

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
EHLERS FOR CONGRESS COMMITTEE

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

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

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

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

5. Covering Period 01 01 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 J. Lindsey Dood

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

EHLERS FOR CONGRESS COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	64250.00	68375.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	64250.00	68375.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	20993.50	56763.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	210.64	210.64
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20782.86	56552.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	391798.32	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
EHLERS FOR CONGRESS COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

60250.00

60750.00

(ii) Unitemized.....

0.00

125.00

(iii) TOTAL of contributions

60250.00

60875.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

4000.00

7500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

64250.00

68375.00

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

210.64

210.64

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

2451.09

6278.36

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

66911.73

74864.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20993.50	56763.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	25000.00	25000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	45993.50	81763.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	370880.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	66911.73
25. SUBTOTAL (add Line 23 and Line 24).....	437791.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45993.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	391798.32

**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 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Ray Andrews		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 2112 Dewberry Drive NE		Transaction ID: SA11A1.16170
City State Zip Code Grand Rapids MI 49505-5725	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired Lawyer	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1000.00	

Full Name (Last, First, Middle Initial) B. John Baab		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 694 Cascade Hills Ridge SE		Transaction ID: SA11A1.16171
City State Zip Code Grand Rapids MI 49546	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Ernst & Young Retired	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	500.00	

Full Name (Last, First, Middle Initial) C. Mark J. Bissell		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address PO Box 1888		Transaction ID: SA11A1.16172
City State Zip Code Grand Rapids MI 49501	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Bissell, Inc. President and CEO	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Mrs. Edith Blodgett		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7	
Mailing Address 2740 Littlefield NE		Transaction ID: SA11A1.16174	
City State Zip Code Grand Rapids MI 49506	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Retired	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ginny Seyferth Boss		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address Seyferth, Spaulding, Tennyson, Inc 40 Monroe Center, Suite 202		Transaction ID: SA11A1.16175	
City State Zip Code Grand Rapids MI 49503	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Seyferth, Spaulding, Tennyson, Inc. President	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mary Buist		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 7	
Mailing Address 3351 Golfview Drive NW		Transaction ID: SA11A1.16176	
City State Zip Code Grand Rapids MI 49544-7338	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Community Volunteer	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Robert Buist		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 1410 Rothbury Drive NE		Transaction ID: SA11A1.16177
City State Zip Code Grand Rapids MI 49505	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer D & M Metal Products Co	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Donald Buske		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 3055 Mary SE		Transaction ID: SA11A1.16178
City State Zip Code East Grand Rapids MI 49506	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Norman Byrne		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address PO Box 306		Transaction ID: SA11A1.16179
City State Zip Code Rockford MI 49341-0306	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Byrne Electrical Special- sts, Inc.	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Jon Chism

Mailing Address 330 Plymouth Dr. SE

City State Zip Code
East Grand Rapids MI 49506

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

Name of Employer Occupation
Plante & Moran, PLLC CPA

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: SA11A1.16180

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Wendell Christoff

Mailing Address 7122 Gladys SE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
Litehouse, Inc. Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: SA11A1.16181

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 833 Bradford Hollow NE

City State Zip Code
Grand Rapids MI 49525

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

Name of Employer Occupation
Varnum, Riddering, Schmidt & Howlett, Attorney at Law

