

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Casperson for Congress

ADDRESS (number and street)

P.O. Box 499

Check if different than previously reported. (ACC)

Escanaba

MI

49829

2. FEC IDENTIFICATION NUMBER

C C00435420

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

MI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X 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 MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 10/01/2015

through

MM/DD/YYYY 12/31/2015

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 Ms. Judi Skradski

Signature of Treasurer Ms. Judi Skradski

[Electronically Filed]

Date

MM/DD/YYYY 12/31/2015

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

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Casperson for Congress

Report Covering the Period: From: / / To: / /

	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))....	145089.86	145089.86
(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)).....	145089.86	145089.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7056.51	7056.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7056.51	7056.51
8. Cash on Hand at Close of Reporting Period (from Line 27).....	143404.27	
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).....	28000.00	

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 12/2003)

Write or Type Committee Name

Casperson for Congress

Report Covering the Period: From: / / To: / /

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).....	123750.00	123750.00
(ii) Unitemized.....	9639.86	9639.86
(iii) TOTAL of contributions from individuals.....	133389.86	133389.86
(b) Political Party Committees.....	5400.00	5400.00
(c) Other Political Committees (such as PACs).....	6300.00	6300.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	145089.86	145089.86
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	5000.00	5000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5000.00	5000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	4.32	4.32
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	150094.18	150094.18

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7056.51	7056.51
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	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7056.51	7056.51

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	366.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	150094.18
25. SUBTOTAL (add Line 23 and Line 24).....	150460.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7056.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	143404.27

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

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

FOR LINE NUMBER: PAGE 5 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Stephen Alexa

Mailing Address W8896 Forest Ln

City State Zip Code
Sagola MI 49881

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

Name of Employer Occupation
Champion Inc. President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : SA11AI.8336

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Karson Amos

Mailing Address 11990 Munro Rd

City State Zip Code
Williamsburg MI 49690

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

Name of Employer Occupation
Amos Farms Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8574

Amount of Each Receipt this Period
 700.00

C. Full Name (Last, First, Middle Initial)
Mr. Chris Anderson

Mailing Address 264 Lake Shore Drive

City State Zip Code
Escanaba MI 49829

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

Name of Employer Occupation
Anderson Funeral Home Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8648

Amount of Each Receipt this Period
 1000.00

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

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

2200.00

**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 6 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Blaise Andreski

Mailing Address 582 Pentoga Trail

City State Zip Code
Crystal Falls MI 49920

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

Name of Employer Occupation
Blaise Andreski Forest Product owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 22 / 2015

Transaction ID : SA11AI.8355

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Rodney Apple

Mailing Address 134 Foxhound Run Rd

City State Zip Code
Aiken SC 29803

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

Name of Employer Occupation
Saucon Resources President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.8632

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Gene Arntsen

Mailing Address 2152 Orhcard St

City State Zip Code
Marquette MI 49855

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

Name of Employer Occupation
Birds Eye Creations Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 28 / 2015

Transaction ID : SA11AI.8391

Amount of Each Receipt this Period
1500.00

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

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

2750.00

**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 7 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Krist Atanasoff

Mailing Address 248 Suset Shores Rd

City Iron River State MI Zip Code 49935

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

Name of Employer Krist Oil Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.8364

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
Jessie Augustyn

Mailing Address 227 Virginia St

City Antigo State WI Zip Code 54409

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

Name of Employer Great Lakes Timber Prof Assoc Occupation Legal & Policy Analyst

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11AI.8277

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Steven Autore

Mailing Address P.O. Box 335

City Cedarville State MI Zip Code 49719

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

Name of Employer Autore Oil Company Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : SA11AI.8347

Amount of Each Receipt this Period
 500.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 8 OF 85
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

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

Mailing Address 1065 Crestview Dr Wrightstown

City State Zip Code
Greenville WI 54942

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

Name of Employer Occupation
Northeast Asphalt Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 30 / 2015

Transaction ID : SA11AI.8503

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Gary Benjamin

Mailing Address PO Box 843

City State Zip Code
Iron Mountain MI 49801

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

Name of Employer Occupation
Champion Inc. CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 22 / 2015

Transaction ID : SA11AI.8340

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
William Bennett

Mailing Address 3301 7th Ave S

City State Zip Code
Escanaba MI 49829

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 28 / 2015

Transaction ID : SA11AI.8408

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 9 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

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

Mailing Address **8 Waterford Ave**

City **Gladstone** State **MI** Zip Code **49837**

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

Name of Employer **Besse Forest Products** Occupation **President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : SA11AI.8321

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert Bink

Mailing Address **404 So. 29th Street**

City **Escanaba** State **MI** Zip Code **49829**

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

Name of Employer **Bink's Coca Cola** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11AI.8250

