

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE 07 JUL 16 AM 11:40

Office Use Only

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

Stabenow for US Senate

ADDRESS (number and street)

PO Box 4945

Check if different than previously reported. (ACC)

East Lansing

MI

48826

2. FEC IDENTIFICATION NUMBER

C00344473

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

MI 0

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Libbie Ward

Signature of Treasurer

Libbie Ward

Date

07

13

2007

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

27020262998

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Stabenow for US Senate

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y  
0 4 0 1 2 0 0 7 0 6 3 0 2 0 0 7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	121485.00	308633.84
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	9813.50
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	121485.00	298820.34
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	84090.79	490043.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	70043.77	72486.61
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	14047.02	417556.89
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	94948.99	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	8303.39	

**For further information contact:**

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

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

27020262999

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
Stabenow for US Senate

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y  
0 4 0 1 2 0 0 7 0 6 3 0 2 0 0 7

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	87000.00	
(i) Itemized (use Schedule A).....	8735.00	
(ii) Unitemized.....		
(iii) TOTAL of contributions	95735.00	190883.84
from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACS).....	25750.00	117750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	121485.00	308633.84
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	<b>0.00</b>	<b>0.00</b>
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	<b>70043.77</b>	<b>72486.61</b>
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	<b>432.73</b>	<b>962.10</b>
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	<b>191961.50</b>	<b>382082.55</b>

27020263000

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	84090.79	490043.50
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	4813.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	9813.50
21. OTHER DISBURSEMENTS.....	35135.30	35135.30
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷	119226.09	534992.30

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	22213.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	191961.50
25. SUBTOTAL (add Line 23 and Line 24).....	214175.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	119226.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	94948.99

27020263001

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

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

FOR LINE NUMBER:	PAGE 5 / 111
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. James McDonough		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007
Mailing Address 2300 W Armitage Ave Apt 7		Transaction ID: C3561280
City Chicago	State IL	Zip Code 60647-4479
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Suntimes Media Group	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Daniel E Dosoretz		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address 13221 Ponderosa Way		Transaction ID: C3561310
City Fort Myers	State FL	Zip Code 33907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer 21st Century Oncology	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. Nitin G Vaishampayan		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address 2311 Haverford Dr		Transaction ID: C3561320
City Troy	State MI	Zip Code 48098-2370
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer 21st Century Oncology	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	3050.00
TOTAL This Period (last page this line number only) .....	▶	

27020263002

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

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

FOR LINE NUMBER: PAGE 6 / 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

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

Mailing Address 340 Colony Dr

City State Zip Code  
Naples FL 34108-8798

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

Name of Employer Occupation  
21st Century Oncology Physician

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2007

Transaction ID: C3561350

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
John Christopher Holman

Mailing Address 226 E Oak St

City State Zip Code  
Mason MI 48854-1730

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

Name of Employer Occupation  
Greater Lansing Business Monthly Publisher/Dean Wkforce Dev

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2007

Transaction ID: C3558230

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 350 W Hubbard St  
Ste 500

City State Zip Code  
Chicago IL 60610-6939

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

Name of Employer Occupation  
The Habitat Company Chairman

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2007

Transaction ID: C3557990

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4700.00**

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

27020263003

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

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

FOR LINE NUMBER: PAGE 7 / 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A.** Full Name (Last, First, Middle Initial)  
Arene Sheskin  
Mailing Address 2020 N Lincoln Apt H  
City Chicago State IL Zip Code 60614  
FEC ID number of contributing federal political committee. C  
Name of Employer Sheskin Research Occupation Consultant  
Receipt For: 2012 Election Cycle-to-Date ▼  
X Primary General 500.00  
Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2007  
Transaction ID: C3558480  
Amount of Each Receipt this Period  
500.00  
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Hassan K Jaber  
Mailing Address 335 Elmwood  
City Dearborn State MI Zip Code 48124  
FEC ID number of contributing federal political committee. C  
Name of Employer ACCESS Occupation Chief Operating Officer  
Receipt For: 2012 Election Cycle-to-Date ▼  
X Primary General 500.00  
Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 22 / 2007  
Transaction ID: C3558051  
Amount of Each Receipt this Period  
500.00  
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Barry London  
Mailing Address PO Box 121  
City Union Pier State MI Zip Code 49129  
FEC ID number of contributing federal political committee. C  
Name of Employer Self-employed Occupation Real Estate Developer  
Receipt For: 2012 Election Cycle-to-Date ▼  
X Primary General 500.00  
Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2007  
Transaction ID: C3561281  
Amount of Each Receipt this Period  
500.00  
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

27020263004

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

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

FOR LINE NUMBER: PAGE 8 / 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A.** Full Name (Last, First, Middle Initial)  
John Christopher Holman

Mailing Address 226 E Oak St

City State Zip Code  
Mason MI 48854-1730

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

Name of Employer Occupation  
Greater Lansing Business Publisher/Dean Wkforce Dev  
Monthly

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 22 / 2007

Transaction ID: C3558231

Amount of Each Receipt this Period  
1100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Fay Hartog Levin

Mailing Address 240 Locust Rd

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Occupation  
Res Publica Group Consultant

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2007

Transaction ID: C3557991

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Anatoly Zelikov, MD

Mailing Address 31051 Westwood Rd

City State Zip Code  
Farmington Hills MI 48331-1469

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

Name of Employer Occupation  
21st Century Oncology Physician

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2007

Transaction ID: C3561321

Amount of Each Receipt this Period  
250.00

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

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3650.00

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

27020263005



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

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

FOR LINE NUMBER: PAGE 9 / 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Silvina Nakfor</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2007	
Mailing Address 340 Colony Dr		Transaction ID: C3561351	
City State Zip Code Naples FL 34108-8798	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker	Election Cycle-to-Date ▼ 2300.00		
Receipt For: 2012 X Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Gail L Warden</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2007	
Mailing Address 250 Washington Rd		Transaction ID: C3562352	
City State Zip Code Grosse Pointe MI 48230-1614	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Henry Ford Health System President Emeritus	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2012 X Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Margaret E Byington</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2007	
Mailing Address 2633 Middleboro Ln NE		Transaction ID: C3561282	
City State Zip Code Grand Rapids MI 49506-1254	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-employed Developer	Election Cycle-to-Date ▼ 3300.00		
Receipt For: 2012 Primary X General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ..... ▶	<b>3800.00</b>
TOTAL This Period (last page this line number only) ..... ▶	

27020263006

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

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

FOR LINE NUMBER: PAGE 10 / 111

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Eduardo Phillips, MD		Date of Receipt 06 / 28 / 2007
Mailing Address 5280 Inkster Rd		Transaction ID: C3561352
City Bloomfield Hills	State MI	Zip Code 48302-2577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Detroit Medical Center	Occupation Surgery Chief	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. John Christopher Holman		Date of Receipt 06 / 14 / 2007
Mailing Address 226 E Oak St		Transaction ID: C3559392
City Mason	State MI	Zip Code 48854-1730
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer Greater Lansing Business Monthly	Occupation Publisher/Dean Wkforce Dev	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 3600.00	

Full Name (Last, First, Middle Initial) C. Christopher Todd Askew		Date of Receipt 05 / 21 / 2007
Mailing Address 329 E St NE		Transaction ID: C3558232
City Washington	State DC	Zip Code 20002-4924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Medical Association	Occupation Lobbyist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	1950.00
TOTAL This Period (last page this line number only) .....	▶	

27020263007

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Jody Conybeare		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007
Mailing Address 3277 Estates Dr		Transaction ID: C3561272
City Saint Joseph	State MI	Zip Code 49085-3429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Robert Glennon		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007
Mailing Address 3 Washington Cir NW Apt 806		Transaction ID: C3562222
City Washington	State DC	Zip Code 20037-2359
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mayer Brown Rowe & Maw	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Sam Kravitz		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007
Mailing Address 1055 Forest Hill Ave SE Apt 86A		Transaction ID: C3562212
City Grand Rapids	State MI	Zip Code 49546-3695
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

27020263008

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

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

FOR LINE NUMBER: PAGE 12 / 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A.** Full Name (Last, First, Middle Initial)  
Miriam Kastil

Mailing Address PO Box 362

City State Zip Code  
Union Pier MI 49129

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

Name of Employer Rubloff Occupation Real Estate Agent

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 14 / 2007

Transaction ID: C3562242

Amount of Each Receipt this Period  
600.00

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

\* In-Kind: FR Food & Bev

**B.** Full Name (Last, First, Middle Initial)  
James M Fitzmaurice

Mailing Address 4927 Wildwood Dr

City State Zip Code  
Bridgman MI 49106

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

Name of Employer Lovell & Whyte Occupation Retailer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2007

Transaction ID: C3561273

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Nancy L Malecki

Mailing Address 43599 Abbey Woods Ct

City State Zip Code  
Canton MI 48187-1833

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

Name of Employer Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2007

Transaction ID: C3561393

Amount of Each Receipt this Period  
250.00

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

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1850.00

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

27020263009

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

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

FOR LINE NUMBER:		PAGE 13 / 111	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Richard A Deem		Date of Receipt MM / DD / YYYY 05 / 21 / 2007
Mailing Address 1025 N Daniel St		Transaction ID: C3558233
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Medical Association	Occupation Vice President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Margaret E Byington		Date of Receipt MM / DD / YYYY 06 / 18 / 2007
Mailing Address 2633 Middleboro Ln NE		Transaction ID: C3561283
City Grand Rapids	State MI	Zip Code 49506-1254
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer Self-employed	Occupation Developer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3300.00	

Full Name (Last, First, Middle Initial) C. Robert J Leonard		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 1333 New Hampshire Ave NW		Transaction ID: C3562223
City Washington	State DC	Zip Code 20036-1500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Akin Gump Strauss Hauer & Feld	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	2050.00
TOTAL This Period (last page this line number only) .....	▶	

27020263010

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

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

FOR LINE NUMBER: PAGE 14 / 111  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A.** Full Name (Last, First, Middle Initial)  
Mark S Chappell

Mailing Address 8884 Cedar Lake Dr

City State Zip Code  
Jenison MI 49428-9461

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

Name of Employer Occupation  
Alexander Dodds Company Vice President

Receipt For: 2012 Election Cycle-to-Date ▼  
X Primary General 1000.00  
Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2007

Transaction ID: C3561284

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Christopher C Jennings

Mailing Address 3945 27th Rd N

City State Zip Code  
Arlington VA 22207-5242

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

Name of Employer Occupation  
Jennings Policy Strategies President

Receipt For: 2012 Election Cycle-to-Date ▼  
X Primary General 1000.00  
Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 21 / 2007

Transaction ID: C3558234

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Angelica B Guckes

Mailing Address 4351 NE 22nd Ave

City State Zip Code  
Fort Lauderdale FL 33308-5629

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

Name of Employer Occupation  
Homemaker

Receipt For: 2012 Election Cycle-to-Date ▼  
X Primary General 1000.00  
Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2007

Transaction ID: C3561314

Amount of Each Receipt this Period  
1000.00

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

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

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

27020263011

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 111	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Sara G Bode		Date of Receipt MM / DD / YYYY 06 / 27 / 2007
Mailing Address 11943 Tower Hill Rd PO Box 144		Transaction ID: C3561324
City Sawyer	State MI	Zip Code 49125-9351
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Peter M Perez		Date of Receipt MM / DD / YYYY 06 / 18 / 2007
Mailing Address 1130 Autumn Ridge Dr		Transaction ID: C3559604
City Ada	State MI	Zip Code 49301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Carter Products Co Inc	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Gary J McInerney		Date of Receipt MM / DD / YYYY 06 / 18 / 2007
Mailing Address 49 Monroe Center St NW Ste 400		Transaction ID: C3561285
City Grand Rapids	State MI	Zip Code 49503-2942
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer McInerney Law Offices	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

27020263012

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

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

FOR LINE NUMBER: PAGE 16 / 111

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Michael J Katin		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2007
Mailing Address 2234 Colonial Blvd		Transaction ID: C3561315
City State Zip Code Fort Myers FL 33907-1412	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2300.00
Name of Employer Radiation Therapy Services	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) B. JoAnn M Hofmann		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2007
Mailing Address 7310 Flamingo St		Transaction ID: C3561325
City State Zip Code Clay MI 48001-4132	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer B & R Consultants	Occupation Office Manager	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Olga F Dworkin		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2007
Mailing Address 31401 W Stonewood Ct		Transaction ID: C3561425
City State Zip Code Farmington Hills MI 48334-2545	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	3050.00
TOTAL This Period (last page this line number only) .....	▶	

27020263013



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

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

FOR LINE NUMBER:	PAGE 17 / 111
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Geoffrey M Linz		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2007
Mailing Address 2148 Long Leaf Trl		Transaction ID: C3543315
City Okemos	State MI	Zip Code 48864-3211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ingham Regional Medical Center	Occupation Chief Medical Officer	- Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Paul M Lee		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2007
Mailing Address 770 Strawfield Ln		Transaction ID: C3558235
City Great Falls	State VA	Zip Code 22066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Strategic Health Care	Occupation Senior Partner	- Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Kevin J Geiser		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007
Mailing Address 2716 Lakeshore Dr		Transaction ID: C3561276
City Saint Joseph	State MI	Zip Code 49085-2207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ludlow Travel Service	Occupation Owner	- Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

