 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 118803.74 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 279794.79 |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 5 / 131                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 900 Lake Angelus Shores

City State Zip Code  
Lake Angelus MI 48326-1035

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

Name of Employer Occupation  
Washington Management Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2007

Transaction ID: 70222.C33109

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 900 Lake Angelus Shores

City State Zip Code  
Lake Angelus MI 48326-1035

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

Name of Employer Occupation  
Washington Management Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2007

Transaction ID: 70222.C33110

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 900 Lake Angelus Shores

City State Zip Code  
Lake Angelus MI 48326-1035

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2007

Transaction ID: 70222.C33111

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6900.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 131                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 900 Lake Angelus Shores

City State Zip Code  
Lake Angelus MI 48326-1035

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2007

Transaction ID: 70222.C33112

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 9604 Ttimberview Court

City State Zip Code  
Vienna VA 22182

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

Name of Employer Occupation  
Kirkpatrick & Lockhart ... Government Affairs Advisor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 70405.C33308

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 670 Fairfax

City State Zip Code  
Birmingham MI 48009

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

Name of Employer Occupation  
Young & Basile, P.C. Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2007

Transaction ID: 70222.C33100

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3550.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 131                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 670 Fairfax

City State Zip Code  
Birmingham MI 48009

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

Name of Employer  
Miller, Canfield, Paddock & St

Occupation  
Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2008.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2007

Transaction ID: 70319.C33179

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 6173 Carriage Trail Drive

City State Zip Code  
Troy MI 48098-5361

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

Name of Employer

Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33329

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 6173 Carriage Trail Drive

City State Zip Code  
Troy MI 48098-5361

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

Name of Employer  
Evigina Inc.

Occupation  
CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33328

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6600.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 131                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 2 North Breakers Row

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer  
Self Employed

Occupation  
Private Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: 70405.C33234

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 162 Lynam Road

City State Zip Code  
Stamford CT 06903

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

Name of Employer  
Cambex Investments LLC

Occupation  
Managing Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2007

Transaction ID: 70319.C33177

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 6511 Crabapple Drive

City State Zip Code  
Troy MI 48098

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

Name of Employer  
Waltonen Engineering

Occupation  
CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33360

Amount of Each Receipt this Period  
1000.00

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

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

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



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

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

FOR LINE NUMBER: PAGE 9 / 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 4351 Gulf Shore Blvd., N PH#5

City State Zip Code  
Naples FL 34103

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2200.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: 70405.C33362

Amount of Each Receipt this Period  
2200.00

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

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

Mailing Address 4351 Gulf Shore Blvd., N PH#5

City State Zip Code  
Naples FL 34103

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: 70405.C33361

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 4001 Tamiami Trail, N. #425

City State Zip Code  
Naples FL 34103

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

Name of Employer Occupation  
GLC Enterprises President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: 70405.C33364

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 4001 Tamiami Trail, N. #425

City State Zip Code  
Naples FL 34103

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

Name of Employer Occupation  
GLC Enterprises President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33363

Amount of Each Receipt this Period  
2200.00

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

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

Mailing Address 7308 Fathom Court

City State Zip Code  
Burke VA 22015-4417

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

Name of Employer Occupation  
Battelle Director of Gov. Relations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33365

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 570 East Long Lake Road

City State Zip Code  
Bloomfield Hills MI 48304

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

Name of Employer Occupation  
The Clark Group CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2007

Transaction ID: 70405.C33283

Amount of Each Receipt this Period  
1000.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3450.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 901 7th Street NW, S200

City Washington State DC Zip Code 20001

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

Name of Employer DC Navigators Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: 70405.C33367

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 26980 Crestwood Drive

City Franklin Village State MI Zip Code 48025-1378

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

Name of Employer Corrigan Moving & Storage Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2007

Transaction ID: 70319.C33125

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 3106 Russell Road

City Alexandria State VA Zip Code 22305

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

Name of Employer DC Navigators Occupation Principal

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: 70405.C33371

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 101 West Big Beaver Road, #1000

City State Zip Code  
Troy MI 48084-5280

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

Name of Employer  
Cox, Hodgman & Giarmarco

Occupation  
Attorney/Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2008.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2007

Transaction ID: 70405.C33374

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 111 Willits, #200

City State Zip Code  
Birmingham MI 48009

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

Name of Employer  
The Fisher Group

Occupation  
Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

Transaction ID: 70405.C33370

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 3418 Blossom Lane

City State Zip Code  
Bloomfield Hills MI 48302-1305

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

Name of Employer  
The Damone Group

Occupation  
Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 13 / 2007

Transaction ID: 70222.C33095

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5300.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address c/o Guardian Industries  
2300 Harmon Road

City Auburn Hills State MI Zip Code 48326-1714

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

Name of Employer Guardian Industries Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: 70319.C33128

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 11953 Lorenz Way

City Plymouth State MI Zip Code 48170

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

Name of Employer Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 23 / 2007

Transaction ID: 70319.C33121

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 45501 Helm Street

City Plymouth State MI Zip Code 48170

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

Name of Employer The DeMattia Group Occupation President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 23 / 2007

Transaction ID: 70319.C33120

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6900.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 5190 Creekmonte Drive

City State Zip Code  
Rochester MI 48306-4793

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

Name of Employer Occupation  
Oakland University Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 70319.C33119

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 5190 Creekmonte Drive

City State Zip Code  
Rochester MI 48306-4793

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

Name of Employer Occupation  
Oakland University Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 7

Transaction ID: 70405.C33377

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 711 S. Bates

City State Zip Code  
Birmingham MI 48009

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

Name of Employer Occupation  
Self Employed Retailer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 7

Transaction ID: 70405.C33391

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 967 Sandhurst Rd.

City State Zip Code  
Bloomfield Hills MI 48302-2154

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2007

Transaction ID: 70319.C33175

Amount of Each Receipt this Period  
300.00

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

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

Mailing Address 34556 Ramble Hill Drive

City State Zip Code  
Farmington Hills MI 48331

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2007

Transaction ID: 70222.C33107

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 34556 Ramble Hill Drive

City State Zip Code  
Farmington Hills MI 48331

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2007

Transaction ID: 70319.C33217

Amount of Each Receipt this Period  
2300.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4900.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 34556 Ramble Hill Drive

City Farmington Hills State MI Zip Code 48331

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

Name of Employer Real Estate One Occupation Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2007

Transaction ID: 70222.C33106

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 34556 Ramble Hill Drive

City Farmington Hills State MI Zip Code 48331

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

Name of Employer Real Estate One Occupation Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2007

Transaction ID: 70319.C33216

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 140 Hamilton Road

City Bloomfield State MI Zip Code 48301

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

Name of Employer Startrax Co. Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2007

Transaction ID: 70222.C33086

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5100.00**

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



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 5545 Murfield Drive

City State Zip Code  
Rochester MI 48306-2378

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

Name of Employer Occupation  
Daimler Chrysler Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2007

Transaction ID: 70222.C33083

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 2794 Timberwick Trail

City State Zip Code  
Troy MI 48098

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

Name of Employer Occupation  
Arab American & Chaldean Council President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: 70405.C33380

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1250 W. Long Lake Road

City State Zip Code  
Bloomfield Hills MI 48302

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

Name of Employer Occupation  
Suburban Olds. Car Dealership Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: 70405.C33375

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5100.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Marjorie S. Fisher

Mailing Address 920 North Lake Way

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

**Transaction ID:** 70405.C33287

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1107 Fairways Blvd.

City State Zip Code  
Troy MI 48085

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

**Transaction ID:** 70405.C33331

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 1107 Fairways Blvd.

City State Zip Code  
Troy MI 48085

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

**Transaction ID:** 70405.C33330

Amount of Each Receipt this Period  
2300.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>5600.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 201 S. Main Street, #900

City State Zip Code  
Ann Arbor MI 48104

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

Transaction ID: 70405.C33383

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1744 Heron Ridge Drive

City State Zip Code  
Bloomfield Hills MI 48302-0723

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2007

Transaction ID: 70319.C33126

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 4025 Crooked Hill Road

City State Zip Code  
Harrisburg PA 17110

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

Name of Employer Occupation  
Self Employed Private Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 09 / 2007

Transaction ID: 70222.C33105

Amount of Each Receipt this Period  
1000.00

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

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

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 3755 West Pemberton

City State Zip Code  
Bloomfield Hills MI 48302

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

Name of Employer Occupation  
Hagopian & Sons Inc. Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

**Transaction ID:** 70405.C33387

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 2301 Champlain St. NW, #404

City State Zip Code  
Washington DC 20009-8703

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

Name of Employer Occupation  
DC Navigators Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

**Transaction ID:** 70405.C33388

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 4730 24th. St. North

City State Zip Code  
Arlington VA 22209-3513

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

Name of Employer Occupation  
Van Scoyoc Associates, Inc. Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007

**Transaction ID:** 70405.C33320

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4300.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address P. O. Box 69

City State Zip Code  
Bloomfield Hills MI 48303-0069

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

Name of Employer  
Self Employed

Occupation  
Real Estate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2007

Transaction ID: 70405.C33301

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2644 Pin Oaks Drive

City State Zip Code  
Ann Arbor MI 48103

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

Name of Employer  
University of Michigan

Occupation  
Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2007

Transaction ID: 70222.C33097

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 2644 Pin Oaks Drive

City State Zip Code  
Ann Arbor MI 48103

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

Name of Employer

Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 70405.C33286

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4300.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 100 E. Huron Street, #4602

City State Zip Code  
Chicago IL 60611-2939

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2007

Transaction ID: 70222.C33099

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 6073 North Creek Court

City State Zip Code  
West Bloomfield MI 48322

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33333

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 6073 North Creek Court

City State Zip Code  
West Bloomfield MI 48322

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

Name of Employer Occupation  
Self Employed Developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33332

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5100.00**

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

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

|  |   |
|--|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 23 / 131</span><br>(check only one)   |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d<br><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)  
Knollenberg for Congress Committee

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

Mailing Address 885 Charrington

City State Zip Code  
Bloomfield Hills MI 48301-2108

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

Name of Employer  
Self Employed

Occupation  
Real Estate Broker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

**Transaction ID:** 70405.C33288

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 175 Devon Road

City State Zip Code  
Bloomfield Hills MI 48302

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

Name of Employer  
Robert R. Jones Assoc., Inc.

Occupation  
Residential Builder

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2007

**Transaction ID:** 70319.C33176

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 35267 Stratton Hill Court

City State Zip Code  
Farmington Hills MI 48331

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

Name of Employer  
Wicks & Sticks

Occupation  
Owner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

**Transaction ID:** 70319.C33181

Amount of Each Receipt this Period  
1000.00

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

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 1257 Water Cliff

City State Zip Code  
Bloomfield Hills MI 48302-1975

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

Name of Employer  
Cunningham Limp

Occupation  
President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 70405.C33294

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address Mr. Michael Walch  
3567 Lakewood

City State Zip Code  
Waterford MI 48329

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

Name of Employer  
JARC

Occupation  
Executive Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 70319.C33225

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 16501 Ventura Blvd, #448

City State Zip Code  
Encino CA 91436

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

Name of Employer  
Krikorian Investment Services

Occupation  
Real Estate Investment

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

Transaction ID: 70405.C33299

Amount of Each Receipt this Period  
250.00

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

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

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



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

|  |   |
|--|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 25 / 131</span> |
|  | (check only one)  |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b                                      |
| <input type="checkbox"/> 11c   | <input type="checkbox"/> 11d                                      |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a                                      |
| <input type="checkbox"/> 13b   | <input type="checkbox"/> 14                                       |
| <input type="checkbox"/> 15  |   |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Robert Kurnick</p> <p>Mailing Address 670 Pleasant</p> <p>City State Zip Code<br/>Birmingham MI 48009</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation<br/>Penske Corporation Attorney</p> <p>Receipt For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/>1000.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>03 / 17 / 2007</p> <p><b>Transaction ID:</b> 70405.C33289</p> <p>Amount of Each Receipt this Period<br/>1000.00</p> <p>Receipt<br/><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

|   |  |
|---|--|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Irving Laker</p> <p>Mailing Address 4764 N. Chipping Glen</p> <p>City State Zip Code<br/>Bloomfield Hills MI 48302-2390</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation<br/>ACE TEX Enterprises President</p> <p>Receipt For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/>1000.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>02 / 10 / 2007</p> <p><b>Transaction ID:</b> 70222.C33102</p> <p>Amount of Each Receipt this Period<br/>1000.00</p> <p>Receipt<br/><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

|   |   |
|---|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Shirley Levin</p> <p>Mailing Address 7046 Cathedral Drive</p> <p>City State Zip Code<br/>Bloomfield Hills MI 48301</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation<br/>Homemaker</p> <p>Receipt For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/>500.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>02 / 06 / 2007</p> <p><b>Transaction ID:</b> 70222.C33092</p> <p>Amount of Each Receipt this Period<br/>500.00</p> <p>Receipt<br/><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address TES International LLC  
2265 Livernois Road, #701

City Troy State MI Zip Code 48083

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

Name of Employer TES International Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 70319.C33184

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 625 Lake Shore Road

City Grosse Pointe Shor State MI Zip Code 48236

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

Name of Employer Liggett Broadcast Group Occupation Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 70319.C33183

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 960 Cape Marco Drive, #502

City Marco Island State FL Zip Code 34145

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

Name of Employer Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 02 / 2007

Transaction ID: 70222.C33089

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 5600.00

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 960 Cape Marco Drive, #502

City State Zip Code  
Marco Island FL 34145

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

Name of Employer the Excel Institute  
Occupation Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2007

Transaction ID: 70222.C33087

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 650 E. Big Beaver Road, Suite F

City State Zip Code  
Troy MI 48083-1432

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

Name of Employer MacLeish Building, Inc.  
Occupation Builder/Admin.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2007

Transaction ID: 70405.C33284

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 110 Stone Fence Rd.

City State Zip Code  
Bernardsville NJ 07924-1726

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

Name of Employer Stirling Textiles & Chemicals  
Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2007

Transaction ID: 70222.C33084

Amount of Each Receipt this Period  
500.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 7907 Birnam Wood Dr.