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Sherri Bink

Mailing Address **404 S 29th Street**

City **Escanaba** State **MI** Zip Code **49829**

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

Name of Employer **Bink's Bottling Co** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11AI.8248

Amount of Each Receipt this Period
2700.00

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

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

8100.00

**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 10 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

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

Mailing Address 5087 US 41 S

City Marquette State MI Zip Code 49855

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

Name of Employer L Blondeau & Sons Trucking Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.8429

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
William Borden

Mailing Address 190 Mary Lou Dr

City Hastings State MI Zip Code 49058

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

Name of Employer Napoleon Hardwood Lumber Co. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2015

Transaction ID : SA11AI.8211

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
William Borden

Mailing Address 190 Mary Lou Dr

City Hastings State MI Zip Code 49058

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

Name of Employer Napoleon Hardwood Lumber Co. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.8448

Amount of Each Receipt this Period
 1200.00

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

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

4200.00

**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 11 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Craig Borr

Mailing Address 629 White Pine Dr

City State Zip Code
Cadillac MI 49601

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

Name of Employer Occupation
MECA Coop President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.8524

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Guy Bowman

Mailing Address 975N County Rd. 432

City State Zip Code
Gulliver MI 49840

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

Name of Employer Occupation
Bowman Gas & Oil Co Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 19 2015

Transaction ID : SA11AI.8264

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Kristopher Bowman

Mailing Address PO Box 23

City State Zip Code
Gulliver MI 49840

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

Name of Employer Occupation
Bowman Gas & Oil Co Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 19 2015

Transaction ID : SA11AI.8262

Amount of Each Receipt this Period
500.00

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

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

2500.00

**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 12 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Luke Brogger

Mailing Address 151 Chloe Ct

City Lowell State MI Zip Code 49331

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

Name of Employer Quality Hardwoods Inc Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.8367

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Robert C Brooks

Mailing Address 44 Willison Rd

City Grosse Pointe Shores State MI Zip Code 48236

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8636

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Teleford Burton

Mailing Address 2584 Cty Rd 479

City McMillian State MI Zip Code 49853

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

Name of Employer Tuffy & Sons LLC Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8589

Amount of Each Receipt this Period
 500.00

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

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

2000.00

**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 13 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Holly Canull		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 1720 22nd Ave S		Transaction ID : SA11AI.8617	
City Escanaba	State MI	Zip Code 49829	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer E & LS Railroad	Occupation Director of Finance		
Receipt For: 2016 <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. Randy Carlson		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 3121 5th Ave S		Transaction ID : SA11AI.8609	
City Escanaba	State MI	Zip Code 49829	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00	
Name of Employer Hoegh Industries	Occupation Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00		

Full Name (Last, First, Middle Initial) C. Brian Carmody		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2015	
Mailing Address 228 Molasses Ln		Transaction ID : SA11AI.8461	
City Mount Pleasant	State SC	Zip Code 29464	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer CB Richard Ellis Carmody	Occupation Real Estate		
Receipt For: 2016 <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).....	1550.00
TOTAL This Period (last page this line number only).....	1550.00

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

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

FOR LINE NUMBER: PAGE 14 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
William Carmody

Mailing Address **PO Box 478**

City **Munising** State **MI** Zip Code **49862**

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

Name of Employer **Schoolcraft County** Occupation **Circuit Judge**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : SA11AI.8343

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
William Carmody

Mailing Address **PO Box 478**

City **Munising** State **MI** Zip Code **49862**

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

Name of Employer **Schoolcraft County** Occupation **Circuit Judge**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : SA11AI.8344

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Bruce Caswell

Mailing Address **8940 E Bacon Rd**

City **Hillsdale** State **MI** Zip Code **49242**

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

Name of Employer **State of Michigan** Occupation **Senator**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.8562

Amount of Each Receipt this Period
2000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 15 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Laura Coleman

Mailing Address 60 Tipperary Rd.

City Gladstone State MI Zip Code 49837

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

Name of Employer Bay de Noc Community College Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015

Transaction ID : SA11AI.8286

Amount of Each Receipt this Period
 _____ 250.00

B. Full Name (Last, First, Middle Initial)
Mr. James Crawford

Mailing Address 424 So. 11th St.