27020263014

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

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

FOR LINE NUMBER: PAGE 18 / 111

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Noreen K Myers		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007
Mailing Address 1019 E Main St		Transaction ID: C3561286
City Lowell	State MI	Zip Code 49331-1727
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Peter H Blitzer		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address 1248 Shadow Ln		Transaction ID: C3561306
City Fort Myers	State FL	Zip Code 33901-7733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Radiation Therapy Services	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. Dorothy E Deremo		Date of Receipt M M / D D / Y Y Y Y 05 / 26 / 2007
Mailing Address 37844 Meadowhill Dr		Transaction ID: C3558226
City Northville	State MI	Zip Code 48167
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hospice of Michigan	Occupation President/Chief Executive Officer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	3800.00
TOTAL This Period (last page this line number only) .....	▶	

27020263015

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Madhubala Patel, MD		Date of Receipt MM / DD / YYYY 06 / 27 / 2007
Mailing Address 6091 Franklin Rd		Transaction ID: C3561316
City Bloomfield Hills	State MI	Zip Code 48301-1555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer 21st Century Oncology	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Gary A Shiffman		Date of Receipt MM / DD / YYYY 06 / 25 / 2007
Mailing Address 6212 Bromley Ct		Transaction ID: C3561326
City West Bloomfield	State MI	Zip Code 48322-3242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Sun Communities Inc	Occupation Chief Executive Officer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) C. Peter Karmanos, Jr		Date of Receipt MM / DD / YYYY 06 / 27 / 2007
Mailing Address 4740 Dow Ridge Rd		Transaction ID: C3561346
City Orchard Lake	State MI	Zip Code 48324-2327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Compuware Corporation	Occupation Chief Executive Officer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	4850.00
TOTAL This Period (last page this line number only) .....	▶	

27020263016

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

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

FOR LINE NUMBER: PAGE 20 / 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A.** Full Name (Last, First, Middle Initial)  
John D Esselink

Mailing Address 2324 Algona Ct

City State Zip Code  
Algona MI 48001-1155

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Community Health Associates Inc Principal

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2007

Transaction ID: C3561356

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert J Raica

Mailing Address 2819 Granite Pointe Dr

City State Zip Code  
Marquette MI 49855-8841

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Marquette General Hospital Administrator

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2007

Transaction ID: C3558236

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mary Kay Czerwiec

Mailing Address 2175 W Eastwood Ave

City State Zip Code  
Chicago IL 60625-1523

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self-employed Nurse/Artist

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: C3559386

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 1750.00

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

27020263017

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

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

FOR LINE NUMBER: PAGE 21 / 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A.** Full Name (Last, First, Middle Initial)  
Thomas J Hoisington

Mailing Address 2575 Oxford Rd

City State Zip Code  
Lansing MI 48911-1036

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

Name of Employer  
Public Affairs Associates Inc

Occupation  
Lobbyist

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2007

Transaction ID: C3560566

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Nadra Kissman

Mailing Address 15300 Red Arrow Hwy

City State Zip Code  
Union Pier MI 49129-9701

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

Name of Employer  
Self-employed

Occupation  
Real Estate Broker

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2007

Transaction ID: C3561277

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sarah B Glickenhau

Mailing Address 100 Dorchester Rd

City State Zip Code  
Scarsdale NY 10583-6051

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

Name of Employer

Occupation  
Retired

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2007

Transaction ID: C3562357

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3250.00**

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

27020263018

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

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

FOR LINE NUMBER: PAGE 22 / 111

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Paul W Potter		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007
Mailing Address 2633 Middleboro Ln NE		Transaction ID: C3561287
City Grand Rapids	State MI	Zip Code 49506-1254
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Self-employed	Occupation Land Acquisition Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) B. Celia Dosoretz		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address 13221 Ponderosa Way		Transaction ID: C3561307
City Fort Myers	State FL	Zip Code 33907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. Stephen J Patrice		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address 245 Osprey Point Dr		Transaction ID: C3561317
City Osprey	State FL	Zip Code 34229-9234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer 21st Century Oncology	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	6900.00
TOTAL This Period (last page this line number only) .....	▶	

27020263019

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

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

FOR LINE NUMBER: PAGE 23 / 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Gary A Shiffman</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007	
Mailing Address 6212 Bromley Ct		Transaction ID: C3561327	
City West Bloomfield	State MI	Zip Code 48322-3242	Amount of Each Receipt this Period 2300.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Sun Communities Inc	Occupation Chief Executive Officer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00		

Full Name (Last, First, Middle Initial) <b>B. Danialle Karmanos</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 4740 Dow Ridge Rd		Transaction ID: C3561347	
City Orchard Lake	State MI	Zip Code 48324	Amount of Each Receipt this Period 2300.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Video Producer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00		

Full Name (Last, First, Middle Initial) <b>C. Kent J Thly</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2007	
Mailing Address 618 Mountain Home Rd		Transaction ID: C3543547	
City Woodside	State CA	Zip Code 94062-2516	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation Best Efforts		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶	6100.00
TOTAL This Period (last page this line number only) ..... ▶	

27020263020

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 111  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Richard M Saburro Mailing Address 163 Circular St City State Zip Code Saratoga Springs NY 12866-2301 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2007 Transaction ID: C3558237 Amount of Each Receipt this Period 1000.00 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Sunfire Systems Inc Occupation President/Chief Executive Officer Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Barbara Shomaker Mailing Address 4630 Lake Rd City State Zip Code Stevensville MI 49127 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007 Transaction ID: C3559377 Amount of Each Receipt this Period 1000.00 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Retired Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Rodney M Nelson Mailing Address 330 Gros Cap Rd City State Zip Code Saint Ignace MI 49781-9514 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2007 Transaction ID: C3559387 Amount of Each Receipt this Period 250.00 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mackinac Straits Hospital Occupation Chief Executive Officer Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

27020263021



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

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

FOR LINE NUMBER: PAGE 25 / 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A.** Full Name (Last, First, Middle Initial)  
Peter Karmanos, Jr

Mailing Address 4740 Dow Ridge Rd

City State Zip Code  
Orchard Lake MI 48324-2327

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

Name of Employer Occupation  
Compuware Corporation Chief Executive Officer

Receipt For: 2012  
Primary  General  
Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2007

Transaction ID: C3560567

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bruce L Larva

Mailing Address 3434 Celina Ave

City State Zip Code  
Saint Joseph MI 49085-3711

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

Name of Employer Occupation  
Retired

Receipt For: 2012  
 Primary  General  
Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2007

Transaction ID: C3561278

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 4494 Burton Forest Ct SE

City State Zip Code  
Grand Rapids MI 49546-8801

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

Name of Employer Occupation  
VanAdel Institute Executive

Receipt For: 2012  
 Primary  General  
Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2007

Transaction ID: C3561288

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3800.00**

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

27020263022

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

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

FOR LINE NUMBER: PAGE 26 / 111

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

<b>A.</b> Full Name (Last, First, Middle Initial) B S Rubenstein		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 13301 Ponderosa Way		Transaction ID: C3561318	
City State Zip Code Fort Myers FL 33907-7823	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Homemaker Election Cycle-to-Date ▼ 2300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey D Forman, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 4907 Trailview		Transaction ID: C3561348	
City State Zip Code West Bloomfield MI 48322-4577	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer 21st Century Oncology Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Election Cycle-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Denise M O'Leary		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2007	
Mailing Address 618 Mountain Home Rd		Transaction ID: C3543548	
City State Zip Code Woodside CA 94062-2516	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Best Efforts Election Cycle-to-Date ▼ 1500.00		

**SUBTOTAL** of Receipts This Page (optional) ..... **4300.00**

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

27020263023

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 111

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Bonnie J Singer		Date of Receipt 05 / 21 / 2007
Mailing Address 10805 Hidden Trail Ct		Transaction ID: C3558238
City Potomac	State MD	Zip Code 20854-1759
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Washington Alliance Group	Occupation Lobbyist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Danialle Karmanos		Date of Receipt 06 / 27 / 2007
Mailing Address 4740 Dow Ridge Rd		Transaction ID: C3560568
City Orchard Lake	State MI	Zip Code 48324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Self-employed	Occupation Video Producer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) C. Sherry Frenzel		Date of Receipt 06 / 03 / 2007
Mailing Address 415 W Aldine Ave Apt 11B		Transaction ID: C3558478
City Chicago	State IL	Zip Code 60657-3671
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	4300.00
TOTAL This Period (last page this line number only) .....	

27020263024

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Emily H Strayhorn		Date of Receipt 06 / 18 / 2007
Mailing Address 4645 Terra Ln		Transaction ID: C3561279
City Saint Joseph	State MI	Zip Code 49085-9371
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Oncology Care Associates	Occupation Office Clerk	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. J H Rubenstein		Date of Receipt 06 / 27 / 2007
Mailing Address 13301 Ponderosa Way		Transaction ID: C3561319
City Fort Myers	State FL	Zip Code 33907-7823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer 21st Century Oncology	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. Mandell L Berman		Date of Receipt 05 / 17 / 2007
Mailing Address 30542 Hickory Ln		Transaction ID: C3558229
City Franklin	State MI	Zip Code 48025-1585
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer MLB Investments Inc	Occupation Investor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional) ..... 5600.00

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

27020263025

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

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Detailed Summary Page

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A.** Full Name (Last, First, Middle Initial)  
Charles W Greening, Jr  
Mailing Address 647 Wimbleton Dr  
City Birmingham State MI Zip Code 48009  
FEC ID number of contributing federal political committee. C  
Name of Employer Greening Testing Laboratories Occupation President  
Receipt For: 2012 Election Cycle-to-Date ▼  
X Primary General 1000.00  
Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 24 / 2007  
Transaction ID: C3558269  
Amount of Each Receipt this Period  
1000.00  
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert J Buckler  
Mailing Address 370 Meadow Creek Dr  
City Ann Arbor State MI Zip Code 48105  
FEC ID number of contributing federal political committee. C  
Name of Employer DTE Occupation President  
Receipt For: 2012 Election Cycle-to-Date ▼  
X Primary General 1000.00  
Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 14 / 2007  
Transaction ID: C3559379  
Amount of Each Receipt this Period  
1000.00  
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jarmila M Zemla  
Mailing Address 511 S Blackstone Ave  
City La Grange State IL Zip Code 60525-6103  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation Retired  
Receipt For: 2012 Election Cycle-to-Date ▼  
X Primary General 500.00  
Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 14 / 2007  
Transaction ID: C3559389  
Amount of Each Receipt this Period  
500.00  
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

27020263026

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
 Stabenow for US Senate

A. Full Name (Last, First, Middle Initial)  
 Martin D Gapshis

Mailing Address 1200 N Lake Shore Dr

City Chicago State IL Zip Code 60610

FEC ID number of contributing federal political committee. C

Name of Employer Progress Printing Corp Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

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

Transaction ID: C3558479

Amount of Each Receipt this Period  
 500.00

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

SUBTOTAL of Receipts This Page (optional) .....	500.00
TOTAL This Period (last page this line number only) .....	87000.00

27020263027

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

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

FOR LINE NUMBER: PAGE 31 / 111

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. CMS Energy Employees for Better</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2007
Mailing Address Government - Federal One Energy Plaza		Transaction ID: C3561330
City Jackson	State MI	Zip Code 49201
FEC ID number of contributing federal political committee. <b>C</b> C00075473		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. American Optometric Association PAC</b>		Date of Receipt MM / DD / YYYY 04 / 18 / 2007
Mailing Address 1505 Prince St Ste 300		Transaction ID: C3543550
City Alexandria	State VA	Zip Code 22314-2874
FEC ID number of contributing federal political committee. <b>C</b> C00024968		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Express Scripts Inc Political Fund</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2007
Mailing Address 13900 Riverport Dr		Transaction ID: C3558240
City Maryland Heights	State MO	Zip Code 63043
FEC ID number of contributing federal political committee. <b>C</b> C00365072		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	8000.00
TOTAL This Period (last page this line number only) .....	▶	

27020263028

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

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

FOR LINE NUMBER: PAGE 32 / 111

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. American Hospital Association		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2007
Mailing Address Political Action Committee 325 Seventh St NW #700		Transaction ID: C3558270
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00106146		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. American College of Cardiology PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 2400 N St NW		Transaction ID: C3559390
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C C00375360		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. The Home Depot Inc PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007
Mailing Address 101 Constitution Ave NW Ste 800W		Transaction ID: C3562190
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00284885		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	4500.00
TOTAL This Period (last page this line number only) .....	▶	

27020263029



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

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

FOR LINE NUMBER: PAGE 33 / 111

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) Natl Assoc of Social Workers Inc Pol		Date of Receipt MM / DD / YYYY 05 / 21 / 2007
Mailing Address Action for Candidate Elec (PACE) 750 First St NE #700		Transaction ID: C3558241
City Washington	State DC	Zip Code 20002-4241
FEC ID number of contributing federal political committee. C C00060707		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) National Athletic Trainers' Assoc Inc PAC		Date of Receipt MM / DD / YYYY 05 / 24 / 2007
Mailing Address 2952 Stemmons Fwy		Transaction ID: C3558271
City Dallas	State TX	Zip Code 75247
FEC ID number of contributing federal political committee. C C00408518		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) National Emergency Medicine PAC		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address PO Box 619911		Transaction ID: C3559391
City Dallas	State TX	Zip Code 75261-9911
FEC ID number of contributing federal political committee. C C00140061		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3500.00