City State Zip Code  
Mc Lean VA 22102

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

Name of Employer Occupation  
Kirkpatrick & Lockhart ... Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2008.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 70405.C33311

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address One Garden Road

City State Zip Code  
Scarsdale NY 10358

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

Name of Employer Occupation  
Seema Gems Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33335

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 1783 Blue Heron Court

City State Zip Code  
Bloomfield Hills MI 48302-0703

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

Name of Employer Occupation  
Combine International Diamond Merchant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33338

Amount of Each Receipt this Period  
2300.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>6600.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |
|--|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |
|--|---|

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

NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address One Garden Road

City State Zip Code  
Scarsdale NY 10358

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

Name of Employer Occupation  
Seema Gems Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33334

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 1783 Blue Heron Court

City State Zip Code  
Bloomfield Hills MI 48302

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

Name of Employer Occupation  
Evigna Inc. CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33336

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 1783 Blue Heron Court

City State Zip Code  
Bloomfield Hills MI 48302-0703

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

Name of Employer Occupation  
Combine International Diamond Merchant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33337

Amount of Each Receipt this Period  
2300.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>6900.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |
|--|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 30 / 131</span> |
|  | (check only one)  |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b                                      |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a                                      |
| <input type="checkbox"/> 11c   | <input type="checkbox"/> 11d                                      |
| <input type="checkbox"/> 13b   | <input type="checkbox"/> 14                                       |
| <input type="checkbox"/>   | <input type="checkbox"/> 15                                       |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 5584 Putnam Drive

City State Zip Code  
West Bloomfield MI 48323

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

251.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2007

**Transaction ID:** 70319.C33139

Amount of Each Receipt this Period  
251.00

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

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

Mailing Address 1220 S. Lake Angelus Shores

City State Zip Code  
Lake Angelus MI 48326

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

Name of Employer Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2007

**Transaction ID:** 70405.C33268

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 11408 Hollow Tree Lane

City State Zip Code  
Rockville MD 20852-3677

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

Name of Employer Podesta Group Occupation Principal

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

**Transaction ID:** 70405.C33392

Amount of Each Receipt this Period  
500.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1001.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address P.O. Box 20114

City State Zip Code  
Lansing MI 48901

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

Name of Employer  
Muchmore Harrington Associates

Occupation  
Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2007

Transaction ID: 70405.C33393

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 9335 Saddlebrook Court

City State Zip Code  
Plymouth MI 48170-3784

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

Name of Employer  
Munfakh & Associates

Occupation  
Chairman & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 70405.C33293

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 3376 Franklin Road

City State Zip Code  
Bloomfield Hills MI 48302-0921

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

Name of Employer

Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 08 / 2007

Transaction ID: 70222.C33104

Amount of Each Receipt this Period  
1000.00

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

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 26575 Willowgreen Dr.

City State Zip Code  
Franklin MI 48025-1337

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2007

Transaction ID: 70319.C33127

Amount of Each Receipt this Period  
1250.00

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

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

Mailing Address 26580 Scenic Drive

City State Zip Code  
Franklin MI 48025

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

Name of Employer Occupation  
Legendary Properties Real Estate Developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2007

Transaction ID: 70222.C33113

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 26580 Scenic Drive

City State Zip Code  
Franklin MI 48025

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

Name of Employer Occupation  
Legendary Properties Real Estate Developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 70405.C33396

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2750.00**

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



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

|  |   |
|--|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 33 / 131</span> |
|  | (check only one)  |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b                                      |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a                                      |
| <input type="checkbox"/> 11c   | <input type="checkbox"/> 11d                                      |
| <input type="checkbox"/> 13b   | <input type="checkbox"/> 14                                       |
| <input type="checkbox"/>   | <input type="checkbox"/> 15                                       |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 751 Ann

City State Zip Code  
Birmingham MI 48009-3619

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

Name of Employer Occupation  
Parks Group President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2007

**Transaction ID:** 70405.C33255

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 21618 Sheffield Dr.

City State Zip Code  
Farmington Hills MI 48335-5461

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

**Transaction ID:** 70405.C33340

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 21618 Sheffield Dr.

City State Zip Code  
Farmington Hills MI 48335-5461

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

Name of Employer Occupation  
Combine International CFO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

**Transaction ID:** 70405.C33339

Amount of Each Receipt this Period  
2300.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>4850.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 20216 Woodbend Drive

City Northville State MI Zip Code 48167-3004

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

Name of Employer National Center Man. Sciences Occupation President

Receipt For: 2008 Election Cycle-to-Date

Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
03 / 30 / 2007

Transaction ID: 70405.C33400

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address c/o Navigators  
901 7th Street NW, #200

City Washington State DC Zip Code 20001

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

Name of Employer DC Navigators Occupation Partner

Receipt For: 2008 Election Cycle-to-Date

Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
03 / 30 / 2007

Transaction ID: 70405.C33401

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 19013 Parke Lane

City Grosse Ile State MI Zip Code 48138-1026

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

Name of Employer Prechter Holdings Occupation CEO

Receipt For: 2008 Election Cycle-to-Date

Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
03 / 15 / 2007

Transaction ID: 70319.C33224

Amount of Each Receipt this Period  
1000.00

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

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

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 3216 Shadydale Court

City State Zip Code  
West Bloomfield MI 48323

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

Name of Employer Occupation  
Raider Dennis Agency Insurance Sales

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33402

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1876 Rathmor

City State Zip Code  
Bloomfield Hills MI 48304

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

Name of Employer Occupation  
Walbridge Aldinger Co. Chairman & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: 70405.C33409

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 1876 Rathmor

City State Zip Code  
Bloomfield Hills MI 48304

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: 70405.C33410

Amount of Each Receipt this Period  
2300.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 5600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 691 South Hills Road

City State Zip Code  
Bloomfield Hills MI 48302

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2007

**Transaction ID:** 70222.C33082

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 691 South Hills Road

City State Zip Code  
Bloomfield Hills MI 48302

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2007

**Transaction ID:** 70319.C33116

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2323 N. Zeeb Road

City State Zip Code  
Dexter MI 48130

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2007

**Transaction ID:** 70319.C33122

Amount of Each Receipt this Period  
2300.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>4300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 2323 N. Zeeb Road

City State Zip Code  
Dexter MI 48130

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

Name of Employer Occupation  
Michigan Research Institute President

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

2300.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2007

Transaction ID: 70319.C33115

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 779 S. Bates St.

City State Zip Code  
Birmingham MI 48009-1955

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

Name of Employer Occupation  
Robertson Bro. Co. Builder & Developer

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

1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 70405.C33306

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 23515 Woodlyne Drive

City State Zip Code  
Bingham Farms MI 48025

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

Name of Employer Occupation  
Irving Rose and Sons Retired

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

1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2007

Transaction ID: 70405.C33305

Amount of Each Receipt this Period  
1000.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4300.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 330 S. Ocean Blvd., #3B

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2007

Transaction ID: 70222.C33103

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 670 Olde Ivy Lane

City State Zip Code  
Howell MI 48843-8134

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

Name of Employer Occupation  
Network Enterprises President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33345

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 670 Olde Ivy Lane

City State Zip Code  
Howell MI 48843-8134

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33346

Amount of Each Receipt this Period  
1000.00

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

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

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

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 39 / 131 |
|  | <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)  
Knollenberg for Congress Committee

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

Mailing Address 641 Maplewood Lane

City State Zip Code  
Wixom MI 48393

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

Name of Employer Network Enterprises Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33347

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 641 Maplewood Lane

City State Zip Code  
Wixom MI 48393

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

Name of Employer Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33348

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 24265 Bingham Court

City State Zip Code  
Bingham Farms MI 48025

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2007

Transaction ID: 70319.C33117

Amount of Each Receipt this Period  
500.00

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

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

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 40 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address P.O. Box 649

City State Zip Code  
State College PA 16804-0649

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

Name of Employer Occupation  
HFL Corp. President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

Transaction ID: 70405.C33271

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 3805 Lahser Road

City State Zip Code  
Bloomfield Hills MI 48304

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

Name of Employer Occupation  
Self Employed Private Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2007

Transaction ID: 70222.C33085

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 3515 Brookside Drive

City State Zip Code  
Bloomfield Hills MI 48302

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

Name of Employer Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2007

Transaction ID: 70222.C33094

Amount of Each Receipt this Period  
1000.00

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

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



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 41 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 7315 Greenwich Dr.

City State Zip Code  
Bloomfield Hills MI 48301-3919

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

Name of Employer Occupation  
Dean Sellers Auto Dealer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2007

**Transaction ID:** 70319.C33203

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 32100 Telegraph Road, #220

City State Zip Code  
Bingham Farms MI 48025-2454

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

Name of Employer Occupation  
Silverman Construction CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2007

**Transaction ID:** 70405.C33302

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 09499 Equestrian Way

City State Zip Code  
Charlevoix MI 49720

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

Name of Employer Occupation  
Self Employed Oil & Gas

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

**Transaction ID:** 70405.C33341

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3550.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 09499 Equestrian Way

City State Zip Code  
Charlevoix MI 49720

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

**Transaction ID:** 70405.C33342

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 423 Lakeshore Drive

City State Zip Code  
Grosse Pointe MI 48236

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

Name of Employer Occupation  
Soave Enterprises President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

**Transaction ID:** 70405.C33324

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 423 Lakeshore Drive

City State Zip Code  
Grosse Pointe MI 48236

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

Name of Employer Occupation  
Soave Enterprises President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

**Transaction ID:** 70405.C33325

Amount of Each Receipt this Period  
2300.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>6900.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 423 Lakeshore Drive

City State Zip Code  
Grosse Pointe Farm MI 48236

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 70405.C33327

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 423 Lakeshore Drive

City State Zip Code  
Grosse Pointe Farm MI 48236

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 70405.C33326

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Therese A. Webb Stacy

Mailing Address & Gary Familian  
5520 Inkster Road

City State Zip Code  
West Bloomfield MI 48323

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

Name of Employer Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 70405.C33307

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5100.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 1790 N. Oxford Road

City State Zip Code  
Oxford MI 48371-2532

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

Name of Employer  
Energy Conversion Devices

Occupation  
Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2007

Transaction ID: 70222.C33091

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 30038 Mayfair Rd.

City State Zip Code  
Farmington MI 48331-2154

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

Name of Employer  
Tama, Budaj & Raab, P.C.

Occupation  
CPA

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 70405.C33349

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 30631 Squires Trail, #1

City State Zip Code  
Farmington Hills MI 48334

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

Name of Employer

Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33350

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3800.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 158 Lake Park Drive

City Birmingham State MI Zip Code 48009

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

Name of Employer Trott & Trott Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

Transaction ID: 70405.C33406

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 158 Lake Park Drive

City Birmingham State MI Zip Code 48009

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

Name of Employer Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

Transaction ID: 70405.C33407

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 131 Yarnick Rd.

City Great Falls State VA Zip Code 22066-3525

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

Name of Employer Weichert Realtors Occupation Realtor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007

Transaction ID: 70405.C33312

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5600.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 46 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Stewart Van Scoyoc

Mailing Address 131 Yarnick Rd.

City State Zip Code  
Great Falls VA 22066-3525

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

Name of Employer: Van Scoyoc Associates, Inc.  
Occupation: President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 70405.C33313

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 543 Lake Shore Rd.

City State Zip Code  
Grosse Pointe Shor MI 48236-2630

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

Name of Employer: Lear Corp.  
Occupation: Vice Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2007

Transaction ID: 70319.C33135

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 25507 Hereford Drive

City State Zip Code  
Huntington Woods MI 48070-1639

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

Name of Employer:  
Occupation: Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2007

Transaction ID: 70405.C33282

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 47 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 2955 Morrow Lane

City Milford State MI Zip Code 48381

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

Name of Employer Guardian Industries Occupation Group Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 08 / 2007

Transaction ID: 70319.C33130

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 3737 Lakecrest Drive

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 27 / 2007

Transaction ID: 70319.C33118

Amount of Each Receipt this Period  
 500.00

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

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

Mailing Address 609 Bennaville

City Birmingham State MI Zip Code 48009

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

Name of Employer Trinity Health Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2007

Transaction ID: 70319.C33182

Amount of Each Receipt this Period  
 500.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 48 / 131                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address 26725 Holly Hill

City Farmington Hills State MI Zip Code 48334

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

Name of Employer Renaissance Strategies Occupation Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 70405.C33343

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 219 Guilford Road

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer Young & Associates, P.C. Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2007

Transaction ID: 70222.C33096

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 4 Via Los Incas

City Palm Beach State FL Zip Code 33480

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

Name of Employer Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2007

Transaction ID: 70222.C33101

Amount of Each Receipt this Period  
500.00

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

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 2500.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 179351.00 |



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

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

FOR LINE NUMBER: PAGE 49 / 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Hon. Adam Putnam

Mailing Address Red PAC  
P.O. Box 51

City State Zip Code  
Homeland FL 33847

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 0 | / | 2 | 0 | 0 | 7 |

**Transaction ID:** 70405.C33373

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address New PAC  
P.O. Box 7480

City State Zip Code  
CA 93290-7480

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 0 | / | 2 | 0 | 0 | 7 |

**Transaction ID:** 70405.C33395

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address TOMPAC Federal PAC  
P.O. Box 16488

City State Zip Code  
Arlington VA 22215

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

**Transaction ID:** 70405.C33309

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 50 / 131                           |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

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

Mailing Address Realtors PAC  
430 N. Michigan Avenue

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

**Transaction ID:** 70405.C33403

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address American Hospital Assoc. PAC  
6215 West St. Joseph Highway

City Lansing State MI Zip Code 48917

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

**Transaction ID:** 70405.C33356

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address Ford Motor Co. Civic Action Fund  
1350 I Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2007

**Transaction ID:** 70405.C33382

Amount of Each Receipt this Period  
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 51 / 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Carroll

Mailing Address Quicken Loans Inc. PAC  
20555 Victor Parkway

City Livonia State MI Zip Code 48152

FEC ID number of contributing federal political committee. **C** C00388827

Name of Employer Occupation Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 6 / 2 0 0 7

**Transaction ID:** 70405.C33300

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. George T. Cody

Mailing Address Amer.Task Force for Lebanon PAC  
2213 M Street NW, 3rd Floor

City Washington State DC Zip Code 20037

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

Name of Employer Occupation Assistant Treasurer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 7