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: SA11A1.16184

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Peter Cook		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 3729 Cook Valley Blvd		Transaction ID: SA11A1.16185	
City State Zip Code Grand Rapids MI 49546	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Cook Holdings Chairman	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Dr. Jon Cowan		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7	
Mailing Address 1861 Morningside Dr. SE		Transaction ID: SA11A1.16186	
City State Zip Code Grand Rapids MI 49506-5120	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Anesthesia Medical Consultants, PC Physician - Anesthesiologist	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. William Currie		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address 1830 Beard Drive SE		Transaction ID: SA11A1.16187	
City State Zip Code Grand Rapids MI 49546	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Universal Forest Products Executive Chairman	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Kevin Cusack Mailing Address 4711 Bradford Street NE City State Zip Code Grand Rapids MI 49525 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 2 / 2 0 0 7 Transaction ID: SA11A1.16188 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Oppenheimer & Co. Investment advisor Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Dr. Steven Dater Mailing Address 7122 Hawick Ct. City State Zip Code Belmont MI 49306 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.16189 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Dentist Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Douglas Decamp Mailing Address 3485 West M-179 Highway City State Zip Code Hastings MI 49058 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 7 / 2 0 0 7 Transaction ID: SA11A1.16190 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation FlexFab/FHI President/CEO Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Howard DeHaan		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7	
Mailing Address 3746 Charlevoix SE		Transaction ID: SA11A1.16191	
City State Zip Code Grand Rapids MI 49546	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Russ' Rests. Retired	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Dr. Harvey DeMaagd		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address 623 Sligh Blvd NE		Transaction ID: SA11A1.16192	
City State Zip Code Grand Rapids MI 49505	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Spectrum Health Physican	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Dr. Robert G. denDulk		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7	
Mailing Address P.O. Box 100		Transaction ID: SA11A1.16193	
City State Zip Code Cannonsburg MI 49317	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Retired	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

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

Mailing Address 2198 North Thrush Court SE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11A1.16194

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Betsy DeVos

Mailing Address 2003 Hillsboro SE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
The Windquest Group 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
0 2 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.16195

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Daniel DeVos

Mailing Address PO Box 248

City State Zip Code
Ada MI 49301

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

Name of Employer Occupation
DP Fox Ventures L.L.C. President & 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
0 2 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.16196

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Douglas L. DeVos

Mailing Address 7575 Fulton St. East

City State Zip Code
Ada MI 49301

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

Name of Employer Alticor 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 / 19 / 2007

Transaction ID: SA11A1.16197

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 1720 South Ocean Blvd.

City State Zip Code
Manalapan FL 33462

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

Name of Employer RDV Sports/ Alticor Corp Occupation Chairman Orlando Magic/Exec

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2007

Transaction ID: SA11A1.16198

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 609 Lakeside SE

City State Zip Code
East Grand Rapids MI 49506

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
02 / 23 / 2007

Transaction ID: SA11A1.16199

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	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 14 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Sharron Reynolds Elderkin

Mailing Address 7788 Railside Drive SW

City State Zip Code
Byron Center MI 49315

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

Name of Employer Occupation
Huntington Bank V.P. Community Relations

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 / 08 / 2007

Transaction ID: SA11A1.16201

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Dr. James Fahner

Mailing Address 4445 Oakleaf Drive SE

City State Zip Code
Grand Rapids MI 49546-8225

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

Name of Employer Occupation
DeVos Children's Hospital Pediatric Oncologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2007

Transaction ID: SA11A1.16202

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 3548 Reeds Lake Blvd. SE

City State Zip Code
Grand Rapids MI 49506

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

Name of Employer Occupation
Retired Attorney

Receipt For: 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: SA11A1.16203

Amount of Each Receipt this Period
500.00

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

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

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

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. David G. Frey		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address 200 Ottawa Ave. NW		Transaction ID: SA11A1.16204	
City State Zip Code Grand Rapids MI 49503	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Frey Foundation	Occupation Chairman		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Raymond Fuller		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 2249 Shawnee SE		Transaction ID: SA11A1.16205	
City State Zip Code Grand Rapids MI 49506	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Spectrum Health -- Blodge-it Campus	Occupation Retired Cardiologist		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. David H. Gibbs		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7	
Mailing Address 600 Cambridge Blvd. SE		Transaction ID: SA11A1.16206	
City State Zip Code Grand Rapids MI 49506-2811	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 16 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Jr. William Halliday		Date of Receipt MM / DD / YYYY 02 / 02 / 2007
Mailing Address 63 Porter Hills Dr. SE		Transaction ID: SA11A1.16207
City Grand Rapids	State MI	Zip Code 49546
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Attorney-at-Law	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ralph Hauenstein		Date of Receipt MM / DD / YYYY 02 / 06 / 2007
Mailing Address 3739 Cook Valley Blvd. SE		Transaction ID: SA11A1.16208
City Grand Rapids	State MI	Zip Code 49546
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Self Employed	Occupation Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Donnalee Holton		Date of Receipt MM / DD / YYYY 02 / 02 / 2007
Mailing Address 4438 Mystic Ridge Court NE		Transaction ID: SA11A1.16209
City Grand Rapids	State MI	Zip Code 49525
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation Community Volunteer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 17 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