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

27020263030

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

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

FOR LINE NUMBER: PAGE 34 / 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A.** Full Name (Last, First, Middle Initial)  
Walgreen Company PAC

Mailing Address 200 Wilmot Rd MS #2255

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing federal political committee. **C** C00160770

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YY  
06 / 30 / 2007

Transaction ID: C3562191

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
AFLAC Inc PAC

Mailing Address 1932 Wynnton Rd

City State Zip Code  
Columbus GA 31999-0001

FEC ID number of contributing federal political committee. **C**: C00034157

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YY  
06 / 30 / 2007

Transaction ID: C3562184

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Foley & Lardner Political Fund Inc

Mailing Address 3000 K St NW  
Ste 500

City State Zip Code  
Washington DC 20007-5111

FEC ID number of contributing federal political committee. **C** C00105338

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YY  
06 / 04 / 2007

Transaction ID: C3559385

Amount of Each Receipt this Period  
2000.00

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

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4000.00**

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

27020263031

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

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

FOR LINE NUMBER: PAGE 35 / 111

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Kinetic Concepts Inc Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007
Mailing Address PO Box 659508		Transaction ID: C3562185
City San Antonio	State TX	Zip Code 78265
FEC ID number of contributing federal political committee. C C00235176		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	- Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Akin Gump Strauss Hauer & Feld		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007
Mailing Address Civic Action Committee (AGSH&F) 1333 New Hampshire Ave NW #400		Transaction ID: C3562186
City Washington	State DC	Zip Code 20036-1532
FEC ID number of contributing federal political committee. C C00104901		Amount of Each Receipt this Period 750.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Cardinal Health Inc Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007
Mailing Address 7000 Cardinal PI		Transaction ID: C3562187
City Dublin	State OH	Zip Code 43017-1091
FEC ID number of contributing federal political committee. C C00332833		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	2750.00
TOTAL This Period (last page this line number only) .....	▶	

27020263032

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

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

FOR LINE NUMBER: PAGE 36 / 111

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. American Hospital Association		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007
Mailing Address Political Action Committee 325 Seventh St NW #700		Transaction ID: C3561328
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00106146		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. General Aviation Manufacturers Assoc PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007
Mailing Address 1400 K St NW Ste 801		Transaction ID: C3562188
City Washington	State DC	Zip Code 20005-2402
FEC ID number of contributing federal political committee. C C00014878		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. ITC Holdings Corp PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007
Mailing Address 201 Townsend St Ste 900		Transaction ID: C3562189
City Lansing	State MI	Zip Code 48933-1529
FEC ID number of contributing federal political committee. C C00388462		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	3000.00
TOTAL This Period (last page this line number only) .....	▶	25750.00

27020263033

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

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

FOR LINE NUMBER: PAGE 37 / 111

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Media Strategies & Research		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2007
Mailing Address 318 Massachusetts Ave NE		Transaction ID: C3543552
City Washington	State DC	Zip Code 20002-5702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70027.77
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 70027.77	
		Refund

Full Name (Last, First, Middle Initial) B. Irwin Union Bank		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2007
Mailing Address 2502 Lake Lansing Rd		Transaction ID: C3559605
City Lansing	State MI	Zip Code 48912-3661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 978.10	
		Refund

SUBTOTAL of Receipts This Page (optional) .....	▶	70043.77
TOTAL This Period (last page this line number only) .....	▶	70043.77

27020263034

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

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

FOR LINE NUMBER: PAGE 38 / 111

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Irwin Union Bank		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 2502 Lake Lansing Rd		Transaction ID: C3561414
City Lansing	State MI	Zip Code 48912-3661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.73
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 978.10	
		Interest

Full Name (Last, First, Middle Initial) B. Irwin Union Bank		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 2502 Lake Lansing Rd		Transaction ID: C3562358
City Lansing	State MI	Zip Code 48912-3661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 185.65
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 978.10	
		Interest

Full Name (Last, First, Middle Initial) C. Irwin Union Bank		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 2502 Lake Lansing Rd		Transaction ID: C3558228
City Lansing	State MI	Zip Code 48912-3661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.35
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Receipt For: 2012 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 978.10	
		Interest

SUBTOTAL of Receipts This Page (optional) .....	▶	432.73
TOTAL This Period (last page this line number only) .....	▶	432.73

27020263035

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 39 / 111	
	<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)  
Stabenow for US Senate

A. Full Name (Last, First, Middle Initial) Gordon Insurance Agency Inc		Transaction ID: D112507 Date of Disbursement 04 / 20 / 2007	
Mailing Address 2145 University Park Dr Ste 255		Amount of Each Disbursement this Period 675.51	
City Okemos	State MI	Zip Code 48864-3982	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Insurance		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

B. Full Name (Last, First, Middle Initial) Petty Cash		Transaction ID: D113485 Date of Disbursement 05 / 21 / 2007	
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 146.46	
City East Lansing	State MI	Zip Code 48826-4945	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reimburse Petty Cash		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

C. Full Name (Last, First, Middle Initial) Petty Cash		Transaction ID: D113486 Date of Disbursement 05 / 21 / 2007	
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 39.32	
City East Lansing	State MI	Zip Code 48826-4945	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reimburse Petty Cash		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....		861.29
TOTAL This Period (last page this line number only) .....		

27020263036

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A. US Postmaster**

Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address

City East Lansing State MI Zip Code 48823

Purpose of Disbursement  
Postage

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D113487  
Date of Disbursement  
05 / 24 / 2007

Amount of Each Disbursement this Period  
41.00

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

**B. US Postmaster**

Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address

City East Lansing State MI Zip Code 48823

Purpose of Disbursement  
Postage

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D112509  
Date of Disbursement  
04 / 20 / 2007

Amount of Each Disbursement this Period  
39.00

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

**C. US Postmaster**

Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address

City East Lansing State MI Zip Code 48823

Purpose of Disbursement  
Overnight Postage

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D112489  
Date of Disbursement  
04 / 10 / 2007

Amount of Each Disbursement this Period  
14.40

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

SUBTOTAL of Disbursements This Page (optional) .....	<b>94.40</b>
TOTAL This Period (last page this line number only) .....	

27020263037



**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 41 / 111	
	<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)  
Stabenow for US Senate

A. US Postmaster		Transaction ID: D112496	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		04 / 16 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
East Lansing	MI	48823	7.20
Purpose of Disbursement		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Overnight Postage			
Candidate Name			
Office Sought:	House	Disbursement For:	
	Senate	Primary      General	
	President	Other (specify) ▼	
State:	District:		

B. US Postmaster		Transaction ID: D113753	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		06 / 21 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
East Lansing	MI	48823	4085.00
Purpose of Disbursement		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
DM Postage			
Candidate Name			
Office Sought:	House	Disbursement For:	
	Senate	Primary      General	
	President	Other (specify) ▼	
State:	District:		

C. Sam's Club		Transaction ID: D113732	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 340 E Edgewood Blvd		06 / 06 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
Lansing	MI	48911-5807	792.14
Purpose of Disbursement		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Supplies			
Candidate Name			
Office Sought:	House	Disbursement For:	
	Senate	Primary      General	
	President	Other (specify) ▼	
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	4884.34
TOTAL This Period (last page this line number only)	

27020263038

**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 42 / 111	
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service</b>		Transaction ID: D113488 Date of Disbursement 05 / 29 / 2007	
Mailing Address PO Box 505820		Amount of Each Disbursement this Period 26.97	
City The Lakes	State NV	Zip Code 88905-5820	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Overnight 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>B. United Parcel Service</b>		Transaction ID: D112492 Date of Disbursement 04 / 12 / 2007	
Mailing Address PO Box 505820		Amount of Each Disbursement this Period 66.20	
City The Lakes	State NV	Zip Code 88905-5820	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Overnight 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>C. United Parcel Service</b>		Transaction ID: D112515 Date of Disbursement 04 / 30 / 2007	
Mailing Address PO Box 505820		Amount of Each Disbursement this Period 15.73	
City The Lakes	State NV	Zip Code 88905-5820	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Overnight Postage		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	108.90
TOTAL This Period (last page this line number only) .....	

27020263039

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service</b>		Transaction ID: D113740 Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2007
Mailing Address PO Box 505820		Amount of Each Disbursement this Period 37.85 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City The Lakes State NV Zip Code 88905-5820	Category/ Type	
Purpose of Disbursement Overnight Postage		
Candidate Name		
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Vertex Computer</b>		Transaction ID: D112508 Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2007
Mailing Address 300 N Clippert St Ste 12		Amount of Each Disbursement this Period 198.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lansing State MI Zip Code 48912-4637	Category/ Type	
Purpose of Disbursement Computer Support		
Candidate Name		
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Staples Credit Plan</b>		Transaction ID: D112514 Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2007
Mailing Address PO Box 2979		Amount of Each Disbursement this Period 32.99 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha State NE Zip Code 68103-2979	Category/ Type	
Purpose of Disbursement Office Supplies		
Candidate Name		
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....	▶	268.84
TOTAL This Period (last page this line number only) .....	▶	

27020263040

**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 44 / 111

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. NGP Software Inc		Transaction ID: D113491 Date of Disbursement 05 / 31 / 2007	
Mailing Address 1101 Vermont Ave NW Ste 710		Amount of Each Disbursement this Period 23.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Washington	State DC		Zip Code 20005-3521
Purpose of Disbursement Broadcast Emails	Category/ Type		
Candidate Name	Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. NGP Software Inc		Transaction ID: D113761 Date of Disbursement 06 / 29 / 2007	
Mailing Address 1101 Vermont Ave NW Ste 710		Amount of Each Disbursement this Period 3000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Washington	State DC		Zip Code 20005-3521
Purpose of Disbursement Computer Software	Category/ Type		
Candidate Name	Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. LexisNexis		Transaction ID: D112478 Date of Disbursement 04 / 03 / 2007	
Mailing Address PO Box 2314		Amount of Each Disbursement this Period 300.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Carol Stream	State IL		Zip Code 60132-0001
Purpose of Disbursement Subscription	Category/ Type		
Candidate Name	Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	▶	3323.40
TOTAL This Period (last page this line number only) .....	▶	

27020263041

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Carefirst Blue Cross Blue Shield</b>		Transaction ID: D112491 Date of Disbursement 04 / 12 / 2007
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 261.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21279-0749	Purpose of Disbursement Health Insurance Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Carefirst Blue Cross Blue Shield</b>		Transaction ID: D113523 Date of Disbursement 05 / 14 / 2007
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 261.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21279-0749	Purpose of Disbursement Health Insurance Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Carefirst Blue Cross Blue Shield</b>		Transaction ID: D113739 Date of Disbursement 06 / 13 / 2007
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 305.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21279-0749	Purpose of Disbursement Health Insurance Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....	827.00
TOTAL This Period (last page this line number only) .....	

27020263042

**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 46 / 111	
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: D113743 Date of Disbursement 06 / 13 / 2007
Mailing Address 100 Concourse Pkwy Ste 290		Amount of Each Disbursement this Period 261.03 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham	State AL Zip Code 35244-2877	
Purpose of Disbursement Telephone	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. Cingular Wireless		Transaction ID: D113524 Date of Disbursement 05 / 14 / 2007
Mailing Address 100 Concourse Pkwy Ste 290		Amount of Each Disbursement this Period 218.74 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham	State AL Zip Code 35244-2877	
Purpose of Disbursement Telephone	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. Cingular Wireless		Transaction ID: D112494 Date of Disbursement 04 / 12 / 2007
Mailing Address 100 Concourse Pkwy Ste 290		Amount of Each Disbursement this Period 191.05 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham	State AL Zip Code 35244-2877	
Purpose of Disbursement Telephone	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) .....	▶	670.82
TOTAL This Period (last page this line number only) .....	▶	

27020263043

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

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

FOR LINE NUMBER:  
 (check only one)

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

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NAME OF COMMITTEE (In Full)  
 Stabenow for US Senate

A. Asher IV Partners LLC  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 784 W Lake Lansing Rd  
 City East Lansing State MI Zip Code 48823  
 Purpose of Disbursement Rent  
 Candidate Name  
 Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼  
 State: District:

Transaction ID: D113525  
 Date of Disbursement  
 05 / 01 / 2007  
 Amount of Each Disbursement this Period  
 831.25  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Asher IV Partners LLC  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 784 W Lake Lansing Rd  
 City East Lansing State MI Zip Code 48823  
 Purpose of Disbursement Rent  
 Candidate Name  
 Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼  
 State: District:

Transaction ID: D113526  
 Date of Disbursement  
 05 / 31 / 2007  
 Amount of Each Disbursement this Period  
 831.25  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Sun Trust Merchant Services  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 6600  
 City Hagerstown State MD Zip Code 21741-6600  
 Purpose of Disbursement CC Bank Fee  
 Candidate Name  
 Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼  
 State: District:

Transaction ID: D113734  
 Date of Disbursement  
 06 / 12 / 2007  
 Amount of Each Disbursement this Period  
 31.92  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1694.42  
 TOTAL This Period (last page this line number only) ..... ▶

27020263044

**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 / 111	
	<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)  
Stabenow for US Senate

**A. Sun Trust Merchant Services**

Full Name (Last, First, Middle Initial)  
Sun Trust Merchant Services

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741-6600

Purpose of Disbursement  
CC Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D113522  
Date of Disbursement  
05 / 11 / 2007

Amount of Each Disbursement this Period  
26.70

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

**B. Sun Trust Merchant Services**

Full Name (Last, First, Middle Initial)  
Sun Trust Merchant Services

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741-6600

Purpose of Disbursement  
CC Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D112490  
Date of Disbursement  
04 / 11 / 2007

Amount of Each Disbursement this Period  
26.70

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

**C. Verizon**

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21297-0513

Purpose of Disbursement  
Telephone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D113492  
Date of Disbursement  
05 / 01 / 2007

Amount of Each Disbursement this Period  
27.45

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

**SUBTOTAL** of Disbursements This Page (optional) ..... **80.85**

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

27020263045



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D113493	
Mailing Address PO Box 17577		Date of Disbursement 05 / 31 / 2007	
City Baltimore	State MD	Zip Code 21297-0513	Amount of Each Disbursement this Period 27.44
Purpose of Disbursement Telephone	Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D113762	
Mailing Address PO Box 17577		Date of Disbursement 06 / 29 / 2007	
City Baltimore	State MD	Zip Code 21297-0513	Amount of Each Disbursement this Period 28.69
Purpose of Disbursement Telephone	Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Central Security Alarm, Inc.		Transaction ID: D113527	
Mailing Address 919 E Grand River Ave		Date of Disbursement 05 / 31 / 2007	
City East Lansing	State MI	Zip Code 48823	Amount of Each Disbursement this Period 114.00
Purpose of Disbursement Equipment & Monitoring	Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	170.13
TOTAL This Period (last page this line number only) .....	

