SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4433

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
611.78	0.00	611.78

TERMS

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 611.78

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4434

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 33.84

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4495

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Mailing Address
4305 US Hwy. 2 & 41

Election: 2008
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

City	State	ZIP Code
Escanaba	MI	49829

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 M / D 18 D / Y Y 2007 Y Y	M 09 M / D 01 D / Y Y 0011 Y Y	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 65.32

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4496

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Election: 2008
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
131.13	0.00	131.13

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 05 / D D 18 / Y Y Y Y 2007	M M 09 / D D 01 / Y Y Y Y 0011	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 131.13

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4443

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Mailing Address
4305 US Hwy. 2 & 41

Election: 2008
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

City	State	ZIP Code
Escanaba	MI	49829

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 33.84

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4493

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Mailing Address
4305 US Hwy. 2 & 41

City: Escanaba
State: MI
ZIP Code: 49829

Election: 2008
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 40.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5010

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

Election: 2008
☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 M / D 30 D / Y 2007 Y	M 09 M / D 01 D / Y 0011 Y	0.00 % (apr)	☐ Yes ☒ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 374.08

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5059

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

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 660.20

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5115

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1807.40

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5127

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

Mailing Address
4305 US Hwy. 2 & 41

City: Escanaba
State: MI
ZIP Code: 49829

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 788.78

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5793

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 25.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5794

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 19.54

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5800

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Election: 2008
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

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

TERMS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 39.41

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.6102

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Election: 2008
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5046.47	0.00	5046.47

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 M / D 16 D / Y Y 2008 Y Y	M 09 M / D 01 D / Y Y 0011 Y Y	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional) ▶ 5046.47

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.6201

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Election: 2008
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1274.62	0.00	1274.62

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 M / D 31 D / Y Y Y Y 2008	M 09 M / D 01 D / Y Y Y Y 0011	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1274.62

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.6289

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Election: 2008
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
84.00	0.00	84.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 M / D 08 D / Y Y Y Y 2008	M 09 M / D 01 D / Y Y Y Y 0011	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 84.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.7603

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Election: 2008
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6271.09	0.00	6271.09

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 M / D 30 D / Y 2008 Y	M 09 M / D 01 D / Y 0011 Y	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 6271.09

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.7609

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Election: 2008
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2243.21	0.00	2243.21

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 M / D 15 D / Y Y Y Y 2008	M 09 M / D 01 D / Y Y Y Y 0011	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2243.21

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.8061

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. Tom Casperson

Election: 2008
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3198.67	0.00	3198.67

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 M / D 03 D / Y Y Y Y 2008	M 09 M / D 01 D / Y Y Y Y 0011	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 3198.67

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5129

LOAN SOURCE Full Name (Last, First, Middle Initial)
Tom Casperson, State Representative

Election: 2008
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1601 Ludington St.

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
160.00	0.00	160.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 01 M / D 12 D / Y Y 2008 Y	M 09 M / D 01 D / Y Y 0011 Y	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 160.00

TOTALS This Period (last page in this line only) ▶ 28000.00

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

STATE OF MICHIGAN
RUTH JOHNSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

September 12, 2016

Leonard R. Page
9482 Page Road
Cheboygan, Michigan 49721-9444

Dear Mr. Page:

The Department of State received a response to the complaint you filed against Senator Tom Casperson and Judi Skradski, which concerns an alleged violation of the Michigan Campaign Finance Act (MCFA), 1976 P.A. 388, MCL 169.201 *et seq*. A copy of the response is provided as an enclosure with this letter.

If you elect to file a rebuttal statement, you are required to send it within 10 business days of the date of this letter to the Bureau of Elections, Richard H. Austin Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918.

Sincerely,

Lori A Bourbonais

Lori A. Bourbonais
Bureau of Elections
Michigan Department of State

c: Eric Doster

DOSTER LAW OFFICES, PLLC

2145 Commons Parkway
Okemos, MI 48864

2016 SEP -9 AM 11:51

Eric E. Doster
Email: eric@ericdoster.com

(517) 483-2296 (main)
(517)977-0147 (direct)
www.ericdoster.com

September 8, 2016

Lori Bourbonais
Bureau of Elections
Michigan Department of State
430 W. Allegan, First Floor
Lansing, MI 48918

By Email Transmission
(bourbonaisl@michigan.gov)

Re: Response to Campaign Finance Complaint (the "Complaint") Filed by Leonard Page Dated July 21, 2016