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

Mailing Address 3877 Cook Valley Court SE

City State Zip Code
Grand Rapids MI 49546-8352

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

Name of Employer Occupation
C & H Holdings, LLC 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 / 06 / 2007

Transaction ID: SA11A1.16210

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
J.C. Huizenga

Mailing Address Westwater Group
618 Kenmoor SE, Suite 120

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
Westwater Group Executive

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
02 / 13 / 2007

Transaction ID: SA11A1.16211

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
John Hunting

Mailing Address 161 Ottawa Ave NW #501- H

City State Zip Code
Grand Rapids MI 49503-2701

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

Name of Employer Occupation
John Hunting and Associates Environmentalist/Investor

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 / 21 / 2007

Transaction ID: SA11A1.16212

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	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 18 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Lee Irving

Mailing Address 936 San Lucia SE

City State Zip Code
East Grand Rapids MI 49506

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 ▼
500.00

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

Transaction ID: SA11A1.16213

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 333 Bridge St. NW Ste.800

City State Zip Code
Grand Rapids MI 49504

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

Name of Employer Bridge Street Capital Partners Occupation
Executive

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
02 / 15 / 2007

Transaction ID: SA11A1.16214

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
F. Martin Johnson

Mailing Address 212 Stickney Ridge Road

City State Zip Code
Grand Haven MI 49417

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

Name of Employer JSJ Corp. Occupation
Retired 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 Y
03 / 20 / 2007

Transaction ID: SA11A1.16215

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Deb Walsh Kay

Mailing Address 1155 Idema SE

City State Zip Code
East Grand Rapids MI 49506

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

Name of Employer Varnum, Riddering, Schmidt Occupation Attorney

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 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.16216

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 2525 Indian Trail SE

City State Zip Code
East Grand Rapids MI 49506

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 Y
0 2 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.16217

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 5505 Bancroft Avenue

City State Zip Code
Alto MI 49302-9601

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

Name of Employer Cascade Engineering 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 Y
0 3 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.16218

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Jr. Donald Klopcic		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007
Mailing Address 2555 Ashwood Court SE		Transaction ID: SA11A1.16219
City Ada	State MI	Zip Code 49301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer West Side Beer	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Libby Child Laskowski		Date of Receipt M M / D D / Y Y Y Y Y 02 / 15 / 2007
Mailing Address 1525 Laurel Avenue SE		Transaction ID: SA11A1.16265
City Grand Rapids	State MI	Zip Code 49506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Varnum Consulting	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David Leonard		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2007
Mailing Address 6383 Redington Drive		Transaction ID: SA11A1.16220
City Ada	State MI	Zip Code 49301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Spectrum Health, North Of- fice Building	Occupation Attorney/General Counsel	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

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

Mailing Address 4100 Clearview NE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Self-Employed Occupation
Attorney

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

500.00

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

Transaction ID: SA11A1.16221

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Kenneth Lobbes

Mailing Address 2204 DeLange Drive SE

City State Zip Code
Grand Rapids MI 49506-5305

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

Name of Employer Occupation
Retired Physician

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.16222

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Jr. John Loeks

Mailing Address 652 Manhattan Road

City State Zip Code
East Grand Rapids MI 49506

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

Name of Employer Occupation
Jack Loeks Theatres President

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

500.00

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

Transaction ID: SA11A1.16223

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Donald W. Maine		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7	
Mailing Address 550 Overbrook Lane		Transaction ID: SA11A1.16224	
City State Zip Code Grand Rapids MI 49507-3520	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Davenport University	Occupation Chancellor Emeritus		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. George McAleenan		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 500 Dogwood Lane NE		Transaction ID: SA11A1.16225	
City State Zip Code Ada MI 49301	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer		Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. David Mehney		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7	
Mailing Address 3049 Mary SE		Transaction ID: SA11A1.16226	
City State Zip Code East Grand Rapids MI 49506	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer KMW Group, Inc.		Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 23 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Mary Beth Shehan Meijer Mailing Address PO Box 2284 City Grand Rapids State MI Zip Code 49501-2284 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.16227 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	0		2	0	0	7														
1000.00																							
Name of Employer Occupation Housewife - RN Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

