

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

ADDRESS (number and street) 7575 E FULTON ROAD 56-2U
 Check if different than previously reported. (ACC)
ADA MI 49355

2. **FEC IDENTIFICATION NUMBER** C00034884
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIPCODE

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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2006 through 09 30 2006

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 Scott E Smoes

Signature of Treasurer Electronically Filed by Scott E Smoes Date 10 05 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		55761.14
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	56674.55									
(c) Total Receipts (from Line 19)	2241.92	4955.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58916.47	60716.47								
7. Total Disbursements (from Line 31)	33500.00	35300.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25416.47	25416.47								
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									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2006.14	4186.11
(i) Itemized (use Schedule A)	235.78	769.22
(ii) Unitemized	2241.92	4955.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2241.92	4955.33
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2241.92	4955.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2241.92	4955.33

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	35300.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33500.00	35300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	33500.00	35300.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	2241.92	4955.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2241.92	4955.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A. Full Name (Last, First, Middle Initial)
Dirk C. Bloemendaal

Mailing Address 7575 Fulton Street East

City State Zip Code
Ada MI 49355

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

Name of Employer Alticor Occupation Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: SA11A1.4204

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
Elizabeth Dornan

Mailing Address 7575 East Fulton Street

City State Zip Code
Ada MI 49355

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

Name of Employer Alticor Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: SA11A1.4203

Amount of Each Receipt this Period
120.00

C. Full Name (Last, First, Middle Initial)
Robert W. Hamilton

Mailing Address 7575 Fulton Street East

City State Zip Code
Ada MI 49355

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

Name of Employer Alticor Occupation Industry Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: SA11A1.4202

Amount of Each Receipt this Period
115.38

SUBTOTAL of Receipts This Page (optional)	355.38
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A. Full Name (Last, First, Middle Initial)
Richard N. Holwill

Mailing Address 624 Maryland Ave. NE #3

City State Zip Code
Washington DC DC 20002

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

Name of Employer Alticor Occupation Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2006

Transaction ID: SA11A1.4199

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
James E. Siewertsen

Mailing Address 1738 Secretariat Drive SE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Alticor Occupation VP - Global Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
190.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2006

Transaction ID: SA11A1.4201

Amount of Each Receipt this Period
60.00

C. Full Name (Last, First, Middle Initial)
Craig V. Witcher

Mailing Address 6840 Bridgewater Drive SE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Alticor Occupation VP - Tax & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.74

Date of Receipt
MM / DD / YYYY
09 / 30 / 2006

Transaction ID: SA11A1.4205

Amount of Each Receipt this Period
230.76

SUBTOTAL of Receipts This Page (optional)	▶	1290.76
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A. Full Name (Last, First, Middle Initial)
Michael J. Zarrelli

Mailing Address 7575 Fulton Street East

City State Zip Code
Ada MI 49355

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

Name of Employer Alticor Occupation Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA11A1.4206

Amount of Each Receipt this Period
240.00

B. Full Name (Last, First, Middle Initial)
Joseph Zeigler

Mailing Address 7575 East Fulton Street

City State Zip Code
Ada MI 49355

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

Name of Employer Alticor Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA11A1.4200

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional)	▶	360.00
TOTAL This Period (last page this line number only)	▶	2006.14

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Full Name (Last, First, Middle Initial) A. MICHELE M BACHMANN		Transaction ID: SB23.4287 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 1801 JOHNSON DRIVE		Amount of Each Disbursement this Period 1000.00
City STILLWATER State MN Zip Code 55082	Purpose of Disbursement Support Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) B. ROY BLUNT		Transaction ID: SB23.4249 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 50100		Amount of Each Disbursement this Period 2500.00
City SPRINGFIELD State MO Zip Code 65805	Purpose of Disbursement Support Candidate Name ROY BLUNT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) C. JOHN A BOEHNER		Transaction ID: SB23.4255 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 7908-I CINCINNATI DAYTON RD		Amount of Each Disbursement this Period 2500.00
City WEST CHESTER State OH Zip Code 45069	Purpose of Disbursement Support Candidate Name JOHN A BOEHNER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Full Name (Last, First, Middle Initial) A. MARY BONO		Transaction ID: SB23.4210	
Mailing Address PO BOX 3370		Date of Disbursement 07 / 24 / 2006	
City PALM SPRINGS	State CA	Zip Code 92263	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement Support		011 Category/ Type	
Candidate Name MARY BONO			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 45		

Full Name (Last, First, Middle Initial) B. DAVID LEE CAMP		Transaction ID: SB23.4224	
Mailing Address 5901 Woodview Pass		Date of Disbursement 07 / 24 / 2006	
City Midland	State MI	Zip Code 48642	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Support		011 Category/ Type	
Candidate Name DAVID LEE CAMP			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI	District: 04		