27020263046

**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 / 111
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

<b>A. Emilys List</b> Full Name (Last, First, Middle Initial) Mailing Address 1120 Connecticut Ave NW Ste 1100 City Washington State DC Zip Code 20036-3949 Purpose of Disbursement Inkind Mailing List Candidate Name Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D113855</b> Date of Disbursement 05 / 30 / 2007 Amount of Each Disbursement this Period 419.28 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Debbie Stabenow</b> Full Name (Last, First, Middle Initial) Mailing Address 7143 Steeplechase Way City Lansing State MI Zip Code 48917-8852 Purpose of Disbursement Reimburse Office Supplies Candidate Name Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D113738</b> Date of Disbursement 06 / 13 / 2007 Amount of Each Disbursement this Period 23.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. U.S. Senate Restaurants</b> Full Name (Last, First, Middle Initial) Mailing Address Senate Office Building City Washington State DC Zip Code 20510-0001 Purpose of Disbursement Food & Bev Candidate Name Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D113731</b> Date of Disbursement 06 / 05 / 2007 Amount of Each Disbursement this Period 219.16 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>242.17</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

27020263047

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. U.S. Senate Restaurants		Transaction ID: D113494 Date of Disbursement 05 / 02 / 2007
Mailing Address Senate Office Building		Amount of Each Disbursement this Period 204.84 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC Zip Code 20510-0001	
Purpose of Disbursement Food & Bev		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. U.S. Senate Restaurants		Transaction ID: D112476 Date of Disbursement 04 / 02 / 2007
Mailing Address Senate Office Building		Amount of Each Disbursement this Period 78.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC Zip Code 20510-0001	
Purpose of Disbursement Food & Bev		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. Apparel Printers		Transaction ID: D113495 Date of Disbursement 05 / 23 / 2007
Mailing Address 3519 S Cedar St		Amount of Each Disbursement this Period 1306.34 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lansing	State MI Zip Code 48910-4607	
Purpose of Disbursement T-Shirts		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) .....	▶	1589.38
TOTAL This Period (last page this line number only) .....	▶	

27020263048

**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 / 111	
	<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)  
Stabenow for US Senate

A. Alltel		Transaction ID: D113496	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address PO Box 94535		05 / 31 / 2007	
City Palatine	State IL	Zip Code 60094-4535	Amount of Each Disbursement this Period 96.22
Purpose of Disbursement Telephone	Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Category/Type		

B. Alltel		Transaction ID: D112495	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address PO Box 94535		04 / 12 / 2007	
City Palatine	State IL	Zip Code 60094-4535	Amount of Each Disbursement this Period 112.35
Purpose of Disbursement Telephone	Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Category/Type		

C. Alltel		Transaction ID: D112516	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address PO Box 94535		04 / 30 / 2007	
City Palatine	State IL	Zip Code 60094-4535	Amount of Each Disbursement this Period 123.89
Purpose of Disbursement Telephone	Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional) .....	332.46
TOTAL This Period (last page this line number only) .....	

27020263049

**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 / 111	
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Alltel		Transaction ID: D113763 Date of Disbursement 06 / 29 / 2007	
Mailing Address PO Box 94535		Amount of Each Disbursement this Period 91.54	
City Palatine	State IL	Zip Code 60094-4535	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone	Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Category/ Type	
State: District:			

Full Name (Last, First, Middle Initial) B. AT&T		Transaction ID: D113741 Date of Disbursement 06 / 13 / 2007	
Mailing Address Bill Payment Ctr		Amount of Each Disbursement this Period 32.22	
City Saginaw	State MI	Zip Code 48663-0001	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone	Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Category/ Type	
State: District:			

Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: D113742 Date of Disbursement 06 / 13 / 2007	
Mailing Address Bill Payment Ctr		Amount of Each Disbursement this Period 281.38	
City Saginaw	State MI	Zip Code 48663-0001	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone	Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Category/ Type	
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	405.14
TOTAL This Period (last page this line number only) .....	

27020263050

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Transaction ID: D112510 Date of Disbursement 04 / 20 / 2007	
Mailing Address Bill Payment Ctr		Amount of Each Disbursement this Period 45.90 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Saginaw	State MI		Zip Code 48663-0001
Purpose of Disbursement Telephone	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>B. AT&amp;T</b>		Transaction ID: D112511 Date of Disbursement 04 / 20 / 2007	
Mailing Address Bill Payment Ctr		Amount of Each Disbursement this Period 21.39 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Saginaw	State MI		Zip Code 48663-0001
Purpose of Disbursement Telephone	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>C. AT&amp;T</b>		Transaction ID: D112493 Date of Disbursement 04 / 12 / 2007	
Mailing Address Bill Payment Ctr		Amount of Each Disbursement this Period 279.07 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Saginaw	State MI		Zip Code 48663-0001
Purpose of Disbursement Telephone	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) .....	346.36
TOTAL This Period (last page this line number only) .....	

27020263051

**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 / 111
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: D113497 Date of Disbursement MM / DD / YYYY 05 / 14 / 2007	
Mailing Address Bill Payment Ctr		Amount of Each Disbursement this Period 314.53	
City Saginaw	State MI	Zip Code 48663-0001	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. AT&T		Transaction ID: D113498 Date of Disbursement MM / DD / YYYY 05 / 25 / 2007	
Mailing Address Bill Payment Ctr		Amount of Each Disbursement this Period 48.24	
City Saginaw	State MI	Zip Code 48663-0001	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Nell S Dority		Transaction ID: D113752 Date of Disbursement MM / DD / YYYY 06 / 21 / 2007	
Mailing Address 908 Pleasant Dr		Amount of Each Disbursement this Period 187.50	
City Ypsilanti	State MI	Zip Code 48197-4704	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reimburse Mileage		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	550.27
TOTAL This Period (last page this line number only) .....	

27020263052

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Keystone Printing Group</b>		Transaction ID: D113746 Date of Disbursement 06 / 19 / 2007	
Mailing Address 15400 S US Highway 27		Amount of Each Disbursement this Period 3000.00	
City Lansing State MI Zip Code 48906-5905	Purpose of Disbursement DM Postage	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State:           District:	Disbursement For: Primary           General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Keystone Printing Group</b>		Transaction ID: D113764 Date of Disbursement 06 / 29 / 2007	
Mailing Address 15400 S US Highway 27		Amount of Each Disbursement this Period 5322.96	
City Lansing State MI Zip Code 48906-5905	Purpose of Disbursement DM Printing	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State:           District:	Disbursement For: Primary           General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Keystone Printing Group</b>		Transaction ID: D113765 Date of Disbursement 06 / 29 / 2007	
Mailing Address 15400 S US Highway 27		Amount of Each Disbursement this Period 2683.33	
City Lansing State MI Zip Code 48906-5905	Purpose of Disbursement DM Mailing Service	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State:           District:	Disbursement For: Primary           General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	<b>11006.29</b>
TOTAL This Period (last page this line number only) .....	

27020263053



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A. Juniper Bank**

Full Name (Last, First, Middle Initial)  
Juniper Bank

Mailing Address PO Box 13337

City Philadelphia State PA Zip Code 19101-3337

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D113758  
Date of Disbursement 06 / 28 / 2007

Amount of Each Disbursement this Period 82.28

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

**B. Juniper Bank**

Full Name (Last, First, Middle Initial)  
Juniper Bank

Mailing Address PO Box 13337

City Philadelphia State PA Zip Code 19101-3337

Purpose of Disbursement CC Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D113501  
Date of Disbursement 05 / 01 / 2007

Amount of Each Disbursement this Period 31.96

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

**C. Juniper Bank**

Full Name (Last, First, Middle Initial)  
Juniper Bank

Mailing Address PO Box 13337

City Philadelphia State PA Zip Code 19101-3337

Purpose of Disbursement CC Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D113502  
Date of Disbursement 05 / 01 / 2007

Amount of Each Disbursement this Period 66.35

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

SUBTOTAL of Disbursements This Page (optional) .....	180.59
TOTAL This Period (last page this line number only) .....	

27020263054

**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 / 111

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

<b>A. Juniper Bank</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 13337 City Philadelphia State PA Zip Code 19101-3337 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D113720 Date of Disbursement 06 / 01 / 2007 Amount of Each Disbursement this Period 84.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Juniper Bank</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 13337 City Philadelphia State PA Zip Code 19101-3337 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D112470 Date of Disbursement 04 / 02 / 2007 Amount of Each Disbursement this Period 188.98 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Juniper Bank</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 13337 City Philadelphia State PA Zip Code 19101-3337 Purpose of Disbursement Travel Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D112462 Date of Disbursement 04 / 02 / 2007 Amount of Each Disbursement this Period 40.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) .....	▶	312.98
TOTAL This Period (last page this line number only) .....	▶	

27020263055

**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 / 111
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. CBS FlexChecks, Inc.		Transaction ID: D112483 Date of Disbursement																	
Mailing Address 2030 Leonard NW PO Box 141215		<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>0</td><td>5</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	D	D	Y	Y	Y	Y	0	4	0	5	2	0	0	7
M	M	D	D	Y	Y	Y	Y												
0	4	0	5	2	0	0	7												
City Grand Rapids	State MI	Zip Code 49514-4548																	
Purpose of Disbursement City Withholding Tax		Amount of Each Disbursement this Period																	
Candidate Name		25.00																	
Office Sought: House Senate President		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																	
Disbursement For: Primary General Other (specify) ▼																			
State: District:																			

Full Name (Last, First, Middle Initial) B. CBS FlexChecks, Inc.		Transaction ID: D112481 Date of Disbursement																	
Mailing Address 2030 Leonard NW PO Box 141215		<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>0</td><td>5</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	D	D	Y	Y	Y	Y	0	4	0	5	2	0	0	7
M	M	D	D	Y	Y	Y	Y												
0	4	0	5	2	0	0	7												
City Grand Rapids	State MI	Zip Code 49514-4548																	
Purpose of Disbursement Payroll Processing Fee		Amount of Each Disbursement this Period																	
Candidate Name		49.25																	
Office Sought: House Senate President		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																	
Disbursement For: Primary General Other (specify) ▼																			
State: District:																			

Full Name (Last, First, Middle Initial) C. CBS FlexChecks, Inc.		Transaction ID: D112503 Date of Disbursement																	
Mailing Address 2030 Leonard NW PO Box 141215		<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>1</td><td>9</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	D	D	Y	Y	Y	Y	0	4	1	9	2	0	0	7
M	M	D	D	Y	Y	Y	Y												
0	4	1	9	2	0	0	7												
City Grand Rapids	State MI	Zip Code 49514-4548																	
Purpose of Disbursement City Withholding Tax		Amount of Each Disbursement this Period																	
Candidate Name		25.00																	
Office Sought: House Senate President		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																	
Disbursement For: Primary General Other (specify) ▼																			
State: District:																			

SUBTOTAL of Disbursements This Page (optional) .....	99.25
TOTAL This Period (last page this line number only) .....	