Dear Ms. Bourbonais:

This office represents Tom Casperson for State Senate, Senator Tom Casperson, and Judi Skradski in her official capacity as Treasurer for Tom Casperson for State Senate (collectively, the "Committee") in the above-referenced matter. We have received your letter dated August 1, 2016, which contained the Complaint. We are also in receipt of your letter dated August 2, 2016 dismissing two-thirds of the Complaint. Consequently, this letter shall respond to the only remaining allegation otherwise not yet dismissed by the Michigan Department of State. In this regard, the only remaining allegation of the Complaint is whether the Committee knowingly filed an inaccurate statement or report in violation of Section 35(6) of the Michigan Campaign Finance Act (the "MCFA"). See Complaint, Paragraphs 1-13.

As an initial matter, it is difficult to determine what provision of the MCFA the Complaint claims was violated. According to the Complaint:

> "By falsely reporting payments to finance Casperson's congressional race as expenditures, Tom Casperson for State Senate and its responsible officials violated the MCFA." See Complaint, Paragraph 11.

The foregoing suggests that these payments are not "expenditures" under the MCFA. However, the Complaint then states that the Committee filed an "incomplete or inaccurate statement or report" in violation of Section 35(6) of the MCFA. See Complaint, Paragraph 11. These statements are inconsistent. The Complaint indicates that the Committee made certain expenditures on October 30, 2015 -- and then reported these same expenditures! There is no claim that there are any missing expenditures or any inaccurate expenditure amounts. The expenditures were made by the Committee, and reported by the Committee. Therefore, whatever wrong the Complaint alleges may have been committed by the Committee, this wrong cannot be filing an "inaccurate or incomplete statement or report" in violation of

Section 35(6) of the MCFA as the Complaint itself alleges neither inaccuracy or incompleteness. Consequently, if the Committee is being asked to respond to whether Section 35(6) of the MCFA has been violated here, not even the Complaint questions whether these expenditures were made, and whether these same expenditures were reported; accordingly, the Complaint must be dismissed on this basis alone and the remainder of this letter can be ignored.

To the extent that the Committee is being asked if these challenged expenditures are permissible under the MCFA, this Response shall address this inquiry -- even though the Complaint alleges "false reporting" -- not whether the expenditures were permissible under the MCFA.

Each of the challenged expenditures qualifies as an "incidental expense" as defined in Section 9(1) of the MCFA. According to Section 21a of the MCFA:

> "A candidate committee of a candidate who is elected or appointed to an elective office may make an expenditure for an incidental expense for the elective office to which that candidate was elected or appointed. Except as otherwise specifically provided in this act, an expenditure for an incidental expense by a candidate committee under this section is an expenditure under this act."

The <u>only</u> reason given by the Complaint as to the alleged impropriety of these incidental expenses is because the payees were "located outside of his State Senate District but within the 1st Congressional District." See Complaint, Paragraph 8.b. However, "incidental expenses" are broadly defined in Section 9(1) of the MCFA as an "expenditure that is an ordinary and necessary expense, paid or incurred in carrying out the business of an elective office." There are no restrictions in the definition of "incidental expense" limiting an incidental expense to payees located within the electoral district of the public official. Therefore, an incidental expense may be made to payees "located outside of his State Senate District but within the 1st Congressional District."

The Complaint boldly proclaims that the "expenditures by Tom Casperson for State Senate described above were, in fact, expenditures that should have been made and reported to the FEC by Casperson for Congress." See Complaint, Paragraph 10. Significantly, the Complaint fails to allege a single fact to suggest how these expenditures supposedly benefitted Casperson for Congress. Instead, the Complaint's only allegation is that these expenditures were made to payees "located outside of his State Senate District but within the 1st Congressional District." See Complaint, Paragraph 8.b. Accordingly, the complete lack of any evidence to support the Complaint's bold proclamation dooms the Complaint to its inevitable dismissal.

Nonetheless, even though the burden of proof is on the Complainant, and the Complaint provides no evidence that the challenged expenditures do not qualify as "incidental expenses" under the MCFA, the Committee states that all of the 12 challenged expenses paid on October 30, 2015 (totaling $3,041.52)

were, in fact, "incidental expenses" as defined in Section 9(1) of the MCFA. In this regard, the contribution to the "Grand Traverse Catholic School" is expressly authorized as an "incidental expense" pursuant to Section 9(1)(g) of the MCFA. The 11 remaining "travel, food, and lodging" expenses are each expressly authorized as an "incidental expense" pursuant to Section 9(1)(f) of the MCFA. In contrast to the unsubstantiated "located outside of the district" allegations set forth in the Complaint, attached to this Response is the Affidavit of Judi Skradski, the Committee's Treasurer, to illustrate that each of the 12 challenged expenditures are indeed "incidental expenses" under the MCFA.