**Transaction ID:** 70405.C33318

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. J. Charles Bruse

Mailing Address Allstate Insurance Company PAC  
1025 Connecticut Ave. NW, #1007

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00040253

Name of Employer Occupation Vice President & Asst. Ge

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 7

**Transaction ID:** 70405.C33353

Amount of Each Receipt this Period  
1000.00

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

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

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

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 52 / 131                           |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Mr. John Hay   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 7  |
| Mailing Address Oldcastle Materials Inc. PAC<br>1420 New York Ave. NW, #1050  |   | Transaction ID: 70405.C33397   |
| City Washington State DC Zip Code 20005   | Amount of Each Receipt this Period<br>1000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00346353   |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation Vice Pres, Govt Relations          |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Mr. Ken A Crerar   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 7  |
| Mailing Address Council of Insur Agents&Brokers PA<br>701 Pennsylvania Ave., NW #750  |   | Transaction ID: 70405.C33368   |
| City Washington State DC Zip Code 20004   | Amount of Each Receipt this Period<br>1000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00039578   |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation Treasurer                          |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Mr. Ken Cole   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 7  |
| Mailing Address General Motors Corp. PAC<br>25 Massachusetts Ave. NW #400   |   | Transaction ID: 70405.C33385   |
| City Washington State DC Zip Code 20001   | Amount of Each Receipt this Period<br>1000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00076810   |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |  |

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

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 53 / 131 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kevin McMahon

Mailing Address Nelson Mullins Riley & Scarborough  
101 Constitution Ave. NW, #900

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007

Transaction ID: 70405.C33317

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Larry G. Shockley

Mailing Address Parsons Corp. PAC  
1133 15th. Street, NW, #800

City Washington State DC Zip Code 20005-2701

FEC ID number of contributing federal political committee. **C** C00103549

Name of Employer Occupation V.P. Government Affairs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

Transaction ID: 70405.C33399

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Outback Steakhouse Inc. PAC  
2202 N. West Shore Blvd. Fl 5

City Tampa State FL Zip Code 33607

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

Transaction ID: 70405.C33398

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **8500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 54 / 131                           |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael D. McLauchlan

Mailing Address Comerica PAC  
P.O. Box 75000

City State Zip Code  
Detroit MI 48275-3352

FEC ID number of contributing federal political committee. **C** C00035501

Name of Employer Occupation  
Vice-President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2007

**Transaction ID:** 70319.C33180

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael D. McLauchlan

Mailing Address Comerica PAC  
P.O. Box 75000

City State Zip Code  
Detroit MI 48275-3352

FEC ID number of contributing federal political committee. **C** C00035501

Name of Employer Occupation  
Vice-President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

**Transaction ID:** 70405.C33366

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address National Association of Insurance  
& Financial Advisors PAC

City State Zip Code  
Falls Church VA 22042

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

Name of Employer Occupation  
Sen. Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

**Transaction ID:** 70405.C33394

Amount of Each Receipt this Period  
2500.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>9500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 55 / 131 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Nathan Riedel

Mailing Address Indep Insurance Agents of America  
412 First Street, SE Suite 300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Independent Insurance Agents o Occupation Federal Affairs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

**Transaction ID:** 70405.C33389

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter S. Walters

Mailing Address Guardian Industries Corporate PAC  
2300 Harmon Road

City Auburn Hills State MI Zip Code 48326-1714

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

**Transaction ID:** 70319.C33129

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address BASF Corp. Employees PAC  
3000 Continental Drive-North

City Mount Olive State NJ Zip Code 07828-1234

FEC ID number of contributing federal political committee. **C** C00340075

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

**Transaction ID:** 70405.C33358

Amount of Each Receipt this Period  
1000.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4300.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 56 / 131                           |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |   |  |
|---|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Stephen Marlo  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 27 / 2007   |
| Mailing Address Shaw Group-Stone & Webster PAC<br>1725 Duke Street, #400  |   | <b>Transaction ID:</b> 70405.C33316  |
| City Alexandria State VA Zip Code 22314-3470  | Amount of Each Receipt this Period<br>1000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00104885   |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation Chairman  | Election Cycle-to-Date<br>1000.00             |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|   |   |  |
|---|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Ted Bornstein  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 27 / 2007   |
| Mailing Address Foley & Lardner PAC<br>3000 K St. NW, #500  |   | <b>Transaction ID:</b> 70405.C33319  |
| City Washington State DC Zip Code 20007   | Amount of Each Receipt this Period<br>1000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00105338   |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation Treasurer   | Election Cycle-to-Date<br>1000.00             |  |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|   |   |  |
|---|---|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Terry Turner   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 27 / 2007   |
| Mailing Address Seafarers Political Activity PAC<br>815 16th Street NW  |   | <b>Transaction ID:</b> 70405.C33315  |
| City Washington State DC Zip Code 20006   | Amount of Each Receipt this Period<br>2500.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation Director  | Election Cycle-to-Date<br>2500.00             |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 57 / 131 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Mr. Todd Hauptli   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 27 / 2007   |
| Mailing Address American Assoc. of Airport Executives, Good Govt Com PAC  |   | Transaction ID: 70405.C33310   |
| City Alexandria State VA Zip Code 22314   | Amount of Each Receipt this Period<br>2500.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00176727   |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation Treasurer   | Election Cycle-to-Date ▼<br>2500.00           |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Mrs. Tricia Markwood   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 27 / 2007   |
| Mailing Address Kirkpatrick & Lockhart Preston Gates Ellis LLP PAC  |   | Transaction ID: 70405.C33314   |
| City Washington State DC Zip Code 20006   | Amount of Each Receipt this Period<br>2000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00213173   |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation Partner   | Election Cycle-to-Date ▼<br>2000.00           |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Ms. Christine Corcoran   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2007   |
| Mailing Address Aircraft Owners & Pilots PAC 601 Pennsylvania Ave., NW, #875-S  |   | Transaction ID: 70405.C33351   |
| City Washington State DC Zip Code 20004   | Amount of Each Receipt this Period<br>2500.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00131185   |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation   | Election Cycle-to-Date ▼<br>2500.00           |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 58 / 131                |
|  | <input type="checkbox"/> 11a            | <input type="checkbox"/> 11b |
|  | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Cindy Stevens

Mailing Address Deloitte & Touche Federal PAC  
P.O. Box 365

City Washington State DC Zip Code 20044-0365

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

Name of Employer Deloitte & Touche Occupation Treasurer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: 70405.C33376

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Institute of Makers of Explosives  
1120 19th. Street, NW, #310

City Washington State DC Zip Code 20036-3605

FEC ID number of contributing federal political committee. **C** C00135590

Name of Employer Occupation Executive Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: 70405.C33390

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Washington Group International PAC  
2345 Crystal Drive, #708

City Arlington State VA Zip Code 22202

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

Name of Employer Occupation Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 70405.C33321

Amount of Each Receipt this Period  
5000.00

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

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

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

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

FOR LINE NUMBER: PAGE 59 / 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Debbie Shannon

Mailing Address American Bankers Assoc. PAC  
1120 Connecticut Ave NW, #85

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

**Transaction ID:** 70405.C33355

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Dow Chemical Employees PAC  
1776 Eye Street NW, #1050

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation  
VP, Federal & State Govt

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

**Transaction ID:** 70405.C33379

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address American Airlines PAC  
1101 17th. St., NW, #600

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation  
Treasurer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

**Transaction ID:** 70405.C33354

Amount of Each Receipt this Period  
2500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 60 / 131                           |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Ms. Kathryn Rand   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2007   |
| Mailing Address Federal Express PAC<br>101 Constitution Ave., NW  |   | Transaction ID: 70405.C33381   |
| City Washington State DC Zip Code 20001   | Amount of Each Receipt this Period<br>2000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation Treasurer                          |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Ms. Mary Phillips  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2007   |
| Mailing Address American Trucking PAC<br>430 First Street, SE   |   | Transaction ID: 70405.C33357   |
| City Washington State DC Zip Code 20003   | Amount of Each Receipt this Period<br>1000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation Senior Legislative Rep.            |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Ms. Patricia Murphy  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2007   |
| Mailing Address BNSF Railway PAC<br>500 New Jersey Ave., NW, 5th Flr  |   | Transaction ID: 70405.C33359   |
| City Washington State DC Zip Code 20001   | Amount of Each Receipt this Period<br>5000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00235739   |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>5000.00           |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 8000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 61 / 131                           |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sarah Hubbard

Mailing Address Detroit Regional Chamber FED PAC  
1 Woodward Ave., #1900

City State Zip Code  
Detroit MI 48232-0840

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

**Transaction ID:** 70405.C33372

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sonja S. Simmons

Mailing Address Credit Union Legis Action Council  
601 Pennsylvania Ave., NW, #600

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation  
Assistant Treasurer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

**Transaction ID:** 70405.C33369

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address United Parcel Service PAC  
29855 Schoolcraft

City State Zip Code  
Livonia MI 48150

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

**Transaction ID:** 70405.C33408

Amount of Each Receipt this Period  
2000.00

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

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3500.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>74800.00</b> |

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

|  |                              |  |
|--|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 62 / 131                          |
|  | (check only one)             |  |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c           |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input checked="" type="checkbox"/> 14 |
|  |                              | <input type="checkbox"/> 15            |

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

**A.** Renaissance Strategies

Full Name (Last, First, Middle Initial)  
Mailing Address 27780 Novi Road, #210

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
| Novi | MI    | 48377-   |

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

|   |                                   |
|---|-----------------------------------|
| Name of Employer  | Occupation                        |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>85.00 |

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2007

**Transaction ID:** 70130.C33076

Amount of Each Receipt this Period  
85.00

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

**B.** Renaissance Strategies

Full Name (Last, First, Middle Initial)  
Mailing Address 27780 Novi Road, #210

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
| Novi | MI    | 48377-   |

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

|   |                                     |
|---|-------------------------------------|
| Name of Employer  | Occupation                          |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1880.20 |

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2007

**Transaction ID:** 70130.C33077

Amount of Each Receipt this Period  
1795.20

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1880.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 1880.20 |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AAMS</b> |  | Transaction ID: 70222.E13400<br>Date of Disbursement<br>01 / 31 / 2007 |   |
| Mailing Address 75 - BRSH<br>1231 Durrett Lane            |  | Amount of Each Disbursement this Period<br>5.00                        |   |
| City Louisville   | State KY   | Zip Code 40213-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>MERCHANT FEES                  | Category/Type  |  |   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |   |
| State: District:  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AAMS</b> |  | Transaction ID: 70319.E13476<br>Date of Disbursement<br>02 / 28 / 2007 |   |
| Mailing Address 75 - BRSH<br>1231 Durrett Lane            |  | Amount of Each Disbursement this Period<br>5.00                        |   |
| City Louisville   | State KY   | Zip Code 40213-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>MERCHANT FEE                   | Category/Type  |  |   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |   |
| State: District:  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. AAMS</b> |  | Transaction ID: 70319.E13591<br>Date of Disbursement<br>03 / 31 / 2007 |   |
| Mailing Address 75 - BRSH<br>1231 Durrett Lane            |  | Amount of Each Disbursement this Period<br>136.25                      |   |
| City Louisville   | State KY   | Zip Code 40213-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>MERCHANT FEE                   | Category/Type  |  |   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |   |
| State: District:  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>146.25</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |





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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ADP Total Resources</b>   |  | Transaction ID: 70222.E13360<br>Date of Disbursement<br>01 / 12 / 2007 |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.  |  | Amount of Each Disbursement this Period<br>2126.10                     |
| City Novi State MI Zip Code 48375-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>PAYROLL: SEE BELOW  | Candidate Name   | PAYROLL: SEE BELOW   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ADP Total Resources</b>   |  | Transaction ID: 70222.E13368<br>Date of Disbursement<br>01 / 12 / 2007 |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.  |  | Amount of Each Disbursement this Period<br>401.10                      |
| City Novi State MI Zip Code 48375-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>TAXES & SERVICE FEE   | Candidate Name   | <b>[MEMO ITEM]</b><br>MEMO: TAXES & SERVICE FEE                        |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Alexis Kiriluk</b>  |  | Transaction ID: 70222.E13376<br>Date of Disbursement<br>01 / 12 / 2007 |
| Mailing Address 1347 Villa   |  | Amount of Each Disbursement this Period<br>475.00                      |
| City Birmingham State MI Zip Code 48009-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>PAYROLL   | Candidate Name   | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 2126.10 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Debra Lee Joslin Kling</b>  |  | Transaction ID: 70222.E13384<br>Date of Disbursement<br>01 / 12 / 2007                              |  |
| Mailing Address 416 E. Sibley  |  | Amount of Each Disbursement this Period<br>750.00   |  |
| City Howell<br>State MI<br>Zip Code 48843-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Brian Watson</b>  |  | Transaction ID: 70222.E13391<br>Date of Disbursement<br>01 / 12 / 2007                              |  |
| Mailing Address 31061 Woodstone Lane, #155   |  | Amount of Each Disbursement this Period<br>500.00   |  |
| City Novi<br>State MI<br>Zip Code 48377-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ADP Total Resources</b>   |  | Transaction ID: 70222.E13361<br>Date of Disbursement<br>01 / 19 / 2007                              |  |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.  |  | Amount of Each Disbursement this Period<br>2126.10  |  |
| City Novi<br>State MI<br>Zip Code 48375-   | Purpose of Disbursement<br>PAYROLL: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PAYROLL: SEE BELOW  |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2126.10     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Brian Watson</b>  |  | Transaction ID: 70222.E13392<br>Date of Disbursement<br>01 / 19 / 2007                              |  |
| Mailing Address 31061 Woodstone Lane, #155   |  | Amount of Each Disbursement this Period<br>500.00   |  |
| City Novi<br>State MI<br>Zip Code 48377-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ADP Total Resources</b>   |  | Transaction ID: 70222.E13362<br>Date of Disbursement<br>01 / 26 / 2007                              |  |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.  |  | Amount of Each Disbursement this Period<br>2126.10  |  |
| City Novi<br>State MI<br>Zip Code 48375-   | Purpose of Disbursement<br>PAYROLL: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PAYROLL: SEE BELOW  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ADP Total Resources</b>   |  | Transaction ID: 70222.E13370<br>Date of Disbursement<br>01 / 26 / 2007                              |  |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.  |  | Amount of Each Disbursement this Period<br>401.10   |  |
| City Novi<br>State MI<br>Zip Code 48375-   | Purpose of Disbursement<br>TAXES & SERVICE FEE   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: TAXES & SERVICE FEE   |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2126.10     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Alexis Kiriluk</b>  |  | Transaction ID: 70222.E13378<br>Date of Disbursement<br>01 / 26 / 2007                              |  |
| Mailing Address 1347 Villa   |  | Amount of Each Disbursement this Period<br>475.00   |  |
| City Birmingham<br>State MI<br>Zip Code 48009-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Debra Lee Joslin Kling</b>  |  | Transaction ID: 70222.E13386<br>Date of Disbursement<br>01 / 26 / 2007                              |  |
| Mailing Address 416 E. Sibley  |  | Amount of Each Disbursement this Period<br>750.00   |  |
| City Howell<br>State MI<br>Zip Code 48843-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Brian Watson</b>  |  | Transaction ID: 70222.E13393<br>Date of Disbursement<br>01 / 26 / 2007                              |  |
| Mailing Address 31061 Woodstone Lane, #155   |  | Amount of Each Disbursement this Period<br>500.00   |  |
| City Novi<br>State MI<br>Zip Code 48377-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ADP Total Resources</b>  |  | Transaction ID: 70222.E13363<br>Date of Disbursement<br>02 / 02 / 2007 |   |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.   |  | Amount of Each Disbursement this Period<br>2126.10                     |   |
| City<br>Novi  | State<br>MI  | Zip Code<br>48375-   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Purpose of Disbursement<br>PAYROLL: SEE BELOW   |  | Category/<br>Type  |   |
| Candidate Name  |  | PAYROLL: SEE BELOW   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State:<br>District:   |  |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. ADP Total Resources</b>  |  | Transaction ID: 70222.E13371<br>Date of Disbursement<br>02 / 02 / 2007 |   |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.   |  | Amount of Each Disbursement this Period<br>401.10                      |   |
| City<br>Novi  | State<br>MI  | Zip Code<br>48375-   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Purpose of Disbursement<br>TAXES & SERVICE FEE  |  | Category/<br>Type  |   |
| Candidate Name  |  | [MEMO ITEM]<br>MEMO: TAXES & SERVICE FEE                               |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State:<br>District:   |  |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Alexis Kiriluk</b>   |  | Transaction ID: 70222.E13379<br>Date of Disbursement<br>02 / 02 / 2007 |   |
| Mailing Address 1347 Villa  |  | Amount of Each Disbursement this Period<br>475.00                      |   |
| City<br>Birmingham  | State<br>MI  | Zip Code<br>48009-   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Purpose of Disbursement<br>PAYROLL  |  | Category/<br>Type  |   |
| Candidate Name  |  | [MEMO ITEM]<br>MEMO: PAYROLL   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State:<br>District:   |  |  |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 2126.10 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |                     |  |  |
|---|---------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Debra Lee Joslin Kling</b>   |                     | Transaction ID: 70222.E13387<br>Date of Disbursement<br>02 / 02 / 2007   |  |
| Mailing Address 416 E. Sibley   |                     | Amount of Each Disbursement this Period<br>750.00  |  |
| City<br>Howell  | State<br>MI         | Zip Code<br>48843-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: PAYROLL |
| Purpose of Disbursement<br>PAYROLL  |                     | Category/<br>Type  |  |
| Candidate Name  |                     | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State:<br>District: |  |  |