B. Full Name (Last, First, Middle Initial) Dr. Barbara Mieras Mailing Address Davenport University 5668 Forest Glen SE City Ada State MI Zip Code 49301 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.16228 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		3	0		2	0	0	7														
500.00																							
Name of Employer Occupation Davenport University President of the Foundation / EVP for Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																				
500.00																							

C. Full Name (Last, First, Middle Initial) Tom Newhof Mailing Address 6550 Old Darby Trail NE City Ada State MI Zip Code 49301 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.16229 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	2		2	0	0	7														
1000.00																							
Name of Employer Occupation Prein and Newhof Engineer Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

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 24 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. James Nicholas		Date of Receipt MM / DD / YYYY 03 / 09 / 2007
Mailing Address 3103 Manhattan Lane SE		Transaction ID: SA11A1.16230
City East Grand Rapids	State MI	Zip Code 49506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Nicholas Plastics	Occupation Chairman	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Doug Poortenga		Date of Receipt MM / DD / YYYY 02 / 27 / 2007
Mailing Address 547 Kent Hills Road NE		Transaction ID: SA11A1.16231
City Grand Rapids	State MI	Zip Code 49505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Progressive Technologies	Occupation Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. James Poortenga		Date of Receipt MM / DD / YYYY 03 / 30 / 2007
Mailing Address 3858 Kalamazoo SE		Transaction ID: SA11A1.16232
City Grand Rapids	State MI	Zip Code 49508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Chuck Royce

Mailing Address 252 Pearl NW St., Suite 4D

City State Zip Code
Grand Rapids MI 49503

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
0 1 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.16233