27020263056

**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 / 111
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. CBS FlexChecks, Inc.</b>		Transaction ID: D112500 Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2007
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 49.25 <input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49514-4548	<input type="checkbox"/> Category/ <input type="checkbox"/> Type	
Purpose of Disbursement Payroll Processing Fee Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CBS FlexChecks, Inc.</b>		Transaction ID: D113725 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2007
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 43.85 <input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49514-4548	<input type="checkbox"/> Category/ <input type="checkbox"/> Type	
Purpose of Disbursement Payroll Processing Fee Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CBS FlexChecks, Inc.</b>		Transaction ID: D113516 Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2007
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 43.85 <input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49514-4548	<input type="checkbox"/> Category/ <input type="checkbox"/> Type	
Purpose of Disbursement Payroll Processing Fee Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>136.95</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

27020263057

**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 / 111
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. CBS FlexChecks, Inc.		Transaction ID: D113508 Date of Disbursement 05 / 04 / 2007	
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 43.85	
City Grand Rapids	State MI	Zip Code 49514-4548	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll Processing Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. CBS FlexChecks, Inc.		Transaction ID: D113747 Date of Disbursement 06 / 19 / 2007	
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 43.85	
City Grand Rapids	State MI	Zip Code 49514-4548	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll Processing Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Miriam Kastil		Transaction ID: D113782 Date of Disbursement 06 / 14 / 2007	
Mailing Address PO Box 362		Amount of Each Disbursement this Period 600.00	
City Union Pier	State MI	Zip Code 49129	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FR Food & Bev		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	687.70
TOTAL This Period (last page this line number only) .....	

27020263058

**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 / 111
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Bistro Bis		Transaction ID: D113754	
Mailing Address 15 E St NW		Date of Disbursement 06 / 22 / 2007	
City Washington	State DC	Zip Code 20001-1501	Amount of Each Disbursement this Period 2578.25
Purpose of Disbursement FR Food & Bev		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Juniper Bank		Transaction ID: D112454	
Mailing Address PO Box 13337		Date of Disbursement 04 / 02 / 2007	
City Philadelphia	State PA	Zip Code 19101-3337	Amount of Each Disbursement this Period 369.80
Purpose of Disbursement Airfare		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: D112525	
Mailing Address 4100 Capitol City Blvd		Date of Disbursement 04 / 02 / 2007	
City Lansing	State MI	Zip Code 48906-2170	Amount of Each Disbursement this Period 369.80
Purpose of Disbursement Airfare		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	2948.05
TOTAL This Period (last page this line number only) .....	

27020263059

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

A. Juniper Bank

Full Name (Last, First, Middle Initial)  
Juniper Bank

Mailing Address PO Box 13337

City Philadelphia State PA Zip Code 19101-3337

Purpose of Disbursement Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D112456

Date of Disbursement  
04 / 02 / 2007

Amount of Each Disbursement this Period  
758.50

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

B. Northwest Airlines

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Mailing Address 4100 Capitol City Blvd

City Lansing State MI Zip Code 48906-2170

Purpose of Disbursement Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D112526

Date of Disbursement  
04 / 02 / 2007

Amount of Each Disbursement this Period  
758.50

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

**[MEMO ITEM]**

C. Juniper Bank

Full Name (Last, First, Middle Initial)  
Juniper Bank

Mailing Address PO Box 13337

City Philadelphia State PA Zip Code 19101-3337

Purpose of Disbursement Travel Service Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D112458

Date of Disbursement  
04 / 02 / 2007

Amount of Each Disbursement this Period  
10.00

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>768.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

27020263060

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: D112527 Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2007	
Mailing Address 4100 Capitol City Blvd		Amount of Each Disbursement this Period 10.00	
City Lansing State MI Zip Code 48906-2170	Purpose of Disbursement Travel Service Fee	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Juniper Bank</b>		Transaction ID: D112460 Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2007	
Mailing Address PO Box 13337		Amount of Each Disbursement this Period 324.80	
City Philadelphia State PA Zip Code 19101-3337	Purpose of Disbursement Airfare	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: D112528 Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2007	
Mailing Address 4100 Capitol City Blvd		Amount of Each Disbursement this Period 324.80	
City Lansing State MI Zip Code 48906-2170	Purpose of Disbursement Airfare	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) .....	324.80
TOTAL This Period (last page this line number only) .....	

27020263061



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

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

FOR LINE NUMBER:  
(check only one)

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17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

<b>A. Juniper Bank</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 13337 City Philadelphia State PA Zip Code 19101-3337 Purpose of Disbursement Airfare Candidate Name Office Sought: House Senate President State: District:		Transaction ID: D112464 Date of Disbursement 04 / 02 / 2007 Amount of Each Disbursement this Period 843.62 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type
---	--	---

<b>B. US Airways</b> Full Name (Last, First, Middle Initial) Mailing Address 3939 Capitol City Blvd City Lansing State MI Zip Code 48906-2148 Purpose of Disbursement Airfare Candidate Name Office Sought: House Senate President State: District:		Transaction ID: D112534 Date of Disbursement 04 / 02 / 2007 Amount of Each Disbursement this Period 843.62 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
--	--	--

<b>C. Juniper Bank</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 13337 City Philadelphia State PA Zip Code 19101-3337 Purpose of Disbursement Airfare Candidate Name Office Sought: House Senate President State: District:		Transaction ID: D112466 Date of Disbursement 04 / 02 / 2007 Amount of Each Disbursement this Period 139.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type
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**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **983.02**

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

27020263062

**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 66 / 111
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: D112529 Date of Disbursement 04 / 02 / 2007
Mailing Address 4100 Capitol City Blvd		Amount of Each Disbursement this Period 139.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Lansing	State MI	
Zip Code 48906-2170	Purpose of Disbursement Airfare	Category/ Type
Candidate Name	Office Sought: House Senate President	
Disbursement For: Primary General Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Juniper Bank		Transaction ID: D112468 Date of Disbursement 04 / 02 / 2007
Mailing Address PO Box 13337		Amount of Each Disbursement this Period 171.77 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia	State PA	
Zip Code 19101-3337	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: House Senate President	
Disbursement For: Primary General Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. The Landmark Inn		Transaction ID: D112532 Date of Disbursement 04 / 02 / 2007
Mailing Address 230 N Front St		Amount of Each Disbursement this Period 171.77 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Marquette	State MI	
Zip Code 49855-4221	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: House Senate President	
Disbursement For: Primary General Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional) .....	171.77
TOTAL This Period (last page this line number only) .....	

27020263063

**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 67 / 111	
	<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)  
Stabenow for US Senate

A. Juniper Bank		Transaction ID: D112472	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address PO Box 13337		M M / D D / Y Y Y Y 04 / 02 / 2007	
City Philadelphia State PA Zip Code 19101-3337		Amount of Each Disbursement this Period	
Purpose of Disbursement Event Rental Fee		250.00	
Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

B. Historic Holly Hotel		Transaction ID: D112531	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 110 Battle Alley		M M / D D / Y Y Y Y 04 / 02 / 2007	
City Holly State MI Zip Code 48442		Amount of Each Disbursement this Period	
Purpose of Disbursement Event Rental Fee		250.00	
Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	[MEMO ITEM]	
State: District:			

C. Juniper Bank		Transaction ID: D112475	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address PO Box 13337		M M / D D / Y Y Y Y 04 / 02 / 2007	
City Philadelphia State PA Zip Code 19101-3337		Amount of Each Disbursement this Period	
Purpose of Disbursement Event Food & Bev		1000.00	
Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

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

27020263064

**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 68 / 111
	<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)  
Stabenow for US Senate

A. Full Name (Last, First, Middle Initial)  
Historic Holly Hotel

Mailing Address 110 Battle Alley

City Holly State MI Zip Code 48442

Purpose of Disbursement  
Event Food & Bev

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D112530  
Date of Disbursement  
04 / 02 / 2007

Amount of Each Disbursement this Period  
1000.00

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

**[MEMO ITEM]**

B. Full Name (Last, First, Middle Initial)  
CBS FlexChecks, Inc.

Mailing Address 2030 Leonard NW  
PO Box 141215

City Grand Rapids State MI Zip Code 49514-4548

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D112479  
Date of Disbursement  
04 / 05 / 2007

Amount of Each Disbursement this Period  
6268.33

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

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

Mailing Address 1004 W Barnes Ave

City Lansing State MI Zip Code 48910-1308

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D112521  
Date of Disbursement  
04 / 05 / 2007

Amount of Each Disbursement this Period  
1926.14

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

**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....	6268.33
TOTAL This Period (last page this line number only) .....	

27020263065

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Ellie Darnell		Transaction ID: D112523	
Mailing Address 7426 Gypsie Ln Apt 3		Date of Disbursement 04 / 05 / 2007	
City Lansing	State MI	Zip Code 48917-1066	Amount of Each Disbursement this Period 519.72
Purpose of Disbursement Payroll		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Nell S Dority		Transaction ID: D112517	
Mailing Address 908 Pleasant Dr		Date of Disbursement 04 / 05 / 2007	
City Ypsilanti	State MI	Zip Code 48197-4704	Amount of Each Disbursement this Period 2362.51
Purpose of Disbursement Payroll		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Adrienne D Donato		Transaction ID: D112519	
Mailing Address 610 6th St NE		Date of Disbursement 04 / 05 / 2007	
City Washington	State DC	Zip Code 20002-5208	Amount of Each Disbursement this Period 1459.96
Purpose of Disbursement Payroll		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	0.00
TOTAL This Period (last page this line number only) .....	

27020263066

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

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

FOR LINE NUMBER:  
(check only one)

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17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. CBS FlexChecks, Inc.</b>		Transaction ID: D112480 Date of Disbursement 04 / 05 / 2007
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 1508.89 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids	State MI    Zip Code 49514-4548	
Purpose of Disbursement Federal W/H Tax	Category/ Type	
Candidate Name		
Office Sought:    House Senate President	Disbursement For: Primary            General Other (specify) ▼	
State:            District:		

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Transaction ID: D112537 Date of Disbursement 04 / 05 / 2007
Mailing Address		Amount of Each Disbursement this Period 1508.89 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Cincinnati	State OH    Zip Code 45999	
Purpose of Disbursement Federal W/H Tax	Category/ Type	
Candidate Name		
Office Sought:    House Senate President	Disbursement For: Primary            General Other (specify) ▼	
State:            District:		

Full Name (Last, First, Middle Initial) <b>C. CBS FlexChecks, Inc.</b>		Transaction ID: D112482 Date of Disbursement 04 / 05 / 2007
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 621.18 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids	State MI    Zip Code 49514-4548	
Purpose of Disbursement Federal W/H Tax	Category/ Type	
Candidate Name		
Office Sought:    House Senate President	Disbursement For: Primary            General Other (specify) ▼	
State:            District:		

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **2130.07**

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

27020263067

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Transaction ID: D112536 Date of Disbursement 04 / 05 / 2007
Mailing Address		Amount of Each Disbursement this Period  621.18 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Cincinnati	State OH	
Zip Code 45999	Category/ Type	
Purpose of Disbursement Federal W/H Tax	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CBS FlexChecks, Inc.</b>		Transaction ID: D112484 Date of Disbursement 04 / 05 / 2007
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period  122.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids	State MI	
Zip Code 49514-4548	Category/ Type	
Purpose of Disbursement Withholding Tax	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Office of Tax &amp; Revenue</b>		Transaction ID: D112539 Date of Disbursement 04 / 05 / 2007
Mailing Address 941 N Capitol St NE		Amount of Each Disbursement this Period  122.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington	State DC	
Zip Code 20002-4234	Category/ Type	
Purpose of Disbursement Withholding Tax	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	▶	122.00
TOTAL This Period (last page this line number only) .....	▶	

27020263068

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

A. Full Name (Last, First, Middle Initial)  
CBS FlexChecks, Inc.

Mailing Address 2030 Leonard NW  
PO Box 141215

City Grand Rapids State MI Zip Code 49514-4548

Purpose of Disbursement  
State Withholding Tax

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D112485  
Date of Disbursement  
04 / 05 / 2007

Amount of Each Disbursement this Period  
195.78

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

B. Full Name (Last, First, Middle Initial)  
Michigan Department of Treasury

Mailing Address Dept 77003

City Detroit State MI Zip Code 48277-0003

Purpose of Disbursement  
State Withholding Tax

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D112540  
Date of Disbursement  
04 / 05 / 2007

Amount of Each Disbursement this Period  
195.78

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

**[MEMO ITEM]**

C. Full Name (Last, First, Middle Initial)  
CBS FlexChecks, Inc.

Mailing Address 2030 Leonard NW  
PO Box 141215

City Grand Rapids State MI Zip Code 49514-4548

Purpose of Disbursement  
Federal Unemploy Tax

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D112486  
Date of Disbursement  
04 / 05 / 2007

Amount of Each Disbursement this Period  
4.96

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 200.74

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

27020263069



**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 73 / 111
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Transaction ID: D112538
Mailing Address		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2007
City Cincinnati	State OH	Zip Code 45999
Purpose of Disbursement Federal Unemploy Tax		Amount of Each Disbursement this Period 4.96
Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President		Category/Type <b>[MEMO ITEM]</b>
Disbursement For: Primary General Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. CBS FlexChecks, Inc.		Transaction ID: D112487
Mailing Address 2030 Leonard NW PO Box 141215		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2007
City Grand Rapids	State MI	Zip Code 49514-4548
Purpose of Disbursement State Unemploy Tax		Amount of Each Disbursement this Period 5.58
Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President		Category/Type
Disbursement For: Primary General Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Michigan Unemployment Agency		Transaction ID: D112541
Mailing Address PO Box 77003		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2007
City Detroit	State MI	Zip Code 48277-0003
Purpose of Disbursement State Unemploy Tax		Amount of Each Disbursement this Period 5.58
Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President		Category/Type <b>[MEMO ITEM]</b>
Disbursement For: Primary General Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	5.58
TOTAL This Period (last page this line number only) .....	