|   |                     |  |  |
|---|---------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Brian Watson</b>   |                     | Transaction ID: 70222.E13394<br>Date of Disbursement<br>02 / 02 / 2007   |  |
| Mailing Address 31061 Woodstone Lane, #155  |                     | Amount of Each Disbursement this Period<br>500.00  |  |
| City<br>Novi  | State<br>MI         | Zip Code<br>48377-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: PAYROLL |
| Purpose of Disbursement<br>PAYROLL  |                     | Category/<br>Type  |  |
| Candidate Name  |                     | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State:<br>District: |  |  |

|   |                     |  |   |
|---|---------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. ADP Total Resources</b>  |                     | Transaction ID: 70222.E13364<br>Date of Disbursement<br>02 / 09 / 2007   |   |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.   |                     | Amount of Each Disbursement this Period<br>2126.10   |   |
| City<br>Novi  | State<br>MI         | Zip Code<br>48375-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>PAYROLL: SEE BELOW |
| Purpose of Disbursement<br>PAYROLL: SEE BELOW   |                     | Category/<br>Type  |   |
| Candidate Name  |                     | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State:<br>District: |  |   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2126.10     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |





# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Brian Watson</b>  |  | Transaction ID: 70222.E13395<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 9 / 2 0 0 7  |  |
| Mailing Address 31061 Woodstone Lane, #155   |  | Amount of Each Disbursement this Period<br>500.00   |  |
| City Novi<br>State MI<br>Zip Code 48377-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ADP Total Resources</b>   |  | Transaction ID: 70222.E13365<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 6 / 2 0 0 7  |  |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.  |  | Amount of Each Disbursement this Period<br>6442.24  |  |
| City Novi<br>State MI<br>Zip Code 48375-   | Purpose of Disbursement<br>PAYROLL: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PAYROLL: SEE BELOW  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ADP Total Resources</b>   |  | Transaction ID: 70222.E13373<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 6 / 2 0 0 7  |  |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.  |  | Amount of Each Disbursement this Period<br>1697.24  |  |
| City Novi<br>State MI<br>Zip Code 48375-   | Purpose of Disbursement<br>TAXES & SERVICE FEE   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: TAXES & SERVICE FEE   |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6442.24     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Alexis Kiriluk</b>  |  | Transaction ID: 70222.E13381<br>Date of Disbursement<br>02 / 16 / 2007                              |  |
| Mailing Address 1347 Villa   |  | Amount of Each Disbursement this Period<br>475.00   |  |
| City Birmingham<br>State MI<br>Zip Code 48009-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Debra Lee Joslin Kling</b>  |  | Transaction ID: 70222.E13389<br>Date of Disbursement<br>02 / 16 / 2007                              |  |
| Mailing Address 416 E. Sibley  |  | Amount of Each Disbursement this Period<br>3770.00  |  |
| City Howell<br>State MI<br>Zip Code 48843-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Brian Watson</b>  |  | Transaction ID: 70222.E13396<br>Date of Disbursement<br>02 / 16 / 2007                              |  |
| Mailing Address 31061 Woodstone Lane, #155   |  | Amount of Each Disbursement this Period<br>500.00   |  |
| City Novi<br>State MI<br>Zip Code 48377-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |                  |  |   |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Debra Lee Joslin Kling</b>   |                  | Transaction ID: 70222.E13390<br>Date of Disbursement<br>02 / 23 / 2007   |   |
| Mailing Address 416 E. Sibley   |                  | Amount of Each Disbursement this Period<br>770.00  |   |
| City<br>Howell  | State<br>MI      | Zip Code<br>48843-   | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: PAYROLL |
| Purpose of Disbursement<br>PAYROLL  |                  | Category/<br>Type  |   |
| Candidate Name  |                  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District: |  |   |

|   |                  |  |   |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Brian Watson</b>   |                  | Transaction ID: 70222.E13397<br>Date of Disbursement<br>02 / 23 / 2007   |   |
| Mailing Address 31061 Woodstone Lane, #155  |                  | Amount of Each Disbursement this Period<br>500.00  |   |
| City<br>Novi  | State<br>MI      | Zip Code<br>48377-   | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: PAYROLL |
| Purpose of Disbursement<br>PAYROLL  |                  | Category/<br>Type  |   |
| Candidate Name  |                  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District: |  |   |

|   |                  |  |  |
|---|------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ADP Total Resources</b>  |                  | Transaction ID: 70319.E13528<br>Date of Disbursement<br>03 / 02 / 2007   |  |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.   |                  | Amount of Each Disbursement this Period<br>2093.41   |  |
| City<br>Novi  | State<br>MI      | Zip Code<br>48375-   | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br>PAYROLL: SEE BELOW |
| Purpose of Disbursement<br>PAYROLL: SEE BELOW   |                  | Category/<br>Type  |  |
| Candidate Name  |                  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District: |  |  |

|  |                |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>2093.41</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Brian Watson</b>  |  | Transaction ID: 70319.E13534<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 02 / 2007            |  |
| Mailing Address 31061 Woodstone Lane, #155   |  | Amount of Each Disbursement this Period<br>500.00   |  |
| City Novi<br>State MI<br>Zip Code 48377-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ADP Total Resources</b>   |  | Transaction ID: 70319.E13529<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 09 / 2007            |  |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.  |  | Amount of Each Disbursement this Period<br>2093.41  |  |
| City Novi<br>State MI<br>Zip Code 48375-   | Purpose of Disbursement<br>PAYROLL: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL: SEE BELOW  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ADP Total Resources</b>   |  | Transaction ID: 70319.E13532<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 09 / 2007            |  |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.  |  | Amount of Each Disbursement this Period<br>348.41   |  |
| City Novi<br>State MI<br>Zip Code 48375-   | Purpose of Disbursement<br>TAXES & SERVICE FEE   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: TAXES & SERVICE FEE   |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2093.41     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Alexis Kiriluk</b>  |  | Transaction ID: 70319.E13538<br>Date of Disbursement<br>03 / 09 / 2007                                    |  |
| Mailing Address 1347 Villa   |  | Amount of Each Disbursement this Period<br>475.00   |  |
| City Birmingham<br>State MI<br>Zip Code 48009-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State:           District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Debra Lee Joslin Kling</b>  |  | Transaction ID: 70319.E13541<br>Date of Disbursement<br>03 / 09 / 2007                                    |  |
| Mailing Address 416 E. Sibley  |  | Amount of Each Disbursement this Period<br>770.00   |  |
| City Howell<br>State MI<br>Zip Code 48843-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State:           District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Brian Watson</b>  |  | Transaction ID: 70319.E13535<br>Date of Disbursement<br>03 / 09 / 2007                                    |  |
| Mailing Address 31061 Woodstone Lane, #155   |  | Amount of Each Disbursement this Period<br>500.00   |  |
| City Novi<br>State MI<br>Zip Code 48377-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State:           District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

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





# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |                     |  |  |
|---|---------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Debra Lee Joslin Kling</b>   |                     | Transaction ID: 70319.E13542<br>Date of Disbursement<br>03 / 16 / 2007   |  |
| Mailing Address 416 E. Sibley   |                     | Amount of Each Disbursement this Period<br>770.00  |  |
| City<br>Howell  | State<br>MI         | Zip Code<br>48843-   | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><input type="checkbox"/> |
| Purpose of Disbursement<br>PAYROLL  |                     | Category/<br>Type  |  |
| Candidate Name  |                     | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State:<br>District: | [MEMO ITEM]<br>MEMO: PAYROLL   |  |

|   |                     |  |  |
|---|---------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Brian Watson</b>   |                     | Transaction ID: 70319.E13536<br>Date of Disbursement<br>03 / 16 / 2007   |  |
| Mailing Address 31061 Woodstone Lane, #155  |                     | Amount of Each Disbursement this Period<br>500.00  |  |
| City<br>Novi  | State<br>MI         | Zip Code<br>48377-   | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><input type="checkbox"/> |
| Purpose of Disbursement<br>PAYROLL  |                     | Category/<br>Type  |  |
| Candidate Name  |                     | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State:<br>District: | [MEMO ITEM]<br>MEMO: PAYROLL   |  |

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|---|---------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ADP Total Resources</b>  |                     | Transaction ID: 70405.E13595<br>Date of Disbursement<br>03 / 23 / 2007   |  |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.   |                     | Amount of Each Disbursement this Period<br>2093.41   |  |
| City<br>Novi  | State<br>MI         | Zip Code<br>48375-   | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><input type="checkbox"/> |
| Purpose of Disbursement<br>PAYROLL: SEE BELOW   |                     | Category/<br>Type  |  |
| Candidate Name  |                     | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State:<br>District: | PAYROLL: SEE BELOW   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2093.41 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ADP Total Resources</b>   |  | Transaction ID: 70405.E13596<br>Date of Disbursement<br>03 / 23 / 2007 |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.  |  | Amount of Each Disbursement this Period<br>348.41                      |
| City Novi State MI Zip Code 48375-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>TAXES & SERVICE FEE   | Candidate Name   | <b>[MEMO ITEM]</b><br>MEMO: TAXES & SERVICE FEE                        |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Alexis Kiriluk</b>  |  | Transaction ID: 70405.E13597<br>Date of Disbursement<br>03 / 23 / 2007 |
| Mailing Address 1347 Villa   |  | Amount of Each Disbursement this Period<br>475.00                      |
| City Birmingham State MI Zip Code 48009-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>PAYROLL   | Candidate Name   | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Debra Lee Joslin Kling</b>  |  | Transaction ID: 70405.E13598<br>Date of Disbursement<br>03 / 23 / 2007 |
| Mailing Address 416 E. Sibley  |  | Amount of Each Disbursement this Period<br>770.00                      |
| City Howell State MI Zip Code 48843-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>PAYROLL   | Candidate Name   | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Brian Watson</b>  |  | Transaction ID: 70405.E13599<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 3 / 2 0 0 7 |
| Mailing Address 31061 Woodstone Lane, #155   |  | Amount of Each Disbursement this Period<br>500.00  |
| City Novi State MI Zip Code 48377-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>PAYROLL   | Candidate Name   | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ADP Total Resources</b>   |  | Transaction ID: 70405.E13600<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 7 |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.  |  | Amount of Each Disbursement this Period<br>2093.41   |
| City Novi State MI Zip Code 48375-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>PAYROLL: SEE BELOW  | Candidate Name   | PAYROLL: SEE BELOW   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ADP Total Resources</b>   |  | Transaction ID: 70405.E13601<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 7 |
| Mailing Address Attn: Kristie Negro<br>42400 Grand River Ave.  |  | Amount of Each Disbursement this Period<br>348.81  |
| City Novi State MI Zip Code 48375-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>TAXES & SERVICE FEE   | Candidate Name   | <b>[MEMO ITEM]</b><br>MEMO: TAXES & SERVICE FEE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2093.41     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Alexis Kiriluk</b>  |  | Transaction ID: 70405.E13602<br>Date of Disbursement<br>03 / 30 / 2007                              |  |
| Mailing Address 1347 Villa   |  | Amount of Each Disbursement this Period<br>475.00   |  |
| City Birmingham<br>State MI<br>Zip Code 48009-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Debra Lee Joslin Kling</b>  |  | Transaction ID: 70405.E13604<br>Date of Disbursement<br>03 / 30 / 2007                              |  |
| Mailing Address 416 E. Sibley  |  | Amount of Each Disbursement this Period<br>770.00   |  |
| City Howell<br>State MI<br>Zip Code 48843-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Brian Watson</b>  |  | Transaction ID: 70405.E13603<br>Date of Disbursement<br>03 / 30 / 2007                              |  |
| Mailing Address 31061 Woodstone Lane, #155   |  | Amount of Each Disbursement this Period<br>500.00   |  |
| City Novi<br>State MI<br>Zip Code 48377-   | Purpose of Disbursement<br>PAYROLL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PAYROLL   |  |

