

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 159
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Walberg for Congress

A. Full Name (Last, First, Middle Initial)
Mr R D Musser III

Mailing Address **PO Box 286**

City **Mackinac Island** State **MI** Zip Code **49757-0286**

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

Name of Employer **THE GRAND HOTEL** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : A3EFC1C6B641749D3A42

Amount of Each Receipt this Period
 _____ **-1000.00**

Memo Item
Redesignation From

B. Full Name (Last, First, Middle Initial)
Mr R D Musser III

Mailing Address **PO Box 286**

City **Mackinac Island** State **MI** Zip Code **49757-0286**

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

Name of Employer **THE GRAND HOTEL** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : AF96368DB58CE45D8A8D

Amount of Each Receipt this Period
 _____ **1000.00**

Memo Item
Redesignation To

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

Mailing Address **433 Saint Marys Avenue**

City **Monroe** State **MI** Zip Code **48162-2748**

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

Name of Employer **SPARTAN INSURANCE AGENCY** Occupation **INSURANCE AGENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : A4F34BB4F125240B4948

Amount of Each Receipt this Period
 _____ **2700.00**

Memo Item

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

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

_____ **2700.00**