27020263070

**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 74 / 111
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. CBS FlexChecks, Inc.</b>		Transaction ID: D112498	
Mailing Address 2030 Leonard NW PO Box 141215		Date of Disbursement 04 / 19 / 2007	
City Grand Rapids	State MI	Zip Code 49514-4548	Amount of Each Disbursement this Period 6268.33
Purpose of Disbursement Payroll	Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Shannon Horvath</b>		Transaction ID: D112522	
Mailing Address 1004 W Barnes Ave		Date of Disbursement 04 / 19 / 2007	
City Lansing	State MI	Zip Code 48910-1308	Amount of Each Disbursement this Period 1926.14
Purpose of Disbursement Payroll	Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Category/Type		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Ellie Darnell</b>		Transaction ID: D112524	
Mailing Address 7426 Gypsie Ln Apt 3		Date of Disbursement 04 / 19 / 2007	
City Lansing	State MI	Zip Code 48917-1066	Amount of Each Disbursement this Period 519.72
Purpose of Disbursement Payroll	Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Category/Type		<b>[MEMO ITEM]</b>

SUBTOTAL of Disbursements This Page (optional) .....	6268.33
TOTAL This Period (last page this line number only) .....	

27020263071

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

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

FOR LINE NUMBER:  
(check only one)

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17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Nell S Dority</b>		Transaction ID: D112518 Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2007	
Mailing Address    908 Pleasant Dr		Amount of Each Disbursement this Period 2362.51	
City Ypsilanti	State MI	Zip Code 48197-4704	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Payroll		Category/ Type	
Candidate Name			
Office Sought:    House Senate President	Disbursement For: Primary            General Other (specify) ▼		
State:            District:			

Full Name (Last, First, Middle Initial) <b>B. Adrienne D Donato</b>		Transaction ID: D112520 Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2007	
Mailing Address    610 6th St NE		Amount of Each Disbursement this Period 1459.96	
City Washington	State DC	Zip Code 20002-5208	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Payroll		Category/ Type	
Candidate Name			
Office Sought:    House Senate President	Disbursement For: Primary            General Other (specify) ▼		
State:            District:			

Full Name (Last, First, Middle Initial) <b>C. CBS FlexChecks, Inc.</b>		Transaction ID: D112499 Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2007	
Mailing Address    2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 1508.89	
City Grand Rapids	State MI	Zip Code 49514-4548	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Federal W/H Tax		Category/ Type	
Candidate Name			
Office Sought:    House Senate President	Disbursement For: Primary            General Other (specify) ▼		
State:            District:			

SUBTOTAL of Disbursements This Page (optional) ..... ▶	<b>1508.89</b>
TOTAL This Period (last page this line number only) ..... ▶	

27020263072

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A. Internal Revenue Service**

Full Name (Last, First, Middle Initial)  
Mailing Address  
City Cincinnati State OH Zip Code 45999  
Purpose of Disbursement Federal W/H Tax  
Candidate Name  
Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: D112627  
Date of Disbursement  
04 / 19 / 2007  
Amount of Each Disbursement this Period  
1508.89  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  
**[MEMO ITEM]**

**B. CBS FlexChecks, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 2030 Leonard NW PO Box 141215  
City Grand Rapids State MI Zip Code 49514-4548  
Purpose of Disbursement Federal W/H Tax  
Candidate Name  
Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: D112501  
Date of Disbursement  
04 / 19 / 2007  
Amount of Each Disbursement this Period  
621.18  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C. Internal Revenue Service**

Full Name (Last, First, Middle Initial)  
Mailing Address  
City Cincinnati State OH Zip Code 45999  
Purpose of Disbursement Federal W/H Tax  
Candidate Name  
Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: D112626  
Date of Disbursement  
04 / 19 / 2007  
Amount of Each Disbursement this Period  
621.18  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  
**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....	▶	621.18
TOTAL This Period (last page this line number only) .....	▶	

27020263073

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

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

FOR LINE NUMBER:  
 (check only one)

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17     18     19a     19b  
 20a    20b    20c    21

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NAME OF COMMITTEE (In Full)  
 Stabenow for US Senate

**A. CBS FlexChecks, Inc.**

Full Name (Last, First, Middle Initial)  
 CBS FlexChecks, Inc.

Transaction ID: D112502  
 Date of Disbursement  
 04 / 19 / 2007

Mailing Address 2030 Leonard NW  
 PO Box 141215

City Grand Rapids State MI Zip Code 49514-4548

Purpose of Disbursement  
 State Withholding Tax

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period  
 195.78

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

Category/  
 Type

**B. Michigan Department of Treasury**

Full Name (Last, First, Middle Initial)  
 Michigan Department of Treasury

Transaction ID: D112630  
 Date of Disbursement  
 04 / 19 / 2007

Mailing Address Dept 77003

City Detroit State MI Zip Code 48277-0003

Purpose of Disbursement  
 State Withholding Tax

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period  
 195.78

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

Category/  
 Type

[MEMO ITEM]

**C. CBS FlexChecks, Inc.**

Full Name (Last, First, Middle Initial)  
 CBS FlexChecks, Inc.

Transaction ID: D112504  
 Date of Disbursement  
 04 / 19 / 2007

Mailing Address 2030 Leonard NW  
 PO Box 141215

City Grand Rapids State MI Zip Code 49514-4548

Purpose of Disbursement  
 Federal Unemploy Tax

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period  
 4.96

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

Category/  
 Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 200.74

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

27020263074

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

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

FOR LINE NUMBER:  
(check only one)

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17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Transaction ID: D112628 Date of Disbursement 04 / 19 / 2007
Mailing Address		Amount of Each Disbursement this Period 4.96
City Cincinnati	State OH	
Purpose of Disbursement Federal Unemploy Tax	Zip Code 45999	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary    General Other (specify) ▼	
State:    District:		

Full Name (Last, First, Middle Initial) <b>B. CBS FlexChecks, Inc.</b>		Transaction ID: D112505 Date of Disbursement 04 / 19 / 2007
Mailing Address    2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 122.00
City Grand Rapids	State MI	
Purpose of Disbursement Withholding Tax	Zip Code 49514-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary    General Other (specify) ▼	
State:    District:		

Full Name (Last, First, Middle Initial) <b>C. Office of Tax &amp; Revenue</b>		Transaction ID: D112629 Date of Disbursement 04 / 19 / 2007
Mailing Address    941 N Capitol St NE		Amount of Each Disbursement this Period 122.00
City Washington	State DC	
Purpose of Disbursement Withholding Tax	Zip Code 20002-4234	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary    General Other (specify) ▼	
State:    District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>122.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

27020263075

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A.** Full Name (Last, First, Middle Initial)  
CBS FlexChecks, Inc.

Mailing Address 2030 Leonard NW  
PO Box 141215

City Grand Rapids State MI Zip Code 49514-4548

Purpose of Disbursement  
State Unemploy Tax

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D112506  
Date of Disbursement  
04 / 19 / 2007

Amount of Each Disbursement this Period  
5.58

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

**B.** Full Name (Last, First, Middle Initial)  
Michigan Unemployment Agency

Mailing Address PO Box 77003

City Detroit State MI Zip Code 48277-0003

Purpose of Disbursement  
State Unemploy Tax

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D112631  
Date of Disbursement  
04 / 19 / 2007

Amount of Each Disbursement this Period  
5.58

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

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Juniper Bank

Mailing Address PO Box 13337

City Philadelphia State PA Zip Code 19101-3337

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D112624  
Date of Disbursement  
04 / 02 / 2007

Amount of Each Disbursement this Period  
-529.10

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-523.52</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

27020263076

**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 80 / 111
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) Northwest Airlines		Transaction ID: D112625 Date of Disbursement 04 / 02 / 2007	
Mailing Address 4100 Capitol City Blvd		Amount of Each Disbursement this Period -529.10	
City Lansing	State MI	Zip Code 48906-2170	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Airfare		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) Juniper Bank		Transaction ID: D113499 Date of Disbursement 05 / 01 / 2007	
Mailing Address PO Box 13337		Amount of Each Disbursement this Period 77.72	
City Philadelphia	State PA	Zip Code 19101-3337	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Lodging		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) The Breakers		Transaction ID: D113785 Date of Disbursement 05 / 01 / 2007	
Mailing Address One South County Road		Amount of Each Disbursement this Period 77.72	
City Palm Beach	State FL	Zip Code 33480	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Lodging		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional) .....	▶	77.72
TOTAL This Period (last page this line number only) .....	▶	

27020263077



**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 81 / 111
	<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)  
Stabenow for US Senate

A. Juniper Bank

Full Name (Last, First, Middle Initial)  
Juniper Bank

Mailing Address PO Box 13337

City Philadelphia State PA Zip Code 19101-3337

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D113500  
Date of Disbursement  
05 / 01 / 2007

Amount of Each Disbursement this Period  
442.25

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

B. Marriott Desert Ridge

Full Name (Last, First, Middle Initial)  
Marriott Desert Ridge

Mailing Address 5350 E Marriott Dr

City Phoenix State AZ Zip Code 85054-6147

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D113786  
Date of Disbursement  
05 / 01 / 2007

Amount of Each Disbursement this Period  
442.25

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

**[MEMO ITEM]**

C. Juniper Bank

Full Name (Last, First, Middle Initial)  
Juniper Bank

Mailing Address PO Box 13337

City Philadelphia State PA Zip Code 19101-3337

Purpose of Disbursement Event Food & Bev

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D113503  
Date of Disbursement  
05 / 01 / 2007

Amount of Each Disbursement this Period  
148.90

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>591.15</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

27020263078

**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 82 / 111
	<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)  
Stabenow for US Senate

**A. The Breakers**

Full Name (Last, First, Middle Initial)

Mailing Address One South County Road

City Palm Beach State FL Zip Code 33480

Purpose of Disbursement Event Food & Bev

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D113784

Date of Disbursement  
05 / 01 / 2007

Amount of Each Disbursement this Period  
148.90

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

**[MEMO ITEM]**

**B. Adrienne D Donato**

Full Name (Last, First, Middle Initial)

Mailing Address 610 6th St NE

City Washington State DC Zip Code 20002-5208

Purpose of Disbursement Reimburse FR Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D113504

Date of Disbursement  
05 / 18 / 2007

Amount of Each Disbursement this Period  
250.00

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

**C. Bistro Bis**

Full Name (Last, First, Middle Initial)

Mailing Address 15 E St NW

City Washington State DC Zip Code 20001-1501

Purpose of Disbursement FR Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D113833

Date of Disbursement  
05 / 18 / 2007

Amount of Each Disbursement this Period  
250.00

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

**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....	250.00
TOTAL This Period (last page this line number only) .....	

27020263079

**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 83 / 111	
	<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)  
Stabenow for US Senate

A. Full Name (Last, First, Middle Initial) Adrienne D Donato		Transaction ID: D113505 Date of Disbursement 05 / 18 / 2007	
Mailing Address 610 6th St NE		Amount of Each Disbursement this Period 506.35	
City Washington	State DC	Zip Code 20002-5208	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reimburse FR Food & Bev		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

B. Full Name (Last, First, Middle Initial) Bistro Bis		Transaction ID: D113834 Date of Disbursement 05 / 18 / 2007	
Mailing Address 15 E St NW		Amount of Each Disbursement this Period 506.35	
City Washington	State DC	Zip Code 20001-1501	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FR Food & Bev		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

**[MEMO ITEM]**

C. Full Name (Last, First, Middle Initial) CBS FlexChecks, Inc.		Transaction ID: D113506 Date of Disbursement 05 / 04 / 2007	
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 4856.95	
City Grand Rapids	State MI	Zip Code 49514-4548	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	5363.30
TOTAL This Period (last page this line number only) .....	