For the foregoing reasons, the Complaint must be dismissed.

Thank you for your consideration of our comments in this matter. If you have any questions or require additional information, please contact the undersigned.

Sincerely,

DOSTER LAW OFFICES, PLLC

Eric Doster

Eric Doster

ED/sjm

Affidavit of Judi Skradski

STATE OF MICHIGAN)
) SS.
COUNTY OF Delta)

I, JUDI SKRADSKI, being first duly sworn, does hereby depose and state as follows:

1. I am the Treasurer for Tom Casperson for State Senate (the "Committee"), a candidate committee registered under the Michigan Campaign Finance Act (the "MCFA").

2. I have personal knowledge of the facts set forth in this Affidavit.

3. I have reviewed the Campaign Finance Complaint (the "Complaint") filed with the Michigan Department of State by Leonard Page dated July 21, 2016.

4. Paragraph 8.b. of the Complaint references 12 expenses (the "Expenses") totaling $3,041.52 paid by the Committee on October 30, 2015.

5. I have reviewed the definition of "incidental expenses" set forth in Section 9(1) of the MCFA.

6. I am familiar with the nature of each of the Expenses, and each of the Expenses qualifies as an "incidental expense" pursuant to Section 9(1) of the MCFA.

Further Affiant Sayeth Not.

Judi Skradski

Subscribed and sworn to before me
this 31st day of August, 2016.

Debra M. Dye
Notary Public, Escanaba, Michigan
Acting in Escanaba, Michigan
My commission expires: 7-12-17

DEBRA M. DYE
Notary Public, State of Michigan
County of Delta
My Commission Expires Jul. 12, 2017
Acting in the County of Delta

2016 SEP -8 AM 11:51

DOSTER LAW OFFICES, PLLC

2145 Commons Parkway
Okemos, MI 48864

Eric E. Doster
Email: eric@ericdoster.com

(517) 483-2296 (main)
(517)977-0147 (direct)
www.ericdoster.com

September 8, 2016

Lori Bourbonais
Bureau of Elections
Michigan Department of State
430 W. Allegan, First Floor
Lansing, MI 48918

Re: Response to Campaign Finance Complaint Filed by Leonard Page Dated July 21, 2016

Dear Ms. Bourbonais:

Attached please find the original Affidavit of Judi Skradski, Treasurer for Tom Casperson for State Senate.

If you have any questions or require additional information, please contact the undersigned.

Sincerely,

DOSTER LAW OFFICES, PLLC

Eric Doster

ED/sjm

Affidavit of Judi Skradski

STATE OF MICHIGAN)
) SS.
COUNTY OF Delta)

I, JUDI SKRADSKI, being first duly sworn, does hereby depose and state as follows:

1. I am the Treasurer for Tom Casperson for State Senate (the "Committee"), a candidate committee registered under the Michigan Campaign Finance Act (the "MCFA").

2. I have personal knowledge of the facts set forth in this Affidavit.

3. I have reviewed the Campaign Finance Complaint (the "Complaint") filed with the Michigan Department of State by Leonard Page dated July 21, 2016.

4. Paragraph 8.b. of the Complaint references 12 expenses (the "Expenses") totaling $3,041.52 paid by the Committee on October 30, 2015.

5. I have reviewed the definition of "incidental expenses" set forth in Section 9(1) of the MCFA.

6. I am familiar with the nature of each of the Expenses, and each of the Expenses qualifies as an "incidental expense" pursuant to Section 9(1) of the MCFA.

Further Affiant Sayeth Not.

Judi Skradski

Subscribed and sworn to before me
this 31st day of August, 2016.

Debra M. Dye
Notary Public, Escanaba, Michigan
Acting in Escanaba, Michigan
My commission expires: 7-12-17

DEBRA M. DYE
Notary Public, State of Michigan
County of Delta
My Commission Expires Jul. 12, 2017
Acting in the County of Delta

STATE OF MICHIGAN
RUTH JOHNSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

July 13, 2017

Leonard Page
9482 Page Road
Cheboygan, Michigan 49721-9444

Dear Mr. Page:

The Department of State (Department) has concluded its review of the complaint you filed against Senator Tom Casperson and Judi Skradski, concerning an alleged violation of the Michigan Campaign Finance Act (MCFA or Act), 1976 PA 388, MCL 169.201 *et seq.* This letter concerns the disposition of your complaint.