City Escanaba State MI Zip Code 49829

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

Name of Employer Crawford Funeral Home Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.8317

Amount of Each Receipt this Period
 _____ 250.00

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

Mailing Address 422 E Michigan St

City Marquette State MI Zip Code 49855

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

Name of Employer A Lindberg & Sons Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8566

Amount of Each Receipt this Period
 _____ 1000.00

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

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

_____ 1500.00

**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 16 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

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

Mailing Address 24032 Greening Dr

City State Zip Code
Novi MI 48375

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

Name of Employer Occupation
KriJon Enterprises President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 31 / 2015

Transaction ID : SA11AI.8630

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Bruce Enstrom

Mailing Address 1406 39th Ave

City State Zip Code
Menominee MI 49858

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

Name of Employer Occupation
Norco Equipment LLC Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 23 / 2015

Transaction ID : SA11AI.8360

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Maryilyn Erzberger

Mailing Address 4592 K Road

City State Zip Code
Bark River MI 49807

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

Name of Employer Occupation
Erzberger, Marilyn Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 22 / 2015

Transaction ID : SA11AI.8359

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 17 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Edward Farrington

Mailing Address **N4821 M-95**

City **Iron Mountain** State **MI** Zip Code **49801**

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

Name of Employer **MJ Electric** Occupation **President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 19 / 2015

Transaction ID : SA11AI.8267

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Marty Fittante

Mailing Address **1100 Westwood**

City **Kingsford** State **MI** Zip Code **49802**

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

Name of Employer **State of Michigan** Occupation **Chief of Staff**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.8584

Amount of Each Receipt this Period
450.00

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

Mailing Address **721 Hillcrest Drive**

City **Iron Mountain** State **MI** Zip Code **49801**

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

Name of Employer **Bacco Construction** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 22 / 2015

Transaction ID : SA11AI.8326

Amount of Each Receipt this Period
1000.00

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

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

2450.00

**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 18 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Kevin Gannon

Mailing Address 2870 Dream Lake Rd

City State Zip Code
De Pere WI 54115

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

Name of Employer Occupation
Northeast Asphalt Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.8564

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Paul Gayeff

Mailing Address 7372 Lake bluff 19.4 Rd.

City State Zip Code
Gladstone MI 49837

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

Name of Employer Occupation
Doctors Park Vision Center Optometrist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 30 2015

Transaction ID : SA11AI.8438

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Terrance Glimm

Mailing Address 972 - 14.5 Lane

City State Zip Code
Bark River MI 49807

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

Name of Employer Occupation
Delta County Flight School Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 30 2015

Transaction ID : SA11AI.8435

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Alvin Greason

Mailing Address N8145 School Forest Ln

City State Zip Code
Crivitz WI 54114

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.8375

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Matthew Hallas

Mailing Address 2837 Viking Dr. Bldg 2861
Apt 157

City State Zip Code
Green Bay WI 54304

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

Name of Employer Occupation
Bay Lake Center Dentist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.8410

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Gary Halpin

Mailing Address 105 Wildwood Ct

City State Zip Code
Boscobel WI 53805

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.8395

Amount of Each Receipt this Period
 2700.00

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

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

3700.00

**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 20 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Cynthia Harrington

Mailing Address W9402 Peterson Dr.

City Iron Mountain State MI Zip Code 49801

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

Name of Employer Family Chiropractic Occupation Chiropractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8583

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dennis Heffron

Mailing Address 7724 Ashley Ave

City Belding State MI Zip Code 48809

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

Name of Employer Heffron Farms Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8597

Amount of Each Receipt this Period
250.00

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

Mailing Address 5610 N River Rd

City Freeland State MI Zip Code 48623

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

Name of Employer Paxson Oil Co Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2015

Transaction ID : SA11AI.8260

Amount of Each Receipt this Period
300.00

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

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

800.00

**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 21 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Craig Hoppen

Mailing Address 2565 48th Ave

City Zeeland State MI Zip Code 49464

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

Name of Employer J&H Oil Occupation VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.8463

Amount of Each Receipt this Period
 500.00

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

Mailing Address N13421 J1Rd

City Carney State MI Zip Code 49812

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2015

Transaction ID : SA11AI.8270

Amount of Each Receipt this Period
 2300.00

C. Full Name (Last, First, Middle Initial)
Ms. Nancy Hudson

Mailing Address N13421 J1 Rd..

City Carney State MI Zip Code 49812

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

Name of Employer Butler Telecom Occupation Cable Installer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2015

Transaction ID : SA11AI.8269

Amount of Each Receipt this Period
 2700.00

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

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

5500.00

**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 22 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Mark Huempfner

Mailing Address W6666 Judy St

City State Zip Code
Wausaukee WI 54177

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

Name of Employer Occupation
Wild Rivers Forestry, Inc Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 09 / 2015

Transaction ID : SA11AI.8233

Amount of Each Receipt this Period
250.00

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

Mailing Address E 5318 Jackson Rd

City State Zip Code
Ironwood MI 49938

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

Name of Employer Occupation
Jacquart Fabric Products President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 27 / 2015

Transaction ID : SA11AI.8204

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Erik Kiilunen

Mailing Address 51818 Osprey Ave

City State Zip Code
Hubbell MI 49934

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

Name of Employer Occupation
Superior Polymer Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11AI.8511