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. American Community Insurance</b>  |  | <b>Transaction ID:</b> 70319.E13471<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 1 / 2 0 0 7   |
| Mailing Address 39201 Seven Mile Road  |  | Amount of Each Disbursement this Period<br>121.31<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Livonia State MI Zip Code 48152-  | Purpose of Disbursement<br>HEALTH INSURANCE<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | HEALTH INSURANCE   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Community Insurance</b>  |  | <b>Transaction ID:</b> 70319.E13512<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 0 / 2 0 0 7   |
| Mailing Address 39201 Seven Mile Road  |  | Amount of Each Disbursement this Period<br>211.79<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Livonia State MI Zip Code 48152-  | Purpose of Disbursement<br>HEALTH INSURANCE<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | HEALTH INSURANCE   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. American Community Insurance</b>  |  | <b>Transaction ID:</b> 70319.E13492<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 0 / 2 0 0 7   |
| Mailing Address 39201 Seven Mile Road  |  | Amount of Each Disbursement this Period<br>137.01<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Livonia State MI Zip Code 48152-  | Purpose of Disbursement<br>HEALTH INSURANCE<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | HEALTH INSURANCE   |

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|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 470.11 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. AT&amp;T Phone Company</b>  |  | Transaction ID: 70222.E13430<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 7  |  |
| Mailing Address Bill Payment Center  |  | Amount of Each Disbursement this Period<br>403.43   |  |
| City Saginaw State MI Zip Code 48663-  | Purpose of Disbursement<br>PHONE BILL  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  | PHONE BILL  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AT&amp;T Phone Company</b>  |  | Transaction ID: 70222.E13433<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7  |  |
| Mailing Address Bill Payment Center  |  | Amount of Each Disbursement this Period<br>35.06  |  |
| City Saginaw State MI Zip Code 48663-  | Purpose of Disbursement<br>PHONE BILL  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  | PHONE BILL  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. AT&amp;T Phone Company</b>  |  | Transaction ID: 70319.E13511<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 0 / 2 0 0 7  |  |
| Mailing Address Bill Payment Center  |  | Amount of Each Disbursement this Period<br>470.24   |  |
| City Saginaw State MI Zip Code 48663-  | Purpose of Disbursement<br>PHONE BILL  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  | PHONE BILL  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 908.73 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AT&amp;T Phone Company</b> |   | <b>Transaction ID:</b> 70319.E13510<br>Date of Disbursement<br>02 / 20 / 2007   |
| Mailing Address Bill Payment Center   |   | Amount of Each Disbursement this Period<br>35.11<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Saginaw State MI Zip Code 48663-                                       | Category/Type   |   |
| Purpose of Disbursement<br>PHONE BILL                                       | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | PHONE BILL  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Better Business Forms</b> |   | <b>Transaction ID:</b> 70222.E13421<br>Date of Disbursement<br>01 / 18 / 2007   |
| Mailing Address 4426 Fernlee   |   | Amount of Each Disbursement this Period<br>1283.76<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Royal Oak State MI Zip Code 48073-1723                                | Category/Type   |   |
| Purpose of Disbursement<br>ENVELOPES & HOLIDAY CARDS                       | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | ENVELOPES & HOLIDAY CARDS   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Better Business Forms</b> |   | <b>Transaction ID:</b> 70319.E13489<br>Date of Disbursement<br>02 / 20 / 2007  |
| Mailing Address 4426 Fernlee   |   | Amount of Each Disbursement this Period<br>527.91<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Royal Oak State MI Zip Code 48073-1723                                | Category/Type   |  |
| Purpose of Disbursement<br>ENVELOPES                                       | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | ENVELOPES  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>1846.78</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Susan Brams</b>   |  | Transaction ID: 70222.E13441<br>Date of Disbursement<br>01 / 24 / 2007                              |  |
| Mailing Address 30667 High Valley Road   |  | Amount of Each Disbursement this Period<br>60.40  |  |
| City Farmington Hills<br>State MI<br>Zip Code 48331-   | Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Costco</b>  |  | Transaction ID: 70222.E13442<br>Date of Disbursement<br>01 / 24 / 2007                              |  |
| Mailing Address 2343 South Telegraph Road  |  | Amount of Each Disbursement this Period<br>60.40  |  |
| City Bloomfield Twp.<br>State MI<br>Zip Code 48302-  | Purpose of Disbursement<br>FOOD & BEVERAGES  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: FOOD & BEVERAGES   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Susan Brams</b>   |  | Transaction ID: 70222.E13451<br>Date of Disbursement<br>01 / 30 / 2007                              |  |
| Mailing Address 30667 High Valley Road   |  | Amount of Each Disbursement this Period<br>63.39  |  |
| City Farmington Hills<br>State MI<br>Zip Code 48331-   | Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW  |  |

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 123.79      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Susan Brams</b>   |  | <b>Transaction ID:</b> 70319.E13458<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 1 / 2 0 0 7 |
| Mailing Address 30667 High Valley Road   |  | Amount of Each Disbursement this Period<br>121.78  |
| City Farmington Hills State MI Zip Code 48331-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW  |  | REIMBURSEMENT: SEE BELOW   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Costco</b>  |  | <b>Transaction ID:</b> 70319.E13459<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 1 / 2 0 0 7 |
| Mailing Address 2343 South Telegraph Road  |  | Amount of Each Disbursement this Period<br>121.78  |
| City Bloomfield Twp. State MI Zip Code 48302-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>FOOD & BEVERAGES  |  | [MEMO ITEM]<br>MEMO: FOOD & BEVERAGES  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Susan Brams</b>   |  | <b>Transaction ID:</b> 70319.E13526<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 7 |
| Mailing Address 30667 High Valley Road   |  | Amount of Each Disbursement this Period<br>141.07  |
| City Farmington Hills State MI Zip Code 48331-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW  |  | REIMBURSEMENT: SEE BELOW   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 262.85 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |  |   |
|---|--|---|
| <b>A. Costco</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 2343 South Telegraph Road<br>City Bloomfield Twp. State MI Zip Code 48302-<br>Purpose of Disbursement<br>FOOD & BEVERAGES CUPS GLUE STICKS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 70319.E13527<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>141.07<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: FOOD & BEVERAGES CUPS GLUE STICKS |
|---|--|---|

|   |  |   |
|---|--|---|
| <b>B. Brownfield &amp; Associates</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1250 Marymar Lane<br>City Bloomfield Hills State MI Zip Code 48302-<br>Purpose of Disbursement<br>WEBSITE UPDATES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 70319.E13509<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 0 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>971.25<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>WEBSITE UPDATES |
|---|--|---|

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|--|--|---|
| <b>C. Capitol Hill Club</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 300 First Street, S.E.<br>City Washington State DC Zip Code 20003-<br>Purpose of Disbursement<br>MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 70319.E13470<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 1 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>3.02<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>MEALS |
|--|--|---|

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 974.27      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Capitol Hill Club</b>   |  | Transaction ID: 70319.E13497<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 0 / 2 0 0 7  |
| Mailing Address 300 First Street, S.E.   |  | Amount of Each Disbursement this Period<br>19.16<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20003-   | Purpose of Disbursement MEALS<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | MEALS   |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Capitol Hill Club</b>   |  | Transaction ID: 70319.E13556<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7   |
| Mailing Address 300 First Street, S.E.   |  | Amount of Each Disbursement this Period<br>465.89<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20003-   | Purpose of Disbursement MEALS & DUES<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | MEALS & DUES   |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Cardmember Service</b>  |  | Transaction ID: 70222.E13416<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 7   |
| Mailing Address P.O. Box 94014   |  | Amount of Each Disbursement this Period<br>313.20<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Palatine State IL Zip Code 60094-4014   | Purpose of Disbursement CREDIT CARD: SEE BELOW<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CREDIT CARD: SEE BELOW   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 798.25 |
| <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 92 / 131

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Carroll Travel</b>  |  | Transaction ID: 70222.E13419<br>Date of Disbursement<br>01 / 18 / 2007 |
| Mailing Address 201 Massachusetts Ave., NE   |  | Amount of Each Disbursement this Period<br>30.00                       |
| City Washington State DC Zip Code 20002-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement TRAVEL AGENT FEE<br>Candidate Name   | Category/Type  | <b>[MEMO ITEM]</b><br>MEMO: TRAVEL AGENT FEE                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Northwest Airlines</b>  |  | Transaction ID: 70222.E13418<br>Date of Disbursement<br>01 / 18 / 2007 |
| Mailing Address 5101 Northwest Drive Department A5200  |  | Amount of Each Disbursement this Period<br>208.60                      |
| City St. Paul State MN Zip Code 55111-3034   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement AIRFARE<br>Candidate Name  | Category/Type  | <b>[MEMO ITEM]</b><br>MEMO: AIRFARE                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Studio 330</b>  |  | Transaction ID: 70222.E13417<br>Date of Disbursement<br>01 / 18 / 2007 |
| Mailing Address 6566 Telegraph Road  |  | Amount of Each Disbursement this Period<br>74.60                       |
| City Bloomfield Hills State MI Zip Code 48301-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement GIFT<br>Candidate Name   | Category/Type  | <b>[MEMO ITEM]</b><br>MEMO: GIFT                                       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |  |  |
|---|--|--|
| <b>A. Cardmember Service</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 94014<br>City Palatine State IL Zip Code 60094-4014<br>Purpose of Disbursement CREDIT CARD: SEE BELOW<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 70222.E13410<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>150.71<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>CREDIT CARD: SEE BELOW</b> |
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|--|--|--|
| <b>B. America on Line</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 28640<br>City Jacksonville State FL Zip Code 32226-8640<br>Purpose of Disbursement INTERNET SERVICE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 70222.E13411<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>51.80<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: INTERNET SERVICE |
|--|--|--|

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| <b>C. Cardmember Service</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 94014<br>City Palatine State IL Zip Code 60094-4014<br>Purpose of Disbursement FINANCE CHARGE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 70222.E13415<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>5.79<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: FINANCE CHARGE |
|---|--|---|

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 150.71 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Papa Romanos</b>  |  | Transaction ID: 70222.E13414<br>Date of Disbursement<br>01 / 18 / 2007 |
| Mailing Address 1998 Southfield Road   |  | Amount of Each Disbursement this Period<br>26.59                       |
| City Birmingham State MI Zip Code 48009-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  | <b>[MEMO ITEM]</b><br>MEMO: MEALS                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Plaza Deli</b>  |  | Transaction ID: 70222.E13413<br>Date of Disbursement<br>01 / 18 / 2007 |
| Mailing Address 29145 Northwestern Hwy.  |  | Amount of Each Disbursement this Period<br>53.03                       |
| City Southfield State MI Zip Code 48034-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  | <b>[MEMO ITEM]</b><br>MEMO: MEALS                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Cardmember Service</b>  |  | Transaction ID: 70222.E13407<br>Date of Disbursement<br>01 / 18 / 2007 |
| Mailing Address P.O. Box 94014   |  | Amount of Each Disbursement this Period<br>2251.51                     |
| City Palatine State IL Zip Code 60094-4014   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement CREDIT CARD: SEE BELOW<br>Candidate Name   | Category/Type  | CREDIT CARD: SEE BELOW   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2251.51 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Leos Coney Island</b>   |  | Transaction ID: 70222.E13408<br>Date of Disbursement<br>01 / 18 / 2007                              |  |
| Mailing Address 6527 Telegraph Road  |  | Amount of Each Disbursement this Period<br>16.28  |  |
| City Bloomfield Hills<br>State MI<br>Zip Code 48301-   | Purpose of Disbursement<br>MEALS   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: MEALS   |  |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Russia House Restaurant</b>   |  | Transaction ID: 70222.E13409<br>Date of Disbursement<br>01 / 18 / 2007                              |  |
| Mailing Address 1800 Connecticut Ave. NW   |  | Amount of Each Disbursement this Period<br>2235.23  |  |
| City Washington<br>State DC<br>Zip Code 20009-   | Purpose of Disbursement<br>MEALS   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: MEALS   |  |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Cardmember Service</b>  |  | Transaction ID: 70319.E13483<br>Date of Disbursement<br>02 / 20 / 2007                              |  |
| Mailing Address P.O. Box 94014   |  | Amount of Each Disbursement this Period<br>187.91   |  |
| City Palatine<br>State IL<br>Zip Code 60094-4014   | Purpose of Disbursement<br>CREDIT CARD: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CREDIT CARD: SEE BELOW  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 187.91      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. America on Line</b>   |  | Transaction ID: 70319.E13485<br>Date of Disbursement<br>02 / 20 / 2007  |  |
| Mailing Address P.O. Box 28640   |  | Amount of Each Disbursement this Period<br>51.80  |  |
| City Jacksonville<br>State FL<br>Zip Code 32226-8640   | Purpose of Disbursement<br>INTERNET SERVICE<br>Candidate Name  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: INTERNET SERVICE |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cardmember Service</b>  |  | Transaction ID: 70319.E13484<br>Date of Disbursement<br>02 / 20 / 2007  |  |
| Mailing Address P.O. Box 94014   |  | Amount of Each Disbursement this Period<br>1.83   |  |
| City Palatine<br>State IL<br>Zip Code 60094-4014   | Purpose of Disbursement<br>FINANCE CHARGE<br>Candidate Name  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: FINANCE CHARGE |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