27020263080

**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 84 / 111	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A.** Full Name (Last, First, Middle Initial)  
Ellie Darnell

Mailing Address 7426 Gypsie Ln  
Apt 3

City Lansing State MI Zip Code 48917-1066

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D113679  
Date of Disbursement  
05 / 04 / 2007

Amount of Each Disbursement this Period  
1034.48

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

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Nell S Dority

Mailing Address 908 Pleasant Dr

City Ypsilanti State MI Zip Code 48197-4704

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D113684  
Date of Disbursement  
05 / 04 / 2007

Amount of Each Disbursement this Period  
2362.51

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

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Adrienne D Donato

Mailing Address 610 6th St NE

City Washington State DC Zip Code 20002-5208

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D113682  
Date of Disbursement  
05 / 04 / 2007

Amount of Each Disbursement this Period  
1459.96

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

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 0.00

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

27020263081

**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 85 / 111			
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. CBS FlexChecks, Inc.</b>		Transaction ID: D113507 Date of Disbursement 05 / 04 / 2007	
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 1167.59	
City Grand Rapids State MI Zip Code 49514-4548	Purpose of Disbursement Federal W/H Tax Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Transaction ID: D113686 Date of Disbursement 05 / 04 / 2007	
Mailing Address		Amount of Each Disbursement this Period 1167.59	
City Cincinnati State OH Zip Code 45999	Purpose of Disbursement Federal W/H Tax Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CBS FlexChecks, Inc.</b>		Transaction ID: D113509 Date of Disbursement 05 / 04 / 2007	
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 481.80	
City Grand Rapids State MI Zip Code 49514-4548	Purpose of Disbursement Federal W/H Tax Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ..... ▶		<b>1649.39</b>
TOTAL This Period (last page this line number only) ..... ▶		

27020263082

**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 86 / 111
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Transaction ID: D113685 Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2007
Mailing Address		Amount of Each Disbursement this Period  481.80  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City	State	
Cincinnati	OH	
Zip Code	45999	
Purpose of Disbursement	Category/Type	
Federal W/H Tax		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CBS FlexChecks, Inc.</b>		Transaction ID: D113510 Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2007
Mailing Address		Amount of Each Disbursement this Period  122.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
2030 Leonard NW PO Box 141215		
City	State	
Grand Rapids	MI	
Zip Code	49514-4548	
Purpose of Disbursement	Category/Type	
Withholding Tax		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Office of Tax &amp; Revenue</b>		Transaction ID: D113692 Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2007
Mailing Address		Amount of Each Disbursement this Period  122.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
941 N Capitol St NE		
City	State	
Washington	DC	
Zip Code	20002-4234	
Purpose of Disbursement	Category/Type	
Withholding Tax		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	▶	122.00
TOTAL This Period (last page this line number only) .....	▶	

27020263083

**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 87 / 111

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. CBS FlexChecks, Inc.		Transaction ID: D113511	
Mailing Address 2030 Leonard NW PO Box 141215		Date of Disbursement 05 / 04 / 2007	
City Grand Rapids	State MI	Zip Code 49514-4548	Amount of Each Disbursement this Period 151.54
Purpose of Disbursement State Withholding Tax	Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) B. Michigan Department of Treasury		Transaction ID: D113693	
Mailing Address Dept 77003		Date of Disbursement 05 / 04 / 2007	
City Detroit	State MI	Zip Code 48277-0003	Amount of Each Disbursement this Period 151.54
Purpose of Disbursement State Withholding Tax	Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Category/ Type		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. CBS FlexChecks, Inc.		Transaction ID: D113512	
Mailing Address 2030 Leonard NW PO Box 141215		Date of Disbursement 05 / 04 / 2007	
City Grand Rapids	State MI	Zip Code 49514-4548	Amount of Each Disbursement this Period 10.38
Purpose of Disbursement Federal Unemploy Tax	Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Category/ Type		

SUBTOTAL of Disbursements This Page (optional) .....	▶	161.92
TOTAL This Period (last page this line number only) .....	▶	

27020263084

**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 88 / 111
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Transaction ID: D113687	
Mailing Address		Date of Disbursement	
City Cincinnati State OH Zip Code 45999		05 / 04 / 2007	
Purpose of Disbursement Federal Unemploy Tax		Amount of Each Disbursement this Period	
Candidate Name		10.38	
Office Sought: House Senate President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: Primary General Other (specify) ▼		<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. CBS FlexChecks, Inc.</b>		Transaction ID: D113513	
Mailing Address 2030 Leonard NW PO Box 141215		Date of Disbursement	
City Grand Rapids State MI Zip Code 49514-4548		05 / 04 / 2007	
Purpose of Disbursement State Unemploy Tax		Amount of Each Disbursement this Period	
Candidate Name		11.68	
Office Sought: House Senate President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Michigan Unemployment Agency</b>		Transaction ID: D113696	
Mailing Address PO Box 77003		Date of Disbursement	
City Detroit State MI Zip Code 48277-0003		05 / 04 / 2007	
Purpose of Disbursement State Unemploy Tax		Amount of Each Disbursement this Period	
Candidate Name		11.68	
Office Sought: House Senate President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: Primary General Other (specify) ▼		<b>[MEMO ITEM]</b>	

SUBTOTAL of Disbursements This Page (optional) .....	<b>11.68</b>
TOTAL This Period (last page this line number only) .....	

27020263085



**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 89 / 111
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. CBS FlexChecks, Inc.		Transaction ID: D113514 Date of Disbursement 05 / 18 / 2007	
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 4856.95	
City Grand Rapids	State MI	Zip Code 49514-4548	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll	Category/Type		
Candidate Name	Office Sought: House Senate President		
State: District:	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ellie Darnell		Transaction ID: D113680 Date of Disbursement 05 / 18 / 2007	
Mailing Address 7426 Gypsie Ln Apt 3		Amount of Each Disbursement this Period 1034.48	
City Lansing	State MI	Zip Code 48917-1066	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll	Category/Type		
Candidate Name	Office Sought: House Senate President		[MEMO ITEM]
State: District:	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nell S Dority		Transaction ID: D113683 Date of Disbursement 05 / 18 / 2007	
Mailing Address 908 Pleasant Dr		Amount of Each Disbursement this Period 2362.51	
City Ypsilanti	State MI	Zip Code 48197-4704	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll	Category/Type		
Candidate Name	Office Sought: House Senate President		[MEMO ITEM]
State: District:	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	4856.95
TOTAL This Period (last page this line number only) .....	

27020263086

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Adrienne D Donato		Transaction ID: D113681 Date of Disbursement 05 / 18 / 2007
Mailing Address 610 6th St NE		Amount of Each Disbursement this Period 1459.96 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington	State DC	
Zip Code 20002-5208	Category/ Type	
Purpose of Disbursement Payroll	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:

Full Name (Last, First, Middle Initial) B. CBS FlexChecks, Inc.		Transaction ID: D113515 Date of Disbursement 05 / 18 / 2007
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 481.80 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids	State MI	
Zip Code 49514-4548	Category/ Type	
Purpose of Disbursement Federal W/H Tax	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:

Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Transaction ID: D113689 Date of Disbursement 05 / 18 / 2007
Mailing Address		Amount of Each Disbursement this Period 481.80 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Cincinnati	State OH	
Zip Code 45999	Category/ Type	
Purpose of Disbursement Federal W/H Tax	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:

SUBTOTAL of Disbursements This Page (optional) .....	481.80
TOTAL This Period (last page this line number only) .....	

27020263087

**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 91 / 111
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. CBS FlexChecks, Inc.</b>		Transaction ID: D113517 Date of Disbursement 05 / 18 / 2007
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 1167.59 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids	State MI Zip Code 49514-4548	
Purpose of Disbursement Federal W/H Tax	Category/Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Transaction ID: D113688 Date of Disbursement 05 / 18 / 2007
Mailing Address		Amount of Each Disbursement this Period 1167.59 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Cincinnati	State OH Zip Code 45999	
Purpose of Disbursement Federal W/H Tax	Category/Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CBS FlexChecks, Inc.</b>		Transaction ID: D113518 Date of Disbursement 05 / 18 / 2007
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 122.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids	State MI Zip Code 49514-4548	
Purpose of Disbursement Withholding Tax	Category/Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1289.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

27020263088

**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 92 / 111	
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Office of Tax &amp; Revenue</b>		Transaction ID: D113691 Date of Disbursement 05 / 18 / 2007	
Mailing Address 941 N Capitol St NE		Amount of Each Disbursement this Period 122.00	
City Washington	State DC	Zip Code 20002-4234	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Withholding Tax	Category/Type		
Candidate Name	Office Sought: House Senate President		
State: District:	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CBS FlexChecks, Inc.</b>		Transaction ID: D113519 Date of Disbursement 05 / 18 / 2007	
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 151.54	
City Grand Rapids	State MI	Zip Code 49514-4548	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement State Withholding Tax	Category/Type		
Candidate Name	Office Sought: House Senate President		
State: District:	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michigan Department of Treasury</b>		Transaction ID: D113694 Date of Disbursement 05 / 18 / 2007	
Mailing Address Dept 77003		Amount of Each Disbursement this Period 151.54	
City Detroit	State MI	Zip Code 48277-0003	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement State Withholding Tax	Category/Type		
Candidate Name	Office Sought: House Senate President		
State: District:	Disbursement For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>151.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

27020263089

**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 93 / 111
	<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)  
Stabenow for US Senate

A. CBS FlexChecks, Inc.		Transaction ID: D113520 Date of Disbursement 05 / 18 / 2007
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 5.94
City Grand Rapids	State MI Zip Code 49514-4548	
Purpose of Disbursement Federal Unemploy Tax		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

B. Internal Revenue Service		Transaction ID: D113690 Date of Disbursement 05 / 18 / 2007
Mailing Address		Amount of Each Disbursement this Period 5.94
City Cincinnati	State OH Zip Code 45999	
Purpose of Disbursement Federal Unemploy Tax		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

C. CBS FlexChecks, Inc.		Transaction ID: D113521 Date of Disbursement 05 / 18 / 2007
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 11.69
City Grand Rapids	State MI Zip Code 49514-4548	
Purpose of Disbursement State Unemploy Tax		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	17.63
TOTAL This Period (last page this line number only)	

27020263090

**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 94 / 111
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Michigan Unemployment Agency</b>		Transaction ID: D113695 Date of Disbursement 05 / 18 / 2007
Mailing Address PO Box 77003		Amount of Each Disbursement this Period 11.69 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Detroit State MI Zip Code 48277-0003	Purpose of Disbursement State Unemploy Tax Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Juniper Bank</b>		Transaction ID: D113714 Date of Disbursement 06 / 01 / 2007
Mailing Address PO Box 13337		Amount of Each Disbursement this Period 300.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19101-3337	Purpose of Disbursement Airfare Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Northwest Airlines</b>		Transaction ID: D113790 Date of Disbursement 06 / 01 / 2007
Mailing Address 4100 Capitol City Blvd		Amount of Each Disbursement this Period 300.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Lansing State MI Zip Code 48906-2170	Purpose of Disbursement Airfare Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ..... ▶	<b>300.40</b>
TOTAL This Period (last page this line number only) ..... ▶	

27020263091

**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 95 / 111
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Juniper Bank</b>		Transaction ID: D113715 Date of Disbursement 06 / 01 / 2007
Mailing Address PO Box 13337		Amount of Each Disbursement this Period  232.40  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia	State PA	
Zip Code 19101-3337	Category/ Type	
Purpose of Disbursement Airfare		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: D113791 Date of Disbursement 06 / 01 / 2007
Mailing Address 4100 Capitol City Blvd		Amount of Each Disbursement this Period  232.40  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b>
City Lansing	State MI	
Zip Code 48906-2170	Category/ Type	
Purpose of Disbursement Airfare		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Juniper Bank</b>		Transaction ID: D113716 Date of Disbursement 06 / 01 / 2007
Mailing Address PO Box 13337		Amount of Each Disbursement this Period  729.43  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia	State PA	
Zip Code 19101-3337	Category/ Type	
Purpose of Disbursement Lodging		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>961.83</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

27020263092

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

**A. Millennium Hotel**

Full Name (Last, First, Middle Initial)  
Mailing Address One United Nations Plaza

City New York State NY Zip Code 10017

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D113792  
Date of Disbursement 06 / 01 / 2007

Amount of Each Disbursement this Period 729.43

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

**[MEMO ITEM]**

**B. Juniper Bank**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 13337

City Philadelphia State PA Zip Code 19101-3337

Purpose of Disbursement Conference Fee

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D113717  
Date of Disbursement 06 / 01 / 2007

Amount of Each Disbursement this Period 250.00

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

**C. Millennium Hotel**

Full Name (Last, First, Middle Initial)  
Mailing Address One United Nations Plaza

City New York State NY Zip Code 10017

Purpose of Disbursement Conference Fee

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D113793  
Date of Disbursement 06 / 01 / 2007

Amount of Each Disbursement this Period 250.00

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

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

27020263093



**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 97 / 111
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Juniper Bank		Transaction ID: D113718 Date of Disbursement 06 / 01 / 2007	
Mailing Address PO Box 13337		Amount of Each Disbursement this Period 342.81	
City Philadelphia	State PA	Zip Code 19101-3337	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Event Food & Bev		Category/Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Seldom Blues Restaurant		Transaction ID: D113789 Date of Disbursement 06 / 01 / 2007	
Mailing Address 400 Renaissance Center		Amount of Each Disbursement this Period 342.81	
City Detroit	State MI	Zip Code 48243	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Event Food & Bev		Category/Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Juniper Bank		Transaction ID: D113722 Date of Disbursement 06 / 01 / 2007	
Mailing Address PO Box 13337		Amount of Each Disbursement this Period 76.16	
City Philadelphia	State PA	Zip Code 19101-3337	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Car Rental		Category/Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	<b>418.97</b>
TOTAL This Period (last page this line number only) .....	