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Amb. Peter Secchia

Mailing Address 2833 Bonnell SE

City State Zip Code
East Grand Rapids MI 49506

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

Name of Employer Occupation
Universal Wood Products Chairman of the Board

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: SA11A1.16234

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
James Shea

Mailing Address 1965 Barrett

City State Zip Code
Troy MI 48084-2125

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

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

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.16235

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Dana Sommers		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 4428 Bradford Farms Court NE		Transaction ID: SA11A1.16236	
City State Zip Code Grand Rapids MI 49525-1184	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Grotenhuis	Occupation CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dan Spaulding		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 7	
Mailing Address Seyferth Spaulding Tennyson Inc. 40 Monroe Center NW, Suite 202		Transaction ID: SA11A1.16237	
City State Zip Code Grand Rapids MI 49503	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Seyferth Spaulding Tennyson Inc.	Occupation Executive Vice President/Partner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Glenn Steil		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 1240 Franklin St.		Transaction ID: SA11A1.16239	
City State Zip Code Marne MI 49435	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation Furniture owner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Jerry Subar		Date of Receipt MM / DD / YYYY 02 / 08 / 2007
Mailing Address 2605 Hampshire SE		Transaction ID: SA11A1.16240
City East Grand Rapids	State MI	Zip Code 49506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Model Coverall Service	Occupation Chairman	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Jerry Tubergen		Date of Receipt MM / DD / YYYY 02 / 06 / 2007
Mailing Address 500 Penn Plaza 126 Ottawa Ave. NW		Transaction ID: SA11A1.16241
City Grand Rapids	State MI	Zip Code 49503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RDV Corporation	Occupation CEO/President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Kent Vana		Date of Receipt MM / DD / YYYY 02 / 08 / 2007
Mailing Address 5999 Grand River Drive		Transaction ID: SA11A1.16242
City Ada	State MI	Zip Code 49301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Varnum Riddering	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Stephen VanAndel		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address PO Box 74		Transaction ID: SA11A1.16243
City State Zip Code Ada MI 49301	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Alticor Inc. Chairman	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Jack VanderSloot		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 3756 Ravine Vista SE		Transaction ID: SA11A1.16244
City State Zip Code Grand Rapids MI 49508	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Van's Industrial Equipment President	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) C. George VandeWoude		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 9451 Bailey Dr. NE		Transaction ID: SA11A1.16245
City State Zip Code Ada MI 49301	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation VanAndel Research Institute Director Basic Research	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Norma VanKuiken		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address 3909 Lake Drive SE		Transaction ID: SA11A1.16246	
City State Zip Code Grand Rapids MI 49546-4346	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Teacher Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Carl Verbeek		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 2430 Glen Echo SE		Transaction ID: SA11A1.16247	
City State Zip Code Grand Rapids MI 49546	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Jr. Roger L. Warnshuis		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 3869 Cook Valley Court SE		Transaction ID: SA11A1.16248	
City State Zip Code Grand Rapids MI 49546	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 2000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Peter M. Wege		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address PO Box 6388		Transaction ID: SA11A1.16249	
City Grand Rapids	State MI	Zip Code 49516	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wege Foundation	Occupation President/ retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Paul Weller		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address 4505 James Drive SW		Transaction ID: SA11A1.16250	
City Grandville	State MI	Zip Code 49418	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Weller Auto Parts Inc.	Occupation Manager/Owner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. James Williams		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 3706 Buttrick SE		Transaction ID: SA11A1.16251	
City Ada	State MI	Zip Code 49301	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Williams Distributing Co.	Occupation Bus. Manager		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	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:		PAGE 31 / 52	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

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

Mailing Address 4883 N. Quail Crest

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
GR Spring & Stamping, Inc. Manager

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	0	7

Transaction ID: SA11A1.16252

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	60250.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. CMS ENERGY CORP EMPLOYEES FOR BETTER GOVERNMENT (FKA CONSUMERS POWER COMPANY)		Date of Receipt
Mailing Address 330 TOWN CENTER DR		M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
City State Zip Code DEARBORN MI 48126	FEC ID number of contributing federal political committee. C C00075473	Transaction ID: SA11C.16255
Name of Employer Occupation	Amount of Each Receipt this Period 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. DELPHI CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt
Mailing Address WORLD HEADQUARTERS 5725 DELPHI DR.		M M / D D / Y Y Y Y Y 0 3 / 2 1 / 2 0 0 7
City State Zip Code TROY MI 48098	FEC ID number of contributing federal political committee. C	Transaction ID: SA11C.16253
Name of Employer Occupation	Amount of Each Receipt this Period 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. HUNTINGTON BANCSHARES INCORPORATED POLITICAL ACTION COMMITTEE(HBI-PAC)		Date of Receipt
Mailing Address 41 SOUTH HIGH STREET		M M / D D / Y Y Y Y Y 0 3 / 0 7 / 2 0 0 7
City State Zip Code COLUMBUS OH 43215	FEC ID number of contributing federal political committee. C	Transaction ID: SA11C.16254
Name of Employer Occupation	Amount of Each Receipt this Period 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	4000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHASE Bank

Mailing Address PO Box 330116

City State Zip Code
Detroit MI 48232-6116

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1348.87

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2007

Transaction ID: SA15.16256

Amount of Each Receipt this Period
1186.80

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

B. Full Name (Last, First, Middle Initial)
Founder's Trust

Mailing Address 5181 Cascade Road

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
766.11

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 26 / 2007

Transaction ID: SA15.16257

Amount of Each Receipt this Period
259.14

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

C. Full Name (Last, First, Middle Initial)
Founder's Trust

Mailing Address 5181 Cascade Road

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1026.28

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 26 / 2007

Transaction ID: SA15.16258

Amount of Each Receipt this Period
260.17

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

SUBTOTAL of Receipts This Page (optional)	▶	1706.11
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Macatawa Bank		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 126 Ottawa NW		Transaction ID: SA15.16269	
City State Zip Code Grand Rapids MI 49503	Amount of Each Receipt this Period 129.57		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2985.94		