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|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Joes Bar</b>  |  | Transaction ID: 70319.E13487<br>Date of Disbursement<br>02 / 20 / 2007   |  |
| Mailing Address 26077 W. 12 Mile Road  |  | Amount of Each Disbursement this Period<br>95.78   |  |
| City Southfield<br>State MI<br>Zip Code 48034-   | Purpose of Disbursement<br>MEALS<br>Candidate Name   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: MEALS |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Cardmember Service</b>  |  | Transaction ID: 70319.E13480<br>Date of Disbursement<br>02 / 20 / 2007 |
| Mailing Address P.O. Box 94014   |  | Amount of Each Disbursement this Period<br>695.80                      |
| City Palatine State IL Zip Code 60094-4014   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>CREDIT CARD: SEE BELOW  | Candidate Name   | CREDIT CARD: SEE BELOW   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| Full Name (Last, First, Middle Initial)<br><b>B. Carroll Travel</b>  |  | Transaction ID: 70319.E13482<br>Date of Disbursement<br>02 / 20 / 2007 |
| Mailing Address 201 Massachusetts Ave., NE   |  | Amount of Each Disbursement this Period<br>120.00                      |
| City Washington State DC Zip Code 20002-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>TRAVEL AGENT FEE  | Candidate Name   | [MEMO ITEM]<br>MEMO: TRAVEL AGENT FEE                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Northwest Airlines</b>  |  | Transaction ID: 70319.E13481<br>Date of Disbursement<br>02 / 20 / 2007 |
| Mailing Address 5101 Northwest Drive Department A5200  |  | Amount of Each Disbursement this Period<br>575.80                      |
| City St. Paul State MN Zip Code 55111-3034   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>AIRFARE   | Candidate Name   | [MEMO ITEM]<br>MEMO: AIRFARE   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 695.80      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Cardmember Service</b>  |  | Transaction ID: 70319.E13571<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7 |
| Mailing Address P.O. Box 94014   |  | Amount of Each Disbursement this Period<br>88.89   |
| City Palatine State IL Zip Code 60094-4014   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>CREDIT CARD: SEE BELOW  | Candidate Name   | CREDIT CARD: SEE BELOW   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Elies Cafe</b>  |  | Transaction ID: 70319.E13572<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7 |
| Mailing Address 263 Pierce   |  | Amount of Each Disbursement this Period<br>52.14   |
| City Birmingham State MI Zip Code 48009-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>MEALS   | Candidate Name   | [MEMO ITEM]<br>MEMO: MEALS   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ginopolis Restaurant</b>  |  | Transaction ID: 70319.E13573<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7 |
| Mailing Address Attn: Johnny & Peter<br>27815 Middlebelt Road  |  | Amount of Each Disbursement this Period<br>36.75   |
| City Farmington Hills State MI Zip Code 48334-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>MEALS   | Candidate Name   | [MEMO ITEM]<br>MEMO: MEALS   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 88.89 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____ |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |  |  |
|---|--|--|
| <b>A. Cardmember Service</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 94014<br>City Palatine State IL Zip Code 60094-4014<br>Purpose of Disbursement CREDIT CARD: SEE BELOW<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 70319.E13567<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>190.98<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>CREDIT CARD: SEE BELOW</b> |
|---|--|--|

|  |  |  |
|--|--|--|
| <b>B. America on Line</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 28640<br>City Jacksonville State FL Zip Code 32226-8640<br>Purpose of Disbursement INTERNET SERVICE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 70319.E13569<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>51.80<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: INTERNET SERVICE |
|--|--|--|

|  |  |   |
|--|--|---|
| <b>C. FTD.COM</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address Downers Grove, Illinois<br>City State Zip Code -<br>Purpose of Disbursement FLORAL ARRANGEMENT<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 70319.E13568<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7<br>Amount of Each Disbursement this Period<br>113.98<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: FLORAL ARRANGEMENT |
|--|--|---|

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 190.98 |
| <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 100 / 131

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Cardmember Service</b>  |  | <b>Transaction ID:</b> 70319.E13563<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7 |
| Mailing Address P.O. Box 94014   |  | Amount of Each Disbursement this Period<br>358.98  |
| City Palatine State IL Zip Code 60094-4014   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>CREDITCARD: SEE BELOW   | Candidate Name   | CREDITCARD: SEE BELOW  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. All Star Wireless</b>   |  | <b>Transaction ID:</b> 70319.E13564<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7 |
| Mailing Address 4036 Telegraph, #103   |  | Amount of Each Disbursement this Period<br>210.18  |
| City Bloomfield State MI Zip Code 48302-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>CELL PHONES   | Candidate Name   | [MEMO ITEM]<br>MEMO: CELL PHONES   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Carroll Travel</b>  |  | <b>Transaction ID:</b> 70319.E13565<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7 |
| Mailing Address 201 Massachusetts Ave., NE   |  | Amount of Each Disbursement this Period<br>30.00   |
| City Washington State DC Zip Code 20002-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>TRAVEL AGENT FEE  | Candidate Name   | [MEMO ITEM]<br>MEMO: TRAVEL AGENT FEE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 358.98 |
| <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 101 / 131

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Northwest Airlines</b> |   | Transaction ID: 70319.E13566<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 07 / 2007 |
| Mailing Address 5101 Northwest Drive<br>Department A5200                |   | Amount of Each Disbursement this Period<br>118.80   |
| City St. Paul State MN Zip Code 55111-3034                              | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53   |   |
| Purpose of Disbursement<br>AIRFARE                                      | Category/<br>Type   | <b>[MEMO ITEM]</b><br>MEMO: AIRFARE   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Comcast</b> |   | Transaction ID: 70222.E13406<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 18 / 2007 |
| Mailing Address P.O. Box 827554                              |   | Amount of Each Disbursement this Period<br>120.27   |
| City Philadelphia State PA Zip Code 19182-7554               | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53   |   |
| Purpose of Disbursement<br>CABLE SERVICE                     | Category/<br>Type   | CABLE SERVICE   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Comcast</b> |   | Transaction ID: 70222.E13405<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 18 / 2007 |
| Mailing Address P.O. Box 827554                              |   | Amount of Each Disbursement this Period<br>95.00  |
| City Philadelphia State PA Zip Code 19182-7554               | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53   |   |
| Purpose of Disbursement<br>INTERNET SERVICE                  | Category/<br>Type   | INTERNET SERVICE  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 215.27 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Comcast</b>   |  | <b>Transaction ID:</b> 70319.E13467<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 1 / 2 0 0 7  |
| Mailing Address P.O. Box 827554  |  | Amount of Each Disbursement this Period<br>95.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19182-7554   | Category/Type<br>INTERNET SERVICE  |   |
| Purpose of Disbursement<br>INTERNET SERVICE  | Candidate Name   | INTERNET SERVICE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Comcast</b>   |  | <b>Transaction ID:</b> 70319.E13468<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 1 / 2 0 0 7   |
| Mailing Address P.O. Box 827554  |  | Amount of Each Disbursement this Period<br>120.27<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19182-7554   | Category/Type<br>CABLE SERVICE   |  |
| Purpose of Disbursement<br>CABLE SERVICE   | Candidate Name   | CABLE SERVICE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Comcast</b>   |  | <b>Transaction ID:</b> 70319.E13553<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7  |
| Mailing Address P.O. Box 827554  |  | Amount of Each Disbursement this Period<br>95.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19182-7554   | Category/Type<br>INTERNET SERVICE  |   |
| Purpose of Disbursement<br>INTERNET SERVICE  | Candidate Name   | INTERNET SERVICE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 310.27 |
| <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 103 / 131

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Comcast</b>   |   | <b>Transaction ID:</b> 70319.E13554<br>Date of Disbursement   |
| Mailing Address P.O. Box 827554  |   | <input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>     |
| City Philadelphia  | State PA  | Zip Code 19182-7554   |
| Purpose of Disbursement<br>CABLE SERVICE   | <input type="text"/>  | Amount of Each Disbursement this Period<br><input type="text" value="124.90"/>                            |
| Candidate Name   | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>CABLE SERVICE</b>  |
| State: District:   |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Farmington Hills Community Foundation</b>                             |   | <b>Transaction ID:</b> 70222.E13427<br>Date of Disbursement   |
| Mailing Address 36520 12 Mile Road   |   | <input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2007"/>     |
| City Farmington Hills  | State MI  | Zip Code 48331-   |
| Purpose of Disbursement<br>TICKET  | <input type="text"/>  | Amount of Each Disbursement this Period<br><input type="text" value="150.00"/>                            |
| Candidate Name   | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>TICKET</b>   |
| State: District:   |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Farmington Hills Community Foundation</b>                             |   | <b>Transaction ID:</b> 70319.E13590<br>Date of Disbursement   |
| Mailing Address 36520 12 Mile Road   |   | <input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>     |
| City Farmington Hills  | State MI  | Zip Code 48331-   |
| Purpose of Disbursement<br>EVENT SPONSORSHIP   | <input type="text"/>  | Amount of Each Disbursement this Period<br><input type="text" value="2000.00"/>                           |
| Candidate Name   | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>EVENT SPONSORSHIP</b>  |
| State: District:   |   |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="2274.90"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 131

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Federal Express Corporation</b>   |  | <b>Transaction ID:</b> 70319.E13513<br>Date of Disbursement<br>02 / 20 / 2007 |
| Mailing Address P.O. Box 1140<br>Dept. A   |  | Amount of Each Disbursement this Period<br>89.95                              |
| City Memphis State TN Zip Code 38101-1140  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>PACKAGE DELIVERY  | Candidate Name   | PACKAGE DELIVERY  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FedEx Kinkos</b>  |  | <b>Transaction ID:</b> 70222.E13447<br>Date of Disbursement<br>01 / 25 / 2007 |
| Mailing Address 28844 Northwestern Highway   |  | Amount of Each Disbursement this Period<br>53.71                              |
| City Southfield State MI Zip Code 48034-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>PRINTING -RESPONSE CARDS  | Candidate Name   | PRINTING -RESPONSE CARDS  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. FedEx Kinkos</b>  |  | <b>Transaction ID:</b> 70319.E13519<br>Date of Disbursement<br>02 / 28 / 2007 |
| Mailing Address 28844 Northwestern Highway   |  | Amount of Each Disbursement this Period<br>25.97                              |
| City Southfield State MI Zip Code 48034-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>PRINTING  | Candidate Name   | PRINTING  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 169.63 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Gordon Advertising &amp; Promotions</b>                               |   | <b>Transaction ID:</b> 70319.E13490<br>Date of Disbursement   |
| Mailing Address 6177 Lochmore Drive<br>Attn: Nick Gordon   |   | <input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>     |
| City Commerce Township   | State MI  | Zip Code 48382-   |
| Purpose of Disbursement<br>LAPEL STICKERS  | <input type="text"/>  | Amount of Each Disbursement this Period<br><input type="text" value="291.74"/>                            |
| Candidate Name   | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>LAPEL STICKERS</b>   |
| State: District:   |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Meijer Thrifty Acres</b>  |   | <b>Transaction ID:</b> 70319.E13456<br>Date of Disbursement   |
| Mailing Address 28800 Telegraph Road   |   | <input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>     |
| City Southfield  | State MI  | Zip Code 48034-   |
| Purpose of Disbursement<br>PAPER PLATES HOT COCA CUPS...   | <input type="text"/>  | Amount of Each Disbursement this Period<br><input type="text" value="29.40"/>                             |
| Candidate Name   | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br><b>MEMO: PAPER PLATES HOT CO-<br/>CA CUPS...</b>                                    |
| State: District:   |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Hill Research Consultants</b>   |   | <b>Transaction ID:</b> 70319.E13463<br>Date of Disbursement   |
| Mailing Address 1095 Evergreen Circle, #200  |   | <input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>     |
| City The Woodlands   | State TX  | Zip Code 77380-   |
| Purpose of Disbursement<br>POLL  | <input type="text"/>  | Amount of Each Disbursement this Period<br><input type="text" value="13413.00"/>                          |
| Candidate Name   | Category/<br>Type   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>POLL</b>   |
| State: District:   |   |   |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="13704.74"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 131

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jamestowne Properties, LLC</b>  |  | Transaction ID: 70222.E13357<br>Date of Disbursement<br>01 / 03 / 2007                              |  |
| Mailing Address 6640 Reliable Parkway  |  | Amount of Each Disbursement this Period<br>2400.16  |  |
| City Chicago<br>State IL<br>Zip Code 60686-  | Purpose of Disbursement<br>HQ RENT   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | HQ RENT   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Jamestowne Properties, LLC</b>  |  | Transaction ID: 70319.E13475<br>Date of Disbursement<br>02 / 01 / 2007                              |  |
| Mailing Address 6640 Reliable Parkway  |  | Amount of Each Disbursement this Period<br>2794.92  |  |
| City Chicago<br>State IL<br>Zip Code 60686-  | Purpose of Disbursement<br>HQ RENT   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | HQ RENT   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Jamestowne Properties, LLC</b>  |  | Transaction ID: 70319.E13558<br>Date of Disbursement<br>03 / 07 / 2007                              |  |
| Mailing Address 6640 Reliable Parkway  |  | Amount of Each Disbursement this Period<br>2794.92  |  |
| City Chicago<br>State IL<br>Zip Code 60686-  | Purpose of Disbursement<br>HQ RENT   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | HQ RENT   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7990.00 |
| <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 107 / 131

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Alexis Kiriluk</b>  |  | Transaction ID: 70319.E13479<br>Date of Disbursement<br>02 / 20 / 2007                              |  |
| Mailing Address 1347 Villa   |  | Amount of Each Disbursement this Period<br>64.70  |  |
| City Birmingham<br>State MI<br>Zip Code 48009-   | Purpose of Disbursement<br>MILEAGE REIMBURSEMENT   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | MILEAGE REIMBURSEMENT   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Alexis Kiriluk</b>  |  | Transaction ID: 70319.E13546<br>Date of Disbursement<br>03 / 01 / 2007                              |  |
| Mailing Address 1347 Villa   |  | Amount of Each Disbursement this Period<br>100.50   |  |
| City Birmingham<br>State MI<br>Zip Code 48009-   | Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Farmer Jacks</b>  |  | Transaction ID: 70319.E13549<br>Date of Disbursement<br>03 / 01 / 2007                              |  |
| Mailing Address 1237 North Coolidge Hwy.   |  | Amount of Each Disbursement this Period<br>4.13   |  |
| City Troy<br>State MI<br>Zip Code 48084-   | Purpose of Disbursement<br>FOLDERS   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: FOLDERS   |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 165.20      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Alexis Kiriluk</b>  |  | Transaction ID: 70319.E13547<br>Date of Disbursement<br>03 / 01 / 2007                              |  |
| Mailing Address 1347 Villa   |  | Amount of Each Disbursement this Period<br>14.99  |  |
| City Birmingham<br>State MI<br>Zip Code 48009-   | Purpose of Disbursement<br>MILEAGE REIMBURSEMENT   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: MILEAGE REIMBURSEMENT   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>  |  | Transaction ID: 70319.E13548<br>Date of Disbursement<br>03 / 01 / 2007                              |  |
| Mailing Address 3375 North Woodward Avenue   |  | Amount of Each Disbursement this Period<br>20.13  |  |
| City Royal Oak<br>State MI<br>Zip Code 48073-  | Purpose of Disbursement<br>FOLDERS   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: FOLDERS   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Target</b>  |  | Transaction ID: 70319.E13550<br>Date of Disbursement<br>03 / 01 / 2007                              |  |
| Mailing Address Grand River Ave.   |  | Amount of Each Disbursement this Period<br>44.52  |  |
| City Brighton<br>State MI<br>Zip Code 48116-   | Purpose of Disbursement<br>FOLDERS   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: FOLDERS   |  |

