

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

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

FOR LINE NUMBER: PAGE 38 / 59

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Michigan Senate 2008

<p>A. Full Name (Last, First, Middle Initial) Thomas Rosin</p>		<p>Date of Receipt MM / DD / YYYY 05 / 07 / 2007</p>	
<p>Mailing Address 3310 W. Big Beaver, #130</p>		<p>Transaction ID: SA11A1-111</p>	
<p>City State Zip Code Troy MI 48084</p>	<p>Amount of Each Receipt this Period 2000.00</p>		
<p>FEC ID number of contributing federal political committee. C</p>	<p>Aggregate Year-to-Date 2000.00</p>		
<p>Name of Employer Self-Employed</p>	<p>Occupation Real Estate Executive</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 2000.00</p>		

<p>B. Full Name (Last, First, Middle Initial) Robert Swickle</p>		<p>Date of Receipt MM / DD / YYYY 05 / 07 / 2007</p>	
<p>Mailing Address 5280 Hale Dr.</p>		<p>Transaction ID: SA11A1-112</p>	
<p>City State Zip Code Troy MI 48085</p>	<p>Amount of Each Receipt this Period 1150.00</p>		
<p>FEC ID number of contributing federal political committee. C</p>	<p>Aggregate Year-to-Date 1150.00</p>		
<p>Name of Employer Jaques Admiralty Law</p>	<p>Occupation Attorney</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 1150.00</p>		

<p>C. Full Name (Last, First, Middle Initial) Colleen M. Ziegler</p>		<p>Date of Receipt MM / DD / YYYY 05 / 07 / 2007</p>	
<p>Mailing Address 27070 W. 14 Mile Rd.</p>		<p>Transaction ID: SA11A1-113</p>	
<p>City State Zip Code Franklin MI 48025</p>	<p>Amount of Each Receipt this Period 2600.00</p>		
<p>FEC ID number of contributing federal political committee. C</p>	<p>Aggregate Year-to-Date 2600.00</p>		
<p>Name of Employer N/A</p>	<p>Occupation Volunteer</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 2600.00</p>		

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>5750.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	

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