The MCFA requires filed campaign finance statements and reports to be complete and accurate. MCL 169.235. A candidate or treasurer who knowingly files an incomplete or inaccurate statement or report may be subject to a civil fine of up to $1,000.00. MCL 169.235(6)

You alleged the Tom Casperson for State Senate committee (Senate Committee) filed an incomplete or inaccurate report because expenditures reported on 2016 Annual campaign statement were neither expenditures nor incidental offices expenses, but rather payments related to Senator Casperson's congressional campaign. You alleged that these expenditures were made "outside of Casperson's state senate district but within the 1st Congressional District in which he was then running for office."

The Department notes that your allegations of a prohibited transfer to a federal committee and improper receipt of contributions were dismissed in its August 2, 2016 letter to you.

You filed your complaint on July 25, 2016, and Eric Doster filed an answer on behalf of Sen. Casperson and Ms. Skradski on September 8, 2016. You did not file a rebuttal statement with the Department. Supplemental information was provided by Mr. Doster at the Department's request on April 11, 2017 and July 11, 2017.

In support of your complaint, you provided a printout of a November 17, 2015 Facebook message from Sen. Casperson which listed the Senator's activities since "announcing his congressional bid" and linked to a post on tomcasperson.com, Sen. Casperson's Statement of Candidacy filed with the Federal Election Commission (FEC) on November 20, 2015, the Senate Committee's 2016 Annual campaign statement, and the Casperson for Congress committee's January 31 Year-End Report which covered October 1, 2015 through December 31, 2015.

In response to your complaint, Mr. Doster asserted that the questioned expenditures disclosed on the Senate Committee's 2016 Annual campaign statement each qualified as an "incidental expense" as defined by the Act.

An "incidental expense" is "an expenditure that is an ordinary and necessary expense, paid or incurred in carrying out the business of an elective office." MCL 169.209(1). A candidate committee "may make an expenditure for an incidental expense for the elective office to which that candidate was elected." MCL 169.221a(1). There is no requirement that an incidental expense be made inside of a candidate or office holder's district.

With his answer to your complaint, Mr. Doster provided a sworn affidavit from Judi Skradski in which she stated that the expenses paid by the Senate Committee on October 30, 2015 were incidental expenses as defined by the Act. Please note that the date of these expenditures reported by the Senate Committee was the date the Senate Committee made a credit card payment to the card issuer, and represent costs incurred in a prior credit card billing cycle. This method of reporting is consistent with Department guidance given in the candidate committee manual. The Department further notes that these expenses were all incurred prior to the date Senator Casperson announced his congressional run and prior to his filing his Statement of Candidacy with the FEC.

In response to a request from the Department, Mr. Doster provided a second sworn affidavit from Judi Skradski in which she stated that the expenses paid by the Senate Committee on November 26, 2016 were incidental expenses as defined by the Act. The Department further notes that the Senate Committee's 2016 Annual campaign statement has been amended to reflect the fact that the expenditures on November 26, 2016 described in your complaint were incidental expenses and not direct expenditures.

Because no evidence has been provided to contradict Ms. Skradski's sworn statements other than the timing and location of the expenditures, which has been addressed by the respondents, the Department finds that the evidence does not support a reason to believe a violation has occurred.

Based on the above, your complaint is dismissed.

Sincerely,

Lori A. Bourbonais
Bureau of Elections
Michigan Secretary of State

Affidavit of Judi Skradski

STATE OF MICHIGAN)
) SS.
COUNTY OF Delta)

I, JUDI SKRADSKI, being first duly sworn, does hereby depose and state as follows:

1. I am the Treasurer for Tom Casperson for State Senate (the "Committee"), a candidate committee registered under the Michigan Campaign Finance Act (the "MCFA").

2. I have personal knowledge of the facts set forth in this Affidavit.

3. I have reviewed the Campaign Finance Complaint (the "Complaint") filed with the Michigan Department of State by Leonard Page dated July 21, 2016.

4. Paragraph 8.c., Paragraph 8.d., and Paragraph 8.e. of the Complaint reference 