27020263094

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Avis Rent A Car</b>		Transaction ID: D113794 Date of Disbursement 06 / 01 / 2007
Mailing Address Metro Detroit Airport		Amount of Each Disbursement this Period  76.16
City Detroit	State MI Zip Code 48228	
Purpose of Disbursement Car Rental		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CBS FlexChecks, Inc.</b>		Transaction ID: D113723 Date of Disbursement 06 / 04 / 2007
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period  4856.94
City Grand Rapids	State MI Zip Code 49514-4548	
Purpose of Disbursement Payroll		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ellie Darnell</b>		Transaction ID: D113798 Date of Disbursement 06 / 04 / 2007
Mailing Address 7426 Gypsie Ln Apt 3		Amount of Each Disbursement this Period  1034.47
City Lansing	State MI Zip Code 48917-1066	
Purpose of Disbursement Payroll		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	▶	4856.94
TOTAL This Period (last page this line number only) .....	▶	

27020263095

**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 99 / 111
	<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)  
Stabenow for US Senate

<b>A.</b> Full Name (Last, First, Middle Initial) Nell S Dority		Transaction ID: D113802 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2007	
Mailing Address 908 Pleasant Dr		Amount of Each Disbursement this Period 2362.51	
City Ypsilanti State MI Zip Code 48197-4704	Category/Type Purpose of Disbursement Payroll Candidate Name		
Office Sought: House Senate President State:           District:	Disbursement For: Primary       General Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Adrienne D Donato		Transaction ID: D113801 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2007	
Mailing Address 610 6th St NE		Amount of Each Disbursement this Period 1459.96	
City Washington State DC Zip Code 20002-5208	Category/Type Purpose of Disbursement Payroll Candidate Name		
Office Sought: House Senate President State:           District:	Disbursement For: Primary       General Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) CBS FlexChecks, Inc.		Transaction ID: D113724 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2007	
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 1167.60	
City Grand Rapids State MI Zip Code 49514-4548	Category/Type Purpose of Disbursement Federal W/H Tax Candidate Name		
Office Sought: House Senate President State:           District:	Disbursement For: Primary       General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1167.60</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

27020263096

**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 100 / 111	
	<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)  
Stabenow for US Senate

**A.** Full Name (Last, First, Middle Initial)  
Internal Revenue Service

Mailing Address

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement  
Federal W/H Tax

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D113807  
Date of Disbursement  
06 / 04 / 2007

Amount of Each Disbursement this Period  
1167.60

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

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
CBS FlexChecks, Inc.

Mailing Address 2030 Leonard NW  
PO Box 141215

City Grand Rapids State MI Zip Code 49514-4548

Purpose of Disbursement  
Federal W/H Tax

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D113726  
Date of Disbursement  
06 / 04 / 2007

Amount of Each Disbursement this Period  
481.81

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

**C.** Full Name (Last, First, Middle Initial)  
Internal Revenue Service

Mailing Address

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement  
Federal W/H Tax

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D113806  
Date of Disbursement  
06 / 04 / 2007

Amount of Each Disbursement this Period  
481.81

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

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **481.81**

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

27020263097

**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 101 / 111
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. CBS FlexChecks, Inc.</b>		Transaction ID: D113727 Date of Disbursement 06 / 04 / 2007	
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 151.54	
City Grand Rapids	State MI	Zip Code 49514-4548	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement State Withholding Tax		Category/Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Michigan Department of Treasury</b>		Transaction ID: D113811 Date of Disbursement 06 / 04 / 2007	
Mailing Address Dept 77003		Amount of Each Disbursement this Period 151.54	
City Detroit	State MI	Zip Code 48277-0003	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement State Withholding Tax		Category/Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C. CBS FlexChecks, Inc.</b>		Transaction ID: D113728 Date of Disbursement 06 / 04 / 2007	
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 122.00	
City Grand Rapids	State MI	Zip Code 49514-4548	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Withholding Tax		Category/Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	<b>273.54</b>
TOTAL This Period (last page this line number only) .....	

27020263098

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial)  
**A. Office of Tax & Revenue**

Mailing Address 941 N Capitol St NE

City Washington State DC Zip Code 20002-4234

Purpose of Disbursement  
Withholding Tax

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D113808  
Date of Disbursement  
06 / 04 / 2007

Amount of Each Disbursement this Period  
122.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53  
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. CBS FlexChecks, Inc.**

Mailing Address 2030 Leonard NW  
PO Box 141215

City Grand Rapids State MI Zip Code 49514-4548

Purpose of Disbursement  
State Unemploy Tax

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D113729  
Date of Disbursement  
06 / 04 / 2007

Amount of Each Disbursement this Period  
11.68

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

Full Name (Last, First, Middle Initial)  
**C. Michigan Unemployment Agency**

Mailing Address PO Box 77003

City Detroit State MI Zip Code 48277-0003

Purpose of Disbursement  
State Unemploy Tax

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D113812  
Date of Disbursement  
06 / 04 / 2007

Amount of Each Disbursement this Period  
11.68

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53  
**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 11.68

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

27020263099

**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 103 / 111
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Debbie Stabenow</b>		Transaction ID: D113735	
Mailing Address 7143 Steeplechase Way		Date of Disbursement 06 / 13 / 2007	
City Lansing	State MI	Zip Code 48917-8852	Amount of Each Disbursement this Period 27.00
Purpose of Disbursement Reimburse Airfare		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Northwest Airlines</b>		Transaction ID: D113865	
Mailing Address 4100 Capitol City Blvd		Date of Disbursement 06 / 13 / 2007	
City Lansing	State MI	Zip Code 48906-2170	Amount of Each Disbursement this Period 27.00
Purpose of Disbursement Airfare		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CBS FlexChecks, Inc.</b>		Transaction ID: D113744	
Mailing Address 2030 Leonard NW PO Box 141215		Date of Disbursement 06 / 19 / 2007	
City Grand Rapids	State MI	Zip Code 49514-4548	Amount of Each Disbursement this Period 4856.95
Purpose of Disbursement Payroll		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4883.95</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

27020263100

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

A. Full Name (Last, First, Middle Initial)  
Ellie Darnell

Mailing Address 7426 Gypsie Ln  
Apt 3

City Lansing State MI Zip Code 48917-1066

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D113799  
Date of Disbursement  
06 / 19 / 2007

Amount of Each Disbursement this Period  
1034.48

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)  
Nell S Dority

Mailing Address 908 Pleasant Dr

City Ypsilanti State MI Zip Code 48197-4704

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D113803  
Date of Disbursement  
06 / 19 / 2007

Amount of Each Disbursement this Period  
2362.51

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)  
Adrienne D Donato

Mailing Address 610 6th St NE

City Washington State DC Zip Code 20002-5208

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: D113800  
Date of Disbursement  
06 / 19 / 2007

Amount of Each Disbursement this Period  
1459.96

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....	0.00
TOTAL This Period (last page this line number only) .....	

27020263101



**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 105 / 111
	<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)  
Stabenow for US Senate

A. CBS FlexChecks, Inc.

Full Name (Last, First, Middle Initial)  
CBS FlexChecks, Inc.

Mailing Address 2030 Leonard NW  
PO Box 141215

City Grand Rapids State MI Zip Code 49514-4548

Purpose of Disbursement  
Federal W/H Tax

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D113745  
Date of Disbursement  
06 / 19 / 2007

Amount of Each Disbursement this Period  
1167.59

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

B. Internal Revenue Service

Full Name (Last, First, Middle Initial)  
Internal Revenue Service

Mailing Address

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement  
Federal W/H Tax

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D113805  
Date of Disbursement  
06 / 19 / 2007

Amount of Each Disbursement this Period  
1167.59

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

**[MEMO ITEM]**

C. CBS FlexChecks, Inc.

Full Name (Last, First, Middle Initial)  
CBS FlexChecks, Inc.

Mailing Address 2030 Leonard NW  
PO Box 141215

City Grand Rapids State MI Zip Code 49514-4548

Purpose of Disbursement  
Federal W/H Tax

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D113748  
Date of Disbursement  
06 / 19 / 2007

Amount of Each Disbursement this Period  
481.80

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **1649.39**

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

27020263102

**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 106 / 111
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Transaction ID: D113804 Date of Disbursement 06 / 19 / 2007
Mailing Address		Amount of Each Disbursement this Period 481.80
City Cincinnati	State OH	
Zip Code 45999		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Federal W/H Tax	Category/ Type	
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CBS FlexChecks, Inc.</b>		Transaction ID: D113749 Date of Disbursement 06 / 19 / 2007
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 122.00
City Grand Rapids	State MI	
Zip Code 49514-4548		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Withholding Tax	Category/ Type	
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Office of Tax &amp; Revenue</b>		Transaction ID: D113809 Date of Disbursement 06 / 19 / 2007
Mailing Address 941 N Capitol St NE		Amount of Each Disbursement this Period 122.00
City Washington	State DC	
Zip Code 20002-4234		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Withholding Tax	Category/ Type	
Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	▶	122.00
TOTAL This Period (last page this line number only) .....	▶	

27020263103

**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 107 / 111
	<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)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. CBS FlexChecks, Inc.		Transaction ID: D113750 Date of Disbursement 06 / 19 / 2007	
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 151.54	
City Grand Rapids	State MI	Zip Code 49514-4548	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement State Withholding Tax		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. Michigan Department of Treasury		Transaction ID: D113810 Date of Disbursement 06 / 19 / 2007	
Mailing Address Dept 77003		Amount of Each Disbursement this Period 151.54	
City Detroit	State MI	Zip Code 48277-0003	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement State Withholding Tax		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. CBS FlexChecks, Inc.		Transaction ID: D113751 Date of Disbursement 06 / 19 / 2007	
Mailing Address 2030 Leonard NW PO Box 141215		Amount of Each Disbursement this Period 1.31	
City Grand Rapids	State MI	Zip Code 49514-4548	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement State Unemploy Tax		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) .....	152.85
TOTAL This Period (last page this line number only) .....	

27020263104

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

A. Full Name (Last, First, Middle Initial)  
Michigan Unemployment Agency

Mailing Address PO Box 77003

City Detroit State MI Zip Code 48277-0003

Purpose of Disbursement  
State Unemploy Tax

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General  
Other (specify) ▼

Transaction ID: D113813  
Date of Disbursement  
06 / 19 / 2007

Amount of Each Disbursement this Period  
1.31

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53  
**[MEMO ITEM]**

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

Mailing Address PO Box 13337

City Philadelphia State PA Zip Code 19101-3337

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General  
Other (specify) ▼

Transaction ID: D113756  
Date of Disbursement  
06 / 28 / 2007

Amount of Each Disbursement this Period  
184.40

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

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

Mailing Address 3939 Capitol City Blvd

City Lansing State MI Zip Code 48906-2148

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought: House Senate President  
State: District:

Disbursement For: Primary General  
Other (specify) ▼

Transaction ID: D113795  
Date of Disbursement  
06 / 28 / 2007

Amount of Each Disbursement this Period  
184.40

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53  
**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) ..... 184.40

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

27020263105

**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 109 / 111
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) A. Juniper Bank		Transaction ID: D113757	
Mailing Address PO Box 13337		Date of Disbursement 06 / 28 / 2007	
City Philadelphia	State PA	Zip Code 19101-3337	Amount of Each Disbursement this Period 131.10
Purpose of Disbursement Lodging		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. The Westin Detroit Metropolitan Airport		Transaction ID: D113796	
Mailing Address 2501 Worldgateway Pl		Date of Disbursement 06 / 28 / 2007	
City Detroit	State MI	Zip Code 48242-6298	Amount of Each Disbursement this Period 131.10
Purpose of Disbursement Lodging		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		[MEMO ITEM]
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	131.10
TOTAL This Period (last page this line number only) .....	83115.54

27020263106

**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 110 / 111
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input checked="" type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

Full Name (Last, First, Middle Initial) <b>A. Democratic Senatorial Campaign Comm</b>		Transaction ID: D113760 Date of Disbursement 06 / 29 / 2007
Mailing Address 1200 Maryland Ave NE		Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement 2007 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Democratic Senatorial Campaign Comm</b>		Transaction ID: D113528 Date of Disbursement 05 / 09 / 2007
Mailing Address 1200 Maryland Ave NE		Amount of Each Disbursement this Period 10135.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Transfer of Media Refund		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....	35135.30
TOTAL This Period (last page this line number only) .....	35135.30

27020263107

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  9  
 10

NAME OF COMMITTEE (In Full)  
Stabenow for US Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LaDane Williamson Co

Nature of Debt (Purpose):  
Disputed Debt/FR Food & Bev

Mailing Address 730 5th Ave  
FI 15

City State ZIP Code  
New York NY 10019-4105

Outstanding Balance Beginning This Period

Transaction ID: D4318

8303.39

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

8303.39

- 1) SUBTOTALS This Period This Page (optional)..... ▶
- 2) TOTALS This Period (last page this line number only)..... ▶
- 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... ▶
- 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

8303.39

8303.39

27020263108

For US Senate

4945

Lansing

MI 48826

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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USPS PRIORITY MAIL \_\_\_\_\_

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

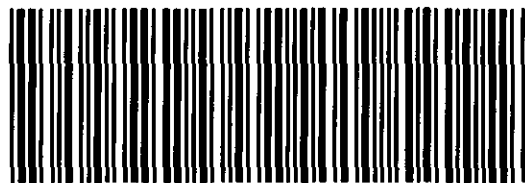
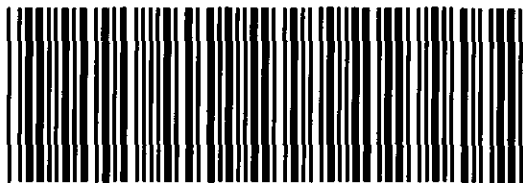
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 07-18-07

27020263110



27020263111