Amount of Each Receipt this Period
500.00

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

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

2750.00

**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 23 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

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

Mailing Address 3480 Bay Highlands Dr

City Green Bay State WI Zip Code 54311

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

Name of Employer E & LS Railroad Occupation VP Government Affairs

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8613

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mr. John Kloet

Mailing Address 624 Minneapolis Ave.,

City Gladstone State MI Zip Code 49829

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

Name of Employer U.P. Concrete Pipe Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8580

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Brian Larche

Mailing Address 1800 S 21.5 Dr

City Escanaba State MI Zip Code 49829

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

Name of Employer Engineered Machine Products Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8600

Amount of Each Receipt this Period
 2500.00

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

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

4000.00

**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 24 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

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

Mailing Address 1 Larkin Plz

City Wells State MI Zip Code 49894

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

Name of Employer E & LS Railroad Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8611

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3300 Gershwin Dr

City Green Bay State WI Zip Code 54311

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

Name of Employer Bay Lake Center Dentistry Occupation Doctor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.8622

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
Robin Lasnoski

Mailing Address 3300 Gershwin Dr

City Green Bay State WI Zip Code 54311

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

Name of Employer Bay Lakes Center Dentristry Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.8624

Amount of Each Receipt this Period
 2000.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 25 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

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

Mailing Address 1 Marquette Dr

City Marquette State MI Zip Code 49855

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

Name of Employer Cardiology Associates Occupation Doctor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.8379

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Ralph Livingston

Mailing Address 15036 33rd Rd

City Wetmore State MI Zip Code 49895

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 16 / 2015

Transaction ID : SA11AI.8191

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Karrie Logan

Mailing Address 201 Louisa St

City Crivitz State WI Zip Code 54114

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

Name of Employer E & LS Railorad Occupation Mangage

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8615

Amount of Each Receipt this Period
 500.00

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

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

2500.00

**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 26 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Mr. John Madigan

Mailing Address 831 W. Munising Ave.,

City State Zip Code
Munising MI 49862

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

Name of Employer Occupation
Munising Hardware Co Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 21 / 2015

Transaction ID : SA11AI.8323

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
Mary Mahaney

Mailing Address 310 Lake Enchantment Rd

City State Zip Code
Marquette MI 49855

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

Name of Employer Occupation
Veridea Group Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.8533

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert Mahaney

Mailing Address 310 Lake Enchantment Rd.

City State Zip Code
Marquette MI 49855

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

Name of Employer Occupation
Veridea Group Financial Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.8532

Amount of Each Receipt this Period
2000.00

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

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

6700.00

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

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

FOR LINE NUMBER: PAGE 27 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

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

Mailing Address 1169 Gold Court

City State Zip Code
Traverse City MI 49696

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

Name of Employer Occupation
Core Energy President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8526

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Bradley Mantela

Mailing Address 193 Loueda St

City State Zip Code
Gladstone MI 49837

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

Name of Employer Occupation
Dobber's Pasty Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.8382

Amount of Each Receipt this Period
1500.00

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

Mailing Address 19 Middle Island Point Rd.

City State Zip Code
Marquette MI 49855

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

Name of Employer Occupation
Marshall, John Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : SA11AI.8283

Amount of Each Receipt this Period
250.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 28 OF 85
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Dennis B McCarthy

Mailing Address **PO Box 246**

City **Bear Lake** State **MI** Zip Code **49614**

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

Name of Employer **Blarney Castle Oil & Propane** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11AI.8423

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
William McCarthy

Mailing Address **PO Box 246**

City **Bear Lake** State **MI** Zip Code **49614**

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

Name of Employer **Blarney Castle Oil & Propane** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11AI.8421

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Margaret Minerick

Mailing Address **P.O. Box 99**

City **Sagola** State **MI** Zip Code **49881**

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

Name of Employer **Minerick, Margaret** Occupation **Housewife**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.8569

Amount of Each Receipt this Period
2500.00

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 29 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

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

Mailing Address P.O. Box 99

City State Zip Code
Sagola MI 49881

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

Name of Employer Occupation
Minerick Logging Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8568

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas Mitchell

Mailing Address 8375 S. Lakeside T-5 Rd.

City State Zip Code
Rapid River MI 49878

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

Name of Employer Occupation
Northern Michigan Bank Loan Officer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8592

Amount of Each Receipt this Period
500.00

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

Mailing Address 52591 Bootjack Rd

City State Zip Code
Lake Linden MI 49945

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

Name of Employer Occupation
Self Employed Contractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.8453

Amount of Each Receipt this Period
1000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 30 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

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

Mailing Address N3165 E Bar D Dr

City Iron Mountain State MI Zip Code 49801

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

Name of Employer MJ Electric Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8603

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Jeff Naser

Mailing Address 3986 Pine Ave

City Powers State MI Zip Code 49874

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

Name of Employer Naser Propane Co Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.8251