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Debra Lee Joslin Kling</b>  |  | Transaction ID: 70319.E13477<br>Date of Disbursement<br>02 / 07 / 2007                              |  |
| Mailing Address 416 E. Sibley  |  | Amount of Each Disbursement this Period<br>22.80  |  |
| City Howell<br>State MI<br>Zip Code 48843-   | Purpose of Disbursement<br>MILEAGE REIMBURSEMENT   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | MILEAGE REIMBURSEMENT   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Debra Lee Joslin Kling</b>  |  | Transaction ID: 70319.E13543<br>Date of Disbursement<br>03 / 01 / 2007                              |  |
| Mailing Address 416 E. Sibley  |  | Amount of Each Disbursement this Period<br>61.21  |  |
| City Howell<br>State MI<br>Zip Code 48843-   | Purpose of Disbursement<br>REIMBURSEMNT: SEE BELOW   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | REIMBURSEMNT: SEE BELOW   |  |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Debra Lee Joslin Kling</b>  |  | Transaction ID: 70319.E13544<br>Date of Disbursement<br>03 / 01 / 2007                              |  |
| Mailing Address 416 E. Sibley  |  | Amount of Each Disbursement this Period<br>11.16  |  |
| City Howell<br>State MI<br>Zip Code 48843-   | Purpose of Disbursement<br>MILEAGE REIMBURSEMENT   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: MILEAGE REIMBURSEMENT   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>84.01</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Meijer Thrifty Acres</b>  |  | Transaction ID: 70319.E13545<br>Date of Disbursement<br>03 / 01 / 2007  |
| Mailing Address 28800 Telegraph Road   |  | Amount of Each Disbursement this Period<br>50.05<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Southfield State MI Zip Code 48034-   | Purpose of Disbursement<br>FOOD & BEVERAGE<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: FOOD & BEVERAGE   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sandie Knollenberg</b>  |  | Transaction ID: 70319.E13585<br>Date of Disbursement<br>03 / 07 / 2007  |
| Mailing Address 1130 Park Place Court  |  | Amount of Each Disbursement this Period<br>31.79<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Bloomfield Hills State MI Zip Code 48302-   | Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. All Star Wireless</b>   |  | Transaction ID: 70319.E13586<br>Date of Disbursement<br>03 / 07 / 2007  |
| Mailing Address 4036 Telegraph, #103   |  | Amount of Each Disbursement this Period<br>31.79<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Bloomfield State MI Zip Code 48302-   | Purpose of Disbursement<br>PHONE CHARGER<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PHONE CHARGER   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 31.79       |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Sandie Knollenberg</b>  |  | <b>Transaction ID:</b> 70319.E13587<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 3 / 2 0 0 7 |
| Mailing Address 1130 Park Place Court  |  | Amount of Each Disbursement this Period<br>300.00  |
| City Bloomfield Hills State MI Zip Code 48302-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW  |  | REIMBURSEMENT: SEE BELOW   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Congressional Club</b>  |  | <b>Transaction ID:</b> 70319.E13588<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 3 / 2 0 0 7 |
| Mailing Address 2001 New Hampshire Ave., NW  |  | Amount of Each Disbursement this Period<br>300.00  |
| City Washington State DC Zip Code 20009-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>TICKETS   |  | [MEMO ITEM]<br>MEMO: TICKETS   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LCA Computer Systems, Inc.</b>  |  | <b>Transaction ID:</b> 70222.E13423<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 7 |
| Mailing Address Attn: Lonnie Collins<br>21711 W. 10 Mile Road, #230  |  | Amount of Each Disbursement this Period<br>1610.69   |
| City Southfield State MI Zip Code 48075-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>COMPUTER & MAINTENANCE  |  | COMPUTER & MAINTENANCE   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1910.69 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. LCA Computer Systems, Inc.</b>  |  | <b>Transaction ID:</b> 70319.E13496<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 0 / 2 0 0 7 |
| Mailing Address Attn: Lonnie Collins<br>21711 W. 10 Mile Road, #230  |  | Amount of Each Disbursement this Period<br>600.00   |
| City Southfield State MI Zip Code 48075-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>COMPUTER MAINTENANCE  | Candidate Name   | COMPUTER MAINTENANCE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. LCA Computer Systems, Inc.</b>  |  | <b>Transaction ID:</b> 70319.E13562<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7 |
| Mailing Address Attn: Lonnie Collins<br>21711 W. 10 Mile Road, #230  |  | Amount of Each Disbursement this Period<br>600.00   |
| City Southfield State MI Zip Code 48075-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>COMPUTER MAINTENANCE  | Candidate Name   | COMPUTER MAINTENANCE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Media Ad Ventures</b>   |  | <b>Transaction ID:</b> 70319.E13514<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 2 / 2 0 0 7 |
| Mailing Address 8136 Old Keene Mill Road, #A-300   |  | Amount of Each Disbursement this Period<br>8344.00  |
| City Springfield State VA Zip Code 22152-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>BILLBOARD   | Candidate Name   | BILLBOARD   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 9544.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. National City</b>   |  | Transaction ID: 70222.E13435<br>Date of Disbursement<br>01 / 22 / 2007 |
| Mailing Address P.O. Box 856176  |  | Amount of Each Disbursement this Period<br>412.09                      |
| City Louisville State KY Zip Code 40285-6176   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>CREDIT CARD: SEE BELOW  | Candidate Name   | CREDIT CARD: SEE BELOW   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. America on Line</b>   |  | Transaction ID: 70222.E13437<br>Date of Disbursement<br>01 / 22 / 2007 |
| Mailing Address P.O. Box 28640   |  | Amount of Each Disbursement this Period<br>25.90                       |
| City Jacksonville State FL Zip Code 32226-8640   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>INTERNET SERVICE  | Candidate Name   | [MEMO ITEM]<br>MEMO: INTERNET SERVICE                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Northwest Airlines</b>  |  | Transaction ID: 70222.E13436<br>Date of Disbursement<br>01 / 22 / 2007 |
| Mailing Address 5101 Northwest Drive Department A5200  |  | Amount of Each Disbursement this Period<br>208.60                      |
| City St. Paul State MN Zip Code 55111-3034   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>AIRFARE   | Candidate Name   | [MEMO ITEM]<br>MEMO: AIRFARE   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 412.09 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless Great Lakes</b>  |  | <b>Transaction ID:</b> 70222.E13438<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 2 2 / 2 0 0 7   |
| Mailing Address P.O. Box 790292  |  | Amount of Each Disbursement this Period<br>177.59<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Saint Louis State MO Zip Code 63179-0292  | Purpose of Disbursement<br>PHONE BILL<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PHONE BILL   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. National City Bank</b>  |  | <b>Transaction ID:</b> 70319.E13515<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 2 / 2 0 0 7  |
| Mailing Address 30701 Woodward Avenue  |  | Amount of Each Disbursement this Period<br>17.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Royal Oak State MI Zip Code 48073-  | Purpose of Disbursement<br>WIRE TRANSFER FEE<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | WIRE TRANSFER FEE   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. National City Bank</b>  |  | <b>Transaction ID:</b> 70319.E13524<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 7 / 2 0 0 7  |
| Mailing Address 30701 Woodward Avenue  |  | Amount of Each Disbursement this Period<br>3538.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Royal Oak State MI Zip Code 48073-  | Purpose of Disbursement<br>SEE BELOW<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SEE BELOW   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3555.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Internal Revenue Service</b>  |   | <b>Transaction ID:</b> 70319.E13523<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 7 / 2 0 0 7  |
| Mailing Address  |   | Amount of Each Disbursement this Period<br>3538.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City<br>Cincinnati   | State<br>OH   |   |
| Zip Code<br>45999-   | Purpose of Disbursement<br>1120POL TAXES  | <b>[MEMO ITEM]</b><br>MEMO: 1120POL TAXES   |
| Candidate Name   | Category/<br>Type   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:      District:  |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>  |   | <b>Transaction ID:</b> 70319.E13457<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 1 / 2 0 0 7  |
| Mailing Address    3375 North Woodward Avenue  |   | Amount of Each Disbursement this Period<br>54.09<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City<br>Royal Oak  | State<br>MI   |   |
| Zip Code<br>48073-   | Purpose of Disbursement<br>OFFICE SUPPLIES  | OFFICE SUPPLIES   |
| Candidate Name   | Category/<br>Type   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:      District:  |   |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Papa Romanos</b>  |   | <b>Transaction ID:</b> 70319.E13454<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 1 / 2 0 0 7   |
| Mailing Address    1998 Southfield Road  |   | Amount of Each Disbursement this Period<br>226.74<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City<br>Birmingham   | State<br>MI   |  |
| Zip Code<br>48009-   | Purpose of Disbursement<br>PIZZA FOR EVENT  | PIZZA FOR EVENT  |
| Candidate Name   | Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:      District:  |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 280.83 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Paper Express Inc.</b>  |  | <b>Transaction ID:</b> 70319.E13491<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 0 / 2 0 0 7 |
| Mailing Address 2300 Meijer Drive  |  | Amount of Each Disbursement this Period<br>392.20  |
| City Troy State MI Zip Code 48084-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>VOLUNTEER CARDS   | Candidate Name   | VOLUNTEER CARDS  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Paper Express Inc.</b>  |  | <b>Transaction ID:</b> 70319.E13561<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7 |
| Mailing Address 2300 Meijer Drive  |  | Amount of Each Disbursement this Period<br>1431.00   |
| City Troy State MI Zip Code 48084-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>INVITATION PRINTING   | Candidate Name   | INVITATION PRINTING  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Petty Cash</b>  |  | <b>Transaction ID:</b> 70222.E13404<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 7 |
| Mailing Address 27867 Orchard Lake Road  |  | Amount of Each Disbursement this Period<br>95.53   |
| City Farmington Hills State MI Zip Code 48334-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>PETTY CASH  | Candidate Name   | PETTY CASH   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1918.73 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Petty Cash</b>   |  | Transaction ID: 70319.E13478<br>Date of Disbursement<br>02 / 07 / 2007 |   |
| Mailing Address 27867 Orchard Lake Road   |  | Amount of Each Disbursement this Period<br>92.65                       |   |
| City Farmington Hills   | State MI   | Zip Code 48334-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>PETTY CASH   | Category/Type  |  |   |
| Candidate Name  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | PETTY CASH   |  |   |
| State: District:  |  |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Petty Cash</b>   |  | Transaction ID: 70319.E13518<br>Date of Disbursement<br>02 / 22 / 2007 |   |
| Mailing Address 27867 Orchard Lake Road   |  | Amount of Each Disbursement this Period<br>97.33                       |   |
| City Farmington Hills   | State MI   | Zip Code 48334-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>PETTY CASH   | Category/Type  |  |   |
| Candidate Name  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | PETTY CASH   |  |   |
| State: District:  |  |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Quill</b>  |  | Transaction ID: 70319.E13494<br>Date of Disbursement<br>02 / 20 / 2007 |   |
| Mailing Address P.O. Box 94081  |  | Amount of Each Disbursement this Period<br>550.40                      |   |
| City Palatine   | State IL   | Zip Code 60094-4081  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>OFFICE SUPPLIES  | Category/Type  |  |   |
| Candidate Name  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | OFFICE SUPPLIES  |  |   |
| State: District:  |  |  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>740.38</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 118 / 131

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Quill</b>   |  | Transaction ID: 70319.E13555<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 07 / 2007 |
| Mailing Address P.O. Box 94081   |  | Amount of Each Disbursement this Period<br>200.88  |
| City Palatine State IL Zip Code 60094-4081   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement OFFICE SUPLIES<br>Candidate Name   | Category/Type  | OFFICE SUPLIES   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Robinson Pietras Kalisky &amp; Co., PC</b>  |  | Transaction ID: 70319.E13525<br>Date of Disbursement<br>MM / DD / YYYY<br>02 / 27 / 2007 |
| Mailing Address 30201 Orchard Lake Road  |  | Amount of Each Disbursement this Period<br>250.00  |
| City Farmington Hills State MI Zip Code 48334-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement ACCOUNTING FEE<br>Candidate Name   | Category/Type  | ACCOUNTING FEE   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Bryce Sandler</b>   |  | Transaction ID: 70222.E13402<br>Date of Disbursement<br>MM / DD / YYYY<br>01 / 11 / 2007 |
| Mailing Address 1600 Normandy  |  | Amount of Each Disbursement this Period<br>33.67   |
| City Clawson State MI Zip Code 48017-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement REIMBURSEMENT: SEE BELOW<br>Candidate Name   | Category/Type  | REIMBURSEMENT: SEE BELOW   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 484.55 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Borders Books</b>   |  | Transaction ID: 70222.E13403<br>Date of Disbursement<br>MM / DD / YYYY<br>01 / 11 / 2007            |  |
| Mailing Address 34300 Woodward Ave.  |  | Amount of Each Disbursement this Period<br>7.45   |  |
| City Birmingham<br>State MI<br>Zip Code 48009-   | Purpose of Disbursement<br>NEWSPAPERS  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: NEWSPAPERS  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Bryce Sandler</b>   |  | Transaction ID: 70222.E13439<br>Date of Disbursement<br>MM / DD / YYYY<br>01 / 24 / 2007            |  |
| Mailing Address 1600 Normandy  |  | Amount of Each Disbursement this Period<br>33.83  |  |
| City Clawson<br>State MI<br>Zip Code 48017-  | Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Borders Books</b>   |  | Transaction ID: 70222.E13440<br>Date of Disbursement<br>MM / DD / YYYY<br>01 / 24 / 2007            |  |
| Mailing Address 34300 Woodward Ave.  |  | Amount of Each Disbursement this Period<br>2.00   |  |
| City Birmingham<br>State MI<br>Zip Code 48009-   | Purpose of Disbursement<br>NEWSPAPERS  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: NEWSPAPERS  |  |

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 33.83       |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 131