Full Name (Last, First, Middle Initial) B. Macatawa Bank		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 126 Ottawa NW		Transaction ID: SA15.16263	
City State Zip Code Grand Rapids MI 49503	Amount of Each Receipt this Period 147.40		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3133.34		

Full Name (Last, First, Middle Initial) C. Macatawa Bank		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address 126 Ottawa NW		Transaction ID: SA15.16264	
City State Zip Code Grand Rapids MI 49503	Amount of Each Receipt this Period 165.93		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3299.27		

SUBTOTAL of Receipts This Page (optional) ▶	442.90
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 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) Northern Trust Bank, FSB		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 40701 Woodward Avenue Suite 110		Transaction ID: SA15.16260	
City State Zip Code Bloomfield Hills MI 48304		Amount of Each Receipt this Period 103.64	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 405.50	

Full Name (Last, First, Middle Initial) Northern Trust Bank, FSB		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 9 / 2 0 0 7	
Mailing Address 40701 Woodward Avenue Suite 110		Transaction ID: SA15.16261	
City State Zip Code Bloomfield Hills MI 48304		Amount of Each Receipt this Period 104.07	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 509.57	

Full Name (Last, First, Middle Initial) Northern Trust Bank, FSB		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 9 / 2 0 0 7	
Mailing Address 40701 Woodward Avenue Suite 110		Transaction ID: SA15.16262	
City State Zip Code Bloomfield Hills MI 48304		Amount of Each Receipt this Period 94.37	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 603.94	

SUBTOTAL of Receipts This Page (optional) ▶	302.08
TOTAL This Period (last page this line number only) ▶	2451.09

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Amway Grand Plaza Hotel		Transaction ID: SB17.16164
Mailing Address Pearl at Monroe		Date of Disbursement 02 / 22 / 2007
City Grand Rapids	State MI	Zip Code 49503
Purpose of Disbursement Employee Travel		Amount of Each Disbursement this Period 11.10
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Applause Catering		Transaction ID: SB17.16099
Mailing Address 2728 Birchcrest SE		Date of Disbursement 01 / 10 / 2007
City Grand Rapids	State MI	Zip Code 49506
Purpose of Disbursement Luncheon Food		Amount of Each Disbursement this Period 1869.84
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AT & T		Transaction ID: SB17.16143
Mailing Address 4075 Bay Road		Date of Disbursement 01 / 05 / 2007
City Saginaw	State MI	Zip Code 48603
Purpose of Disbursement Telephone and Internet Service		Amount of Each Disbursement this Period 260.05
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2140.99
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 52

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. AT & T		Transaction ID: SB17.16156 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 4075 Bay Road		Amount of Each Disbursement this Period 233.13
City State Zip Code Saginaw MI 48603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone and Internet Service Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AT & T		Transaction ID: SB17.16168 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 4075 Bay Road		Amount of Each Disbursement this Period 264.92
City State Zip Code Saginaw MI 48603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone and Internet Service Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Autumn Publishing		Transaction ID: SB17.16144 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address PO Box 1530		Amount of Each Disbursement this Period 4084.86
City State Zip Code Vienna VA 22183	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Holiday Cards Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4582.91
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 38 / 52

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Avaya Inc.		Transaction ID: SB17.16169 Date of Disbursement 03 / 31 / 2007
Mailing Address PO Box 5332		Amount of Each Disbursement this Period 41.12
City New York State NY Zip Code 10087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Contract Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bandstra Business Service		Transaction ID: SB17.16113 Date of Disbursement 02 / 01 / 2007
Mailing Address PO Box 888698		Amount of Each Disbursement this Period 80.00
City Grand Rapids State MI Zip Code 49588	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Tax Prep. Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bandstra Business Service		Transaction ID: SB17.16126 Date of Disbursement 02 / 28 / 2007
Mailing Address PO Box 888698		Amount of Each Disbursement this Period 45.24
City Grand Rapids State MI Zip Code 49588	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement February Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	166.36
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 52