Full Name (Last, First, Middle Initial) C. J CHRISTOPHER CHOCOLA		Transaction ID: SB23.4289	
Mailing Address PO BOX 6728		Date of Disbursement 07 / 24 / 2006	
City SOUTH BEND	State IN	Zip Code 46660	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Support		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN	District: 02		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Full Name (Last, First, Middle Initial) A. VERNON J EHLERS		Transaction ID: SB23.4291 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address PO BOX 3340		Amount of Each Disbursement this Period 1000.00
City GRAND RAPIDS State MI Zip Code 49501	Category/ Type	
Purpose of Disbursement Support		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MIKE FERGUSON		Transaction ID: SB23.4293 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 6 Broken Arrow Road		Amount of Each Disbursement this Period 1000.00
City WARREN State NJ Zip Code 07059	Category/ Type	
Purpose of Disbursement Support		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ROBERT CANNON HAYES		Transaction ID: SB23.4298 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 2000		Amount of Each Disbursement this Period 1000.00
City CONCORD State NC Zip Code 28026	Category/ Type	
Purpose of Disbursement Support		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Full Name (Last, First, Middle Initial) A. PETER HOEKSTRA		Transaction ID: SB23.4217 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 1454 CIMARRON DRIVE		Amount of Each Disbursement this Period 1000.00
City HOLLAND State MI Zip Code 49423	Purpose of Disbursement Support Candidate Name PETER HOEKSTRA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NANCY L. JOHNSON		Transaction ID: SB23.4300 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050	Purpose of Disbursement Support Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DONALD A MANZULLO		Transaction ID: SB23.4234 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address PO Box 7783		Amount of Each Disbursement this Period 1000.00
City Rockford State IL Zip Code 61126	Purpose of Disbursement Support Candidate Name DONALD A MANZULLO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Full Name (Last, First, Middle Initial) A. THADDEUS G MCCOTTER		Transaction ID: SB23.4302 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 18430 GOLFVIEW		Amount of Each Disbursement this Period 1000.00
City LIVONIA State MI Zip Code 48152	Purpose of Disbursement Support Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Michigan Majority Committee		Transaction ID: SB23.4310 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 75103		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20013	Purpose of Disbursement Support Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. CANDICE S. MILLER		Transaction ID: SB23.4237 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 28840 Old North River Rd.		Amount of Each Disbursement this Period 1000.00
City Harrison Township State MI Zip Code 48045	Purpose of Disbursement Support Candidate Name CANDICE S. MILLER	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Full Name (Last, First, Middle Initial) A. SUE MYRICK		Transaction ID: SB23.4261	
Mailing Address P. O. Box 37091		Date of Disbursement 07 / 24 / 2006	
City CHARLOTTE	State NC	Zip Code 28237	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Support		011 Category/ Type	
Candidate Name SUE MYRICK			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC	District: 09		

Full Name (Last, First, Middle Initial) B. RALPH WARREN JR NORMAN		Transaction ID: SB23.4222	
Mailing Address 907 MAPLE HILL LANE		Date of Disbursement 07 / 24 / 2006	
City ROCK HILL	State SC	Zip Code 29732	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Support		011 Category/ Type	
Candidate Name RALPH WARREN JR NORMAN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SC	District: 05		

Full Name (Last, First, Middle Initial) C. MIKE PENCE		Transaction ID: SB23.4253	
Mailing Address PO BOX 408		Date of Disbursement 07 / 24 / 2006	
City ANDERSON	State IN	Zip Code 46015	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Support		011 Category/ Type	
Candidate Name MIKE PENCE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN	District: 06		

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Full Name (Last, First, Middle Initial) A. RICHARD POMBO		Transaction ID: SB23.4241 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 32931 S. TRACY BLVD.		Amount of Each Disbursement this Period 1000.00
City TRACY State CA Zip Code 95377	011 Category/ Type	
Purpose of Disbursement Support		
Candidate Name RICHARD POMBO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DAVE REICHERT		Transaction ID: SB23.4259 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address P. O. Box 53322		Amount of Each Disbursement this Period 1000.00
City Bellevue State WA Zip Code 98015	011 Category/ Type	
Purpose of Disbursement Support		
Candidate Name DAVE REICHERT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. REPUBLICAN NATIONAL COMMITTEE MEMBER SENATE FUND		Transaction ID: SB23.4308 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 2052 COLLEGE AVENUE SE		Amount of Each Disbursement this Period 500.00
City GRAND RAPIDS State MI Zip Code 49507	Category/ Type	
Purpose of Disbursement Event Sponsorship		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Full Name (Last, First, Middle Initial) A. MICHAEL J ROGERS		Transaction ID: SB23.4304 Date of Disbursement 07 / 24 / 2006	
Mailing Address 6899 CORRIGAN DRIVE		Amount of Each Disbursement this Period 1000.00	
City BRIGHTON State MI Zip Code 48116	Purpose of Disbursement Support Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DOUGLAS ROBERT ROULSTONE		Transaction ID: SB23.4306 Date of Disbursement 07 / 24 / 2006	
Mailing Address 2114 157TH AVE SE		Amount of Each Disbursement this Period 1000.00	
City SNOHOMISH State WA Zip Code 98290	Purpose of Disbursement Support Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. WILLIAM T. SALI		Transaction ID: SB23.4257 Date of Disbursement 07 / 24 / 2006	
Mailing Address 175 LINKE CT		Amount of Each Disbursement this Period 500.00	
City KUNA State ID Zip Code 83634	Purpose of Disbursement Support Candidate Name WILLIAM T. SALI	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Full Name (Last, First, Middle Initial) A. PETE SESSIONS		Transaction ID: SB23.4212 Date of Disbursement
Mailing Address Post Office Box 38585		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City Dallas	State TX	Zip Code 75238
Purpose of Disbursement Support		<input type="text" value="1000.00"/>
Candidate Name PETE SESSIONS		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 32	

Full Name (Last, First, Middle Initial) B. MICHAEL STEELE		Transaction ID: SB23.4221 Date of Disbursement
Mailing Address 150 SOUTH STREET SUITE 100		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement Support		<input type="text" value="2000.00"/>
Candidate Name MICHAEL STEELE		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District: 03	

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

33500.00