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bryce Sandler</b>   |  | Transaction ID: 70222.E13445<br>Date of Disbursement<br>01 / 25 / 2007                              |  |
| Mailing Address 1600 Normandy  |  | Amount of Each Disbursement this Period<br>435.00   |  |
| City Clawson<br>State MI<br>Zip Code 48017-  | Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW  |  |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Detroit Jewish News</b>   |  | Transaction ID: 70222.E13446<br>Date of Disbursement<br>01 / 25 / 2007                              |  |
| Mailing Address 29200 Northwestern Highway, #110   |  | Amount of Each Disbursement this Period<br>435.00   |  |
| City Southfield<br>State MI<br>Zip Code 48034-   | Purpose of Disbursement<br>AD IN NEWSPAPER   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: AD IN NEWSPAPER  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Bryce Sandler</b>   |  | Transaction ID: 70319.E13576<br>Date of Disbursement<br>03 / 15 / 2007                              |  |
| Mailing Address 1600 Normandy  |  | Amount of Each Disbursement this Period<br>48.33  |  |
| City Clawson<br>State MI<br>Zip Code 48017-  | Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW  |  |

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 483.33      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 121 / 131

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Borders Books</b>   |  | Transaction ID: 70319.E13577<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 15 / 2007                  |  |
| Mailing Address 34300 Woodward Ave.  |  | Amount of Each Disbursement this Period<br>40.33  |  |
| City Birmingham<br>State MI<br>Zip Code 48009-   | Purpose of Disbursement<br>BOOK & MAGAZINES  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State:           District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: BOOK & MAGAZINES  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Bryce Sandler</b>   |  | Transaction ID: 70405.E13605<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 29 / 2007                  |  |
| Mailing Address 1600 Normandy  |  | Amount of Each Disbursement this Period<br>41.25  |  |
| City Clawson<br>State MI<br>Zip Code 48017-  | Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State:           District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Borders Books</b>   |  | Transaction ID: 70405.E13606<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 29 / 2007                  |  |
| Mailing Address 34300 Woodward Ave.  |  | Amount of Each Disbursement this Period<br>9.44   |  |
| City Birmingham<br>State MI<br>Zip Code 48009-   | Purpose of Disbursement<br>PERIODICALS   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State:           District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: PERIODICALS   |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 41.25 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Staples</b>   |  | Transaction ID: 70405.E13608<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 29 / 2007 |
| Mailing Address 1072 S. Latson Road  |  | Amount of Each Disbursement this Period<br>4.23  |
| City Howell State MI Zip Code 48843-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name  | Category/Type  | <b>[MEMO ITEM]</b><br>MEMO: OFFICE SUPPLIES  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sandler &amp; Associates</b>  |  | Transaction ID: 70222.E13358<br>Date of Disbursement<br>MM / DD / YYYY<br>01 / 03 / 2007 |
| Mailing Address 1600 Normandy  |  | Amount of Each Disbursement this Period<br>7500.00                                       |
| City Clawson State MI Zip Code 48017-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement FUNDRAISING CONSULTANT<br>Candidate Name   | Category/Type  | FUNDRAISING CONSULTANT   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Sandler &amp; Associates</b>  |  | Transaction ID: 70319.E13472<br>Date of Disbursement<br>MM / DD / YYYY<br>02 / 01 / 2007 |
| Mailing Address 1600 Normandy  |  | Amount of Each Disbursement this Period<br>7500.00                                       |
| City Clawson State MI Zip Code 48017-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement FUNDRAISING CONSULTANT<br>Candidate Name   | Category/Type  | FUNDRAISING CONSULTANT   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 15000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....    |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sandler &amp; Associates</b>  |  | <b>Transaction ID:</b> 70319.E13557<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>03 / 07 / 2007  |
| Mailing Address 1600 Normandy  |  | Amount of Each Disbursement this Period<br>7500.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>FUNDRAISING CONSULTANT |
| City Clawson State MI Zip Code 48017-  |  |   |
| Purpose of Disbursement FUNDRAISING CONSULTANT<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sparrs Hearts &amp; Roses</b>   |  | <b>Transaction ID:</b> 70319.E13493<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>02 / 20 / 2007  |
| Mailing Address 156 North Center   |  | Amount of Each Disbursement this Period<br>94.23<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>FLORAL ARRANGEMENT |
| City Northville State MI Zip Code 48167-   |  |   |
| Purpose of Disbursement FLORAL ARRANGEMENT<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Sparrs Hearts &amp; Roses</b>   |  | <b>Transaction ID:</b> 70319.E13560<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>03 / 07 / 2007  |
| Mailing Address 156 North Center   |  | Amount of Each Disbursement this Period<br>94.23<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>FLORAL ARRANGEMENT |
| City Northville State MI Zip Code 48167-   |  |   |
| Purpose of Disbursement FLORAL ARRANGEMENT<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7688.46     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. The Levatino Group</b>  |  | <b>Transaction ID:</b> 70222.E13431<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7 |
| Mailing Address Ms. Vita Levatino<br>2501 Wisconsin Avenue NW, #304  |  | Amount of Each Disbursement this Period<br>2144.00   |
| City Washington State DC Zip Code 20007-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>FUNDRAISING CONSULTANT  | Candidate Name   | FUNDRAISING CONSULTANT   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. U.S. Postmaster</b>   |  | <b>Transaction ID:</b> 70222.E13432<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7 |
| Mailing Address 22200 W. Eleven Mile Road  |  | Amount of Each Disbursement this Period<br>660.00  |
| City Southfield State MI Zip Code 48037-9998   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>BRM PERMIT & ACCOUNTING FEE   | Candidate Name   | BRM PERMIT & ACCOUNTING FEE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. U.S. Postmaster</b>   |  | <b>Transaction ID:</b> 70222.E13443<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 2 5 / 2 0 0 7 |
| Mailing Address 22200 W. Eleven Mile Road  |  | Amount of Each Disbursement this Period<br>780.00  |
| City Southfield State MI Zip Code 48037-9998   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>POSTAGE   | Candidate Name   | POSTAGE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3584.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. U.S. Postmaster</b>   |  | <b>Transaction ID:</b> 70222.E13444<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 2 9 / 2 0 0 7 |
| Mailing Address 22200 W. Eleven Mile Road  |  | Amount of Each Disbursement this Period<br>390.00  |
| City Southfield State MI Zip Code 48037-9998   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>POSTAGE   | Candidate Name   | POSTAGE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. U.S. Postmaster</b>   |  | <b>Transaction ID:</b> 70319.E13517<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 2 / 2 0 0 7 |
| Mailing Address 22200 W. Eleven Mile Road  |  | Amount of Each Disbursement this Period<br>546.00  |
| City Southfield State MI Zip Code 48037-9998   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>POSTAGE   | Candidate Name   | POSTAGE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. U.S. Postmaster</b>   |  | <b>Transaction ID:</b> 70319.E13552<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 2 / 2 0 0 7 |
| Mailing Address 22200 W. Eleven Mile Road  |  | Amount of Each Disbursement this Period<br>155.57  |
| City Southfield State MI Zip Code 48037-9998   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>POSTAGE   | Candidate Name   | POSTAGE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1091.57 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless Great Lakes</b>  |  | <b>Transaction ID: 70319.E13469</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 1 / 2 0 0 7 |
| Mailing Address P.O. Box 790292  |  | Amount of Each Disbursement this Period<br>185.02   |
| City Saint Louis State MO Zip Code 63179-0292  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>PHONE BILL  | Candidate Name   | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PHONE BILL  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless Great Lakes</b>  |  | <b>Transaction ID: 70319.E13500</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 0 / 2 0 0 7 |
| Mailing Address P.O. Box 790292  |  | Amount of Each Disbursement this Period<br>181.09   |
| City Saint Louis State MO Zip Code 63179-0292  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>PHONE BILL  | Candidate Name   | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PHONE BILL  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Brian Watson</b>  |  | <b>Transaction ID: 70222.E13398</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 0 / 2 0 0 7 |
| Mailing Address 31061 Woodstone Lane, #155   |  | Amount of Each Disbursement this Period<br>34.96  |
| City Novi State MI Zip Code 48377-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW  | Candidate Name   | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 401.07 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b>  |  | Transaction ID: 70222.E13399<br>Date of Disbursement<br>01 / 10 / 2007 |
| Mailing Address 3375 North Woodward Avenue   |  | Amount of Each Disbursement this Period<br>34.96                       |
| City Royal Oak State MI Zip Code 48073-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name  | Category/Type  | <b>[MEMO ITEM]</b><br>MEMO: OFFICE SUPPLIES                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Brian Watson</b>  |  | Transaction ID: 70222.E13448<br>Date of Disbursement<br>01 / 30 / 2007 |
| Mailing Address 31061 Woodstone Lane, #155   |  | Amount of Each Disbursement this Period<br>132.26                      |
| City Novi State MI Zip Code 48377-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement REIMBURSEMENT: SEE BELOW<br>Candidate Name   | Category/Type  | REIMBURSEMENT: SEE BELOW   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. American Community Insurance</b>  |  | Transaction ID: 70222.E13449<br>Date of Disbursement<br>01 / 30 / 2007 |
| Mailing Address 39201 Seven Mile Road  |  | Amount of Each Disbursement this Period<br>132.26                      |
| City Livonia State MI Zip Code 48152-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement HEALTH INSURANCE<br>Candidate Name   | Category/Type  | <b>[MEMO ITEM]</b><br>MEMO: HEALTH INSURANCE                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 132.26      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Brian Watson</b>  |  | <b>Transaction ID:</b> 70319.E13520<br>Date of Disbursement<br>02 / 27 / 2007 |
| Mailing Address 31061 Woodstone Lane, #155   |  | Amount of Each Disbursement this Period<br>75.27                              |
| City Novi State MI Zip Code 48377-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW  |  | REIMBURSEMENT: SEE BELOW  |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>  |  | <b>Transaction ID:</b> 70319.E13522<br>Date of Disbursement<br>02 / 27 / 2007 |
| Mailing Address 3375 North Woodward Avenue   |  | Amount of Each Disbursement this Period<br>7.82                               |
| City Royal Oak State MI Zip Code 48073-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>FOLDERS   |  | [MEMO ITEM]<br>MEMO: FOLDERS  |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Brian Watson</b>  |  | <b>Transaction ID:</b> 70319.E13521<br>Date of Disbursement<br>02 / 27 / 2007 |
| Mailing Address 31061 Woodstone Lane, #155   |  | Amount of Each Disbursement this Period<br>67.45                              |
| City Novi State MI Zip Code 48377-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>MILEAGE REIMBURSEMENT   |  | [MEMO ITEM]<br>MEMO: MILEAGE REIMBURSEMENT                                    |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 75.27 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]   |



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Brian Watson</b>  |  | <b>Transaction ID: 70319.E13574</b><br>Date of Disbursement<br>03 / 19 / 2007                       |  |
| Mailing Address 31061 Woodstone Lane, #155   |  | Amount of Each Disbursement this Period<br>25.41  |  |
| City Novi<br>State MI<br>Zip Code 48377-   | Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Best Buy</b>  |  | <b>Transaction ID: 70319.E13575</b><br>Date of Disbursement<br>03 / 19 / 2007                       |  |
| Mailing Address 28661 Telegraph Road   |  | Amount of Each Disbursement this Period<br>25.41  |  |
| City Southfield<br>State MI<br>Zip Code 48034-   | Purpose of Disbursement<br>MUSIC FOR RALLY   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: MUSIC FOR RALLY   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ms. Elif Wisecup</b>  |  | <b>Transaction ID: 70319.E13578</b><br>Date of Disbursement<br>03 / 07 / 2007                       |  |
| Mailing Address 1772 Washington  |  | Amount of Each Disbursement this Period<br>1210.00  |  |
| City Birmingham<br>State MI<br>Zip Code 48009-   | Purpose of Disbursement<br>BILLBOARD DESIGN  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | BILLBOARD DESIGN  |  |

|  |                  |
|--|------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>1235.41</b>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <b>114173.81</b> |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bloomfield Republican Womens Club</b> |   | <b>Transaction ID: 70319.E13506</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 0 / 2 0 0 7  |
| Mailing Address c/o Joyce MacLeish<br>650 E. big Beaver                                |   | Amount of Each Disbursement this Period<br>24.00   |
| City Troy State MI Zip Code 48083-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Purpose of Disbursement<br>TICKET  |   | Category/<br>Type  |
| Candidate Name   |   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Bloomfield Republican Womens Club</b> |   | <b>Transaction ID: 70319.E13462</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 1 / 2 0 0 7  |
| Mailing Address c/o Joyce MacLeish<br>650 E. big Beaver                                |   | Amount of Each Disbursement this Period<br>24.00   |
| City Troy State MI Zip Code 48083-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Purpose of Disbursement<br>TICKET  |   | Category/<br>Type  |
| Candidate Name   |   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Bloomfield Republican Womens Club</b> |   | <b>Transaction ID: 70319.E13501</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 0 / 2 0 0 7  |
| Mailing Address c/o Joyce MacLeish<br>650 E. big Beaver                                |   | Amount of Each Disbursement this Period<br>100.00  |
| City Troy State MI Zip Code 48083-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Purpose of Disbursement<br>AD IN BOOKLET   |   | Category/<br>Type  |
| Candidate Name   |   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State: District:   |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 148.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Knollenberg for Congress Committee

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Bloomfield Republican Womens Club</b>   |   | <b>Transaction ID: 70319.E13580</b><br>Date of Disbursement<br>03 / 07 / 2007 |
| Mailing Address c/o Joyce MacLeish<br>650 E. big Beaver  |   | Amount of Each Disbursement this Period<br>32.00                              |
| City Troy State MI Zip Code 48083-   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |   |
| Purpose of Disbursement<br>TICKET  | Candidate Name  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Oakland County Lincoln Republican Club</b>  |   | <b>Transaction ID: 70319.E13579</b><br>Date of Disbursement<br>03 / 07 / 2007 |
| Mailing Address P.O. Box 1004  |   | Amount of Each Disbursement this Period<br>780.00                             |
| City Royal Oak State MI Zip Code 48068-  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |   |
| Purpose of Disbursement<br>TICKETS   | Candidate Name  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Romney for President</b>  |   | <b>Transaction ID: 70405.E13609</b><br>Date of Disbursement<br>03 / 30 / 2007 |
| Mailing Address 585 Commercial Street  |   | Amount of Each Disbursement this Period<br>2000.00                            |
| City Boston State MA Zip Code 02109-   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |   |
| Purpose of Disbursement<br>DONATION (MITT ROMNEY-PRESIDENT)  | Candidate Name  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | State: District:  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>2812.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <b>2960.00</b> |