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: SB17.16162 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 1535.13 <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 Event Food Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. City of Grand Rapids		Transaction ID: SB17.16103 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 300 Monroe NW		Amount of Each Disbursement this Period 86.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49503	Purpose of Disbursement City Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. City of Grand Rapids		Transaction ID: SB17.16127 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 300 Monroe NW		Amount of Each Disbursement this Period 82.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49503	Purpose of Disbursement City Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1703.84
TOTAL 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)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. City of Grand Rapids		Transaction ID: SB17.16131 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 300 Monroe NW		Amount of Each Disbursement this Period 82.69
City Grand Rapids State MI Zip Code 49503	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement City Taxes	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ehlers for Congress 401(k) Plan		Transaction ID: SB17.16106 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 126 Ottawa NW		Amount of Each Disbursement this Period 135.00
City Grand Rapids State MI Zip Code 49503	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employee Benefits	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ehlers for Congress 401(k) Plan		Transaction ID: SB17.16110 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 126 Ottawa NW		Amount of Each Disbursement this Period 75.00
City Grand Rapids State MI Zip Code 49503	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employee Benefits	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	292.69
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Ehlers for Congress 401(k) Plan		Transaction ID: SB17.16123 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 126 Ottawa NW		Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49503		
Purpose of Disbursement Employee Benefits	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ehlers for Congress 401(k) Plan		Transaction ID: SB17.16135 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 126 Ottawa NW		Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49503		
Purpose of Disbursement Employee Benefits	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Eric Treur		Transaction ID: SB17.16107 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 333 Woodmere Avenue SE		Amount of Each Disbursement this Period 436.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49506		
Purpose of Disbursement Employee Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	586.96
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Eric Treur		Transaction ID: SB17.16122 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 333 Woodmere Avenue SE		Amount of Each Disbursement this Period 252.83	
City Grand Rapids State MI Zip Code 49506	Purpose of Disbursement Travel Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Eric Treur		Transaction ID: SB17.16124 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 333 Woodmere Avenue SE		Amount of Each Disbursement this Period 212.46	
City Grand Rapids State MI Zip Code 49506	Purpose of Disbursement Employee Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Eric Treur		Transaction ID: SB17.16136 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address 333 Woodmere Avenue SE		Amount of Each Disbursement this Period 212.45	
City Grand Rapids State MI Zip Code 49506	Purpose of Disbursement Employee Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	677.74
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Frankenmuth Insurance		Transaction ID: SB17.16121 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address One Mutual Avenue		Amount of Each Disbursement this Period 237.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Frankenmuth State MI Zip Code 48787		
Purpose of Disbursement Insurance Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Haute On The Hill		Transaction ID: SB17.16155 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 7
Mailing Address PO Box 912		Amount of Each Disbursement this Period 950.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Great Falls State VA Zip Code 22066		
Purpose of Disbursement Event Food Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kent Communications Inc.		Transaction ID: SB17.16096 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 3901 East Paris Avenue SE		Amount of Each Disbursement this Period 1067.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49512		
Purpose of Disbursement Postage for Ehlers Christmas Card Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2255.86
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Macatawa Bank		Transaction ID: SB17.16111 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 126 Ottawa NW		Amount of Each Disbursement this Period 525.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement Administration Fee		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Macatawa Bank (IRS)		Transaction ID: SB17.16101 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 126 Ottawa NW		Amount of Each Disbursement this Period 228.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement 941 Taxes		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Macatawa Bank (IRS)		Transaction ID: SB17.16102 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 126 Ottawa NW		Amount of Each Disbursement this Period 15.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement 940 Taxes		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	768.79
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Macatawa Bank (IRS)		Transaction ID: SB17.16118 Date of Disbursement
Mailing Address 126 Ottawa NW		<input type="text" value="02"/> <input type="text" value="07"/> / <input type="text" value="2007"/>
City Grand Rapids	State MI	Zip Code 49503
Purpose of Disbursement 941 Taxes	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="212.33"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Macatawa Bank (IRS)		Transaction ID: SB17.16130 Date of Disbursement
Mailing Address 126 Ottawa NW		<input type="text" value="03"/> <input type="text" value="14"/> / <input type="text" value="2007"/>