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
Mrs. Rosalie Naser

Mailing Address 3986 Pine Ave.,

City Powers State MI Zip Code 49874

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

Name of Employer Naser Oil Company Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.8253

Amount of Each Receipt this Period
 2300.00

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 31 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Charles Nebel

Mailing Address Perch Lake Location

City State Zip Code
Munising MI 49862

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

Name of Employer Occupation
Nebel, Charles Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.8381

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Latif Oram

Mailing Address 3294 Wards Point

City State Zip Code
Orchard Lake Village MI 48324

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

Name of Employer Occupation
Enterprise REalty of MI President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.8369

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
Dean Oswald

Mailing Address 13814 County Rd 407

City State Zip Code
Newberry MI 49868

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

Name of Employer Occupation
Oswald Bear Ranch Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 27 / 2015

Transaction ID : SA11AI.8213

Amount of Each Receipt this Period
 2000.00

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

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

4950.00

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

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

FOR LINE NUMBER: PAGE 32 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Ardeshir Payan

Mailing Address 500 S Front St

City Marquette State MI Zip Code 49855

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

Name of Employer Self Employed Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.8455

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Almor Penegor

Mailing Address 1015 Crestwood Dr.

City Hancock State MI Zip Code 49879

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

Name of Employer J & A Penegor, Inc. Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2015

Transaction ID : SA11AI.8272

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1063 Applegate Lane

City East Lansing State MI Zip Code 48823

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

Name of Employer Faser Law Firm Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.8509

Amount of Each Receipt this Period
 250.00

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

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

1000.00

**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 33 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

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

Mailing Address 861 S Linwood Beach Rd

City State Zip Code
Linwood MI 48634

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

Name of Employer Occupation
Save Our Shores Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 31 / 2015

Transaction ID : SA11AI.8555

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Jonathan Raven

Mailing Address 2556 Dustin Rd

City State Zip Code
Okemos MI 48864

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

Name of Employer Occupation
Shapiro LLC Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 30 / 2015

Transaction ID : SA11AI.8513

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Douglas Rigoni

Mailing Address 411 Tall Pines Dr.

City State Zip Code
Iron Mountain MI 49801

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

Name of Employer Occupation
Douglas Rigoni Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 22 / 2015

Transaction ID : SA11AI.8327

Amount of Each Receipt this Period
 1000.00

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

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

1550.00

**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 34 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Starr Romps

Mailing Address 6523 Park L7 Lane

City Escanaba State MI Zip Code 49829

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

Name of Employer Stonehouse Restaurant Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2015

Transaction ID : SA11AI.8291

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Vincent Rose

Mailing Address 100 Dandelion Lane

City Marquette State MI Zip Code 49855

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

Name of Employer Employee Benefit Agency Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8599

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Harold Ross

Mailing Address 2400 I Lane

City Bark River State MI Zip Code 49807

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

Name of Employer Delta Manufacturing Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.8315

Amount of Each Receipt this Period
 2700.00

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

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

4200.00

**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 35 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Jean Ross

Mailing Address 2400 I Lane

City Bark River State MI Zip Code 49807

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

Name of Employer Delta Manufacturing Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.8316

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
Albert Santoni

Mailing Address 1412 Walker St

City Iron Mountain State MI Zip Code 49801

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

Name of Employer Dickinson Homes Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015

Transaction ID : SA11AI.8479

Amount of Each Receipt this Period
 400.00

C. Full Name (Last, First, Middle Initial)
Henry Schienebeck

Mailing Address 12041 St Hwy 13

City Butternut State WI Zip Code 54514

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

Name of Employer Great Lakes Timber Prof Assoc Occupation Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : SA11AI.8241

Amount of Each Receipt this Period
 500.00

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

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

3600.00

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

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

FOR LINE NUMBER: PAGE 36 OF 85
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

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

Mailing Address **PO Box 1062**

City **Escanaba** State **MI** Zip Code **49829**

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

Name of Employer **Skerbeck Brothers** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.8587

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Dennis Smith

Mailing Address **875 Foxtail Dt.**

City **Marquette** State **MI** Zip Code **49855**

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

Name of Employer **U.P. Health Plan** Occupation **C.E.O.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : SA11AI.8397

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Kent Smith

Mailing Address **PO Box 20**

City **Marquette** State **MI** Zip Code **49855**

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

Name of Employer **The Pointe/Eagle** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11AI.8507

Amount of Each Receipt this Period
250.00

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

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

1750.00

**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 37 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Matt Smith		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 86 Kenneally Blvd		Transaction ID : SA11AI.8607
City Gladstone	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Irish Oaks Golf	Occupation Owner	
Receipt For: 2016 <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. Matthew Songer		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 2645 W Grove St		Transaction ID : SA11AI.8605
City Marquette	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Advanced Orthopedics	Occupation Doctor	
Receipt For: 2016 <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. John Soper		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 3142 18th Lane		Transaction ID : SA11AI.8433
City Escanaba	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Industrial Maintenance Service	Occupation CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	4200.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 38 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