City Grand Rapids	State MI	Zip Code 49503
Purpose of Disbursement 941 Taxes	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="141.26"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Macatawa Bank (IRS)		Transaction ID: SB17.16133 Date of Disbursement
Mailing Address 126 Ottawa NW		<input type="text" value="03"/> <input type="text" value="15"/> / <input type="text" value="2007"/>
City Grand Rapids	State MI	Zip Code 49503
Purpose of Disbursement Wire Transfer Fee	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="373.59"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Mary Post		Transaction ID: SB17.16108 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 1360 Penncross Dr SE		Amount of Each Disbursement this Period 311.99
City Caledonia State MI Zip Code 49316	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employee Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mary Post		Transaction ID: SB17.16125 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 1360 Penncross Dr SE		Amount of Each Disbursement this Period 363.64
City Caledonia State MI Zip Code 49316	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employee Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mary Post		Transaction ID: SB17.16137 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 1360 Penncross Dr SE		Amount of Each Disbursement this Period 833.82
City Caledonia State MI Zip Code 49316	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employee Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1509.45
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Meijer Gardens		Transaction ID: SB17.16159 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 1000 East Beltline NE		Amount of Each Disbursement this Period 900.00
City Grand Rapids State MI Zip Code 49525	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Room Rental Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Meijer Gardens		Transaction ID: SB17.16161 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 1000 East Beltline NE		Amount of Each Disbursement this Period 200.00
City Grand Rapids State MI Zip Code 49525	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Room Rental Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Michigan Department of Treasury		Transaction ID: SB17.16104 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address Treasury Building 430 West Allegan Street		Amount of Each Disbursement this Period 63.00
City Lansing State MI Zip Code 48922	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement State Taxes Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1163.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Michigan Retailers Association		Transaction ID: SB17.16109 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 603 South Washington Avenue		Amount of Each Disbursement this Period 90.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lansing State MI Zip Code 48933		
Purpose of Disbursement Credit Card Transaction Fee Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Michigan Retailers Association		Transaction ID: SB17.16128 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 603 South Washington Avenue		Amount of Each Disbursement this Period 134.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lansing State MI Zip Code 48933		
Purpose of Disbursement Credit Card Transaction Fee Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. University Club		Transaction ID: SB17.16098 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address One Vandenberg Center		Amount of Each Disbursement this Period 396.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49503		
Purpose of Disbursement Luncheon Food Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	620.69
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: SB17.16117 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 225 Michigan Street NW		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49503		
Purpose of Disbursement Business Reply Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: SB17.16120 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 225 Michigan Street NW		Amount of Each Disbursement this Period 144.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49503		
Purpose of Disbursement PO Box Rental Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: SB17.16160 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 225 Michigan Street NW		Amount of Each Disbursement this Period 228.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49503		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	572.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: SB17.16163 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 225 Michigan Street NW		Amount of Each Disbursement this Period 5.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49503		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Treasury (Macatawa Bank)		Transaction ID: SB17.16132 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 126 Ottawa NW		Amount of Each Disbursement this Period 2281.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49503		
Purpose of Disbursement 1120 POL Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Xerox Corporation		Transaction ID: SB17.16097 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address P.O. Box 660501		Amount of Each Disbursement this Period 44.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266		
Purpose of Disbursement Copier Contract Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2331.59
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Xerox Corporation

Mailing Address P.O. Box 660501

City State Zip Code
Dallas TX 75266

Purpose of Disbursement
Copier Contract

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.16129

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	3		0	5		2	0	0	7

Amount of Each Disbursement this Period

309.90

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

309.90

TOTAL This Period (last page this line number only)

20056.36

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. NRCC		Transaction ID: SB21.16116 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7	
Mailing Address 320 First Street SE		Amount of Each Disbursement this Period 25000.00	
City Washington	State DC	Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Transfer of Excess Funds		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	25000.00
TOTAL This Period (last page this line number only)	25000.00