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

Mailing Address **Box 119**

City **Perronville** State **MI** Zip Code **49873**

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

Name of Employer **St. John Forest Products** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : SA11AI.8501

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mrs. Laurie Stabile

Mailing Address **103 W Lakeshore Dr**

City **Manistique** State **MI** Zip Code **49854**

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

Name of Employer **Mackinaw Trail Winery** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.8578

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Gregory Stewart

Mailing Address **7775 Tipperary Rd.**

City **Gladstone** State **MI** Zip Code **49837**

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

Name of Employer **Stewart Manufacturing** Occupation **President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.8521

Amount of Each Receipt this Period
500.00

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

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

2000.00

**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 39 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Lynn R Swadley

Mailing Address 135 Hidden Springs Dr

City Marquette State MI Zip Code 49855

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

Name of Employer Sunrise Builders Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2015

Transaction ID : SA11AI.8273

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Frederick J Thompson

Mailing Address 47555 Westlake Dr

City Shelby Township State MI Zip Code 48315

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8638

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Kevin Vanatta

Mailing Address 15380 County Rd 402

City Newberry State MI Zip Code 49868

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

Name of Employer Newberry Motors Occupation General Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.8519

Amount of Each Receipt this Period
 1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 40 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Bruce Varda

Mailing Address PO Box 2

City Iron Mountain State MI Zip Code 49801

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

Name of Employer Superior Aviation Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 29 / 2015

Transaction ID : SA11AI.8484

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Bruce Veliquette

Mailing Address 13200 Hickin Rd

City Rapid City State MI Zip Code 49676

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8572

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
Stephen Verrette

Mailing Address 110 Northview Dr

City Iron Mountain State MI Zip Code 49801

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

Name of Employer Champion Inc. Occupation Operations Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : SA11AI.8330

Amount of Each Receipt this Period
 500.00

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 41 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
William Verrette

Mailing Address **PO Box 490**

City **Iron Mountain** State **MI** Zip Code **49801**

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

Name of Employer **Champion Inc.** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 22 / 2015

Transaction ID : SA11AI.8334

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Eileen Weiser

Mailing Address **855 Colliston**

City **Ann Arbor** State **MI** Zip Code **48105**

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

Name of Employer **Weiser, Eileen** Occupation **Homemaker**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11AI.8282

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Ronald Weiser

Mailing Address **320 N Main Street
Ste 200**

City **Ann Arbor** State **MI** Zip Code **48104**

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

Name of Employer **MI Republican Party** Occupation **Chairman**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11AI.8280

Amount of Each Receipt this Period
2700.00

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

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

5900.00

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

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

FOR LINE NUMBER: PAGE 42 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Stephen Welter

Mailing Address 4656 Pinery Point Court

City State Zip Code
Junction City WI 54443

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

Name of Employer Occupation
Granite Valley Forest Products Owner

Receipt For: 2015
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.8634

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
Daniel Wentarmini

Mailing Address 403 East Ludington Street

City State Zip Code
Iron Mountain MI 49801

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

Name of Employer Occupation
Champion Inc. CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : SA11AI.8332

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Gerald Westgate

Mailing Address 1114 Randall Rd

City State Zip Code
NOorton Shores MN 49441

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

Name of Employer Occupation
WESCO Petroleum Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.8457

Amount of Each Receipt this Period
 500.00

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

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

3700.00

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

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

FOR LINE NUMBER: PAGE 43 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
Greg Yagodzinski

Mailing Address **E4799 Hwy M-35**

City **Escanaba** State **MI** Zip Code **49829**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11AI.8459

Amount of Each Receipt this Period
1000.00

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

Mailing Address **14469 N River Rd**

City **Hurley** State **WI** Zip Code **54534**

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

Name of Employer **Extreme Tool & Engineering** Occupation **Presicent**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 23 / 2015

Transaction ID : SA11AI.8362

Amount of Each Receipt this Period
500.00

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

Mailing Address **33N Cty Rd 441**

City **Manistique** State **MI** Zip Code **49854**

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

Name of Employer **Jack's Foods** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.8595

Amount of Each Receipt this Period
1000.00

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

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

2500.00

123750.00

**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 44 OF 85
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
MICHIGAN FIRST PAC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00495317

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11B.8472

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
MICHIGAN FIRST PAC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00495317

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11B.8473

Amount of Each Receipt this Period
 2700.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5400.00

5400.00

**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 45 OF 85
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
CLIFFS NATURAL RESOURCES INC. POLITICAL ACTION COMMITTEE (CLIFFSPAC)

Mailing Address **200 PUBLIC SQUARE
SUITE 3300**

City State Zip Code
CLEVELAND, OH 44114

FEC ID number of contributing federal political committee. **C C00039016**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 30 2015

Transaction ID : SA11C.8475

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF SNOWMOBILING PAC

Mailing Address **1640 HASLETT ROAD, SUITE 170**

City State Zip Code
HASLETT MI 48840

FEC ID number of contributing federal political committee. **C C00380196**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 16 2015

Transaction ID : SA11C.8258

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Petroleum Marketers Assoc.of America's

Mailing Address **1901 N. Fort Myers Dr.
Suite 500**

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 07 2015

Transaction ID : SA11C.8226

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....	6300.00
TOTAL This Period (last page this line number only).....	6300.00

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

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

FOR LINE NUMBER: PAGE 46 OF 85
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial)
THOMAS A CASPERSON

Mailing Address 4305 US 2-41

City ESCANABA State MI Zip Code 49829

FEC ID number of contributing federal political committee. **C H8MI01107**

Name of Employer State of Michigan Occupation State Senator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : SA13A.8178

Amount of Each Receipt this Period
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5000.00

5000.00

**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 47 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 105.60 Transaction ID : SB17.8300
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.8301
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.8302
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	119.85
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 48 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 10.05
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing Fee	Candidate Name	Transaction ID : SB17.8303
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 2.25
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing Fee	Candidate Name	Transaction ID : SB17.8304
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 1.27
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing Fee	Candidate Name	Transaction ID : SB17.8305
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	13.57
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 49 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 47.70 Transaction ID : SB17.8306
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.8307
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.8308
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	47.70
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 50 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 2.25
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Transaction ID : SB17.8489
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 8.10
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Transaction ID : SB17.8490
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 39.30
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Transaction ID : SB17.8491
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	49.65
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 51 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.8492
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.8493
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.8495
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	34.05
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 52 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.8494
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 15.90 Transaction ID : SB17.8496
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.8497
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	22.35
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 53 OF 85			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 39.30
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Transaction ID : SB17.8498
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Transaction ID : SB17.8499
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 39.30
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Transaction ID : SB17.8537
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	82.80
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 54 OF 85			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.8538
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.8539
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.8540
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	24.30
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 55 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.8541
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.8542
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.8543
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	39.90
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 56 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.8544
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 8.10 Transaction ID : SB17.8545
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 39.30 Transaction ID : SB17.8546
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	51.60
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 57 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.8547
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 39.30 Transaction ID : SB17.8548
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 10.05 Transaction ID : SB17.8549
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	69.15
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 58 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Transaction ID : SB17.8550
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 4.20
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Transaction ID : SB17.8551
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 78.30
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Processing fee	Candidate Name	Transaction ID : SB17.8552
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	86.70
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 59 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 78.30
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Processing fee	Transaction ID : SB17.8553
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Floline Media		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address PO Box 3731		Amount of Each Disbursement this Period 1325.00
City Kingsford	State MI	
Zip Code 49802	Purpose of Disbursement Computer, media	Transaction ID : SB17.8195
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Floline Media		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2015
Mailing Address PO Box 3731		Amount of Each Disbursement this Period 175.00
City Kingsford	State MI	
Zip Code 49802	Purpose of Disbursement Media/video	Transaction ID : SB17.8221
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	1578.30
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 60 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Northwestern Michigan College			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2015	
Mailing Address 1701 East Front Street			Amount of Each Disbursement this Period 200.24	
City Traverse City	State MI	Zip Code 49686	Transaction ID : SB17.8222	
Purpose of Disbursement Rent/Food		Category/ Type		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. Resch Strategies			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2015	
Mailing Address 230 N Washington Square Suite 200			Amount of Each Disbursement this Period 2590.00	
City Lansing	State MI	Zip Code 48933	Transaction ID : SB17.8219	
Purpose of Disbursement Public Relations Consulting		Category/ Type		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) c. Staples			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015	
Mailing Address 421 N. Lincoln rd.			Amount of Each Disbursement this Period 130.56	
City Escanaba	State MI	Zip Code 49829	Transaction ID : SB17.8180	
Purpose of Disbursement Office supplies - name badges		Category/ Type		
Candidate Name				
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....	2920.80
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 61 OF 85		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2015
Mailing Address 421 N. Lincoln rd.		Amount of Each Disbursement this Period 328.18 Transaction ID : SB17.8231
City Escanaba State MI Zip Code 49829	Purpose of Disbursement Office supplies-paper and invites	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 421 N. Lincoln rd.		Amount of Each Disbursement this Period 160.28 Transaction ID : SB17.8667
City Escanaba State MI Zip Code 49829	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 2525 First Ave., No.		Amount of Each Disbursement this Period 283.00 Transaction ID : SB17.8185
City Escanaba State MI Zip Code 49829	Purpose of Disbursement Postage	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	771.46
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 62 OF 85			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial) A. U.S. Postal Service			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015	
Mailing Address 2525 First Ave., No.			Amount of Each Disbursement this Period 245.00	
City Escanaba	State MI	Zip Code 49829	Transaction ID : SB17.8232	
Purpose of Disbursement Postage		Category/ Type		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....	245.00
TOTAL This Period (last page this line number only).....	6157.18

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Casperson for Congress** Transaction ID : **SC/10.8178**

LOAN SOURCE Full Name (Last, First, Middle Initial) **THOMAS A CASPERSON** *[PERSONAL FUNDS]* Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
4305 US 2-41

City State ZIP Code
 ESCANABA MI 49829

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred M 10 / D 31 / Y 2015	Date Due M / D / Y 12/31/2016	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	----------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 5000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4512

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
246.60 200.00 46.60

TERMS

Date Incurred Date Due Interest Rate Secured:
04 / 19 / 2007 09 / 01 / 2011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 46.60

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4429

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
45.02 0.00 45.02

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 20 / Y 2007 M 09 / D 01 / Y 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 45.02

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4433

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2008

Rep. Tom Casperson

Primary

General

Other (specify) ▼

Mailing Address

4305 US Hwy. 2 & 41

City

State

ZIP Code

Escanaba

MI

49829

Original Amount of Loan

611.78

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

611.78

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 08 /

Y 2007 Y

M 09 /

D 01 /

Y 0011 Y

0.00 % (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

611.78

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4434

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
33.84 0.00 33.84

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 08 / Y 2007 M 09 / D 01 / Y 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 33.84

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4495

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
65.32 0.00 65.32

TERMS

Date Incurred Date Due Interest Rate Secured:
05 / 18 / 2007 09 / 01 / 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 65.32

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4496

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2008

Rep. Tom Casperson

Primary

General

Other (specify) ▼

Mailing Address

4305 US Hwy. 2 & 41

City

State

ZIP Code

Escanaba

MI

49829

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

131.13

0.00

131.13

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 18 /

Y 2007 Y

M 09 /

D 01 /

Y 0011 Y

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

131.13

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4443

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
33.84 0.00 33.84

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 08 / Y 2007 M 09 / D 01 / Y 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 33.84

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4493

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
40.00 0.00 40.00

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 08 / 2007 09 / 01 / 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 40.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5010**
Casperson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Rep. Tom Casperson	Election: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4305 US Hwy. 2 & 41	

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2374.08	2000.00	374.08

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 30 / 2007	09 / 01 / 0011	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	374.08
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5059

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rep. Tom Casperson

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1830.88 1170.68 660.20

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 31 / Y 2007 M 09 / D 01 / Y 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 660.20

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5115

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1807.40 0.00 1807.40

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 31 / Y 2008 M 09 / D 01 / Y 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 1807.40

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5127

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
788.78 0.00 788.78

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 31 / Y 2008 M 09 / D 01 / Y 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 788.78

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5793

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
25.00 0.00 25.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 09 / Y 2008 M 09 / D 01 / Y 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 25.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5794

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19.54	0.00	19.54

TERMS

Date Incurred: M 06 / D 07 / Y 2008
 Date Due: M 09 / D 01 / Y 0011
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 19.54

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5800

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
39.41 0.00 39.41

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 07 / 2008 09 / 01 / 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 39.41

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.6102

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5046.47 0.00 5046.47

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 16 / Y 2008 M 09 / D 01 / Y 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 5046.47

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.6201

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1274.62 0.00 1274.62

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 31 / Y 2008 M 09 / D 01 / Y 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 1274.62

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.6289

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
84.00 0.00 84.00

TERMS

Date Incurred Date Due Interest Rate Secured:
08 / 08 / 2008 09 / 01 / 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 84.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.7603

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2008

Rep. Tom Casperson

Primary

General

Other (specify) ▼

Mailing Address

4305 US Hwy. 2 & 41

City

State

ZIP Code

Escanaba

MI

49829

Original Amount of Loan

6271.09

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6271.09

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 09 /

D 30 /

Y 2008 Y

M 09 /

D 01 /

Y 0011 Y

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

6271.09

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.7609

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2243.21 0.00 2243.21

TERMS

Date Incurred Date Due Interest Rate Secured:
M 10 / D 15 / Y 2008 M 09 / D 01 / Y 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 2243.21

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.8061

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

[PERSONAL FUNDS]

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City State ZIP Code
Escanaba MI 49829

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
3198.67 0.00 3198.67

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 03 / Y 2008 M 09 / D 01 / Y 0011 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 3198.67

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.5129
 Casperson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Tom Casperson, State Representative	Election: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1601 Ludington St.	

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
160.00	0.00	160.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 01 / D 12 / Y 2008	M 09 / D 01 / Y 0011	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="160.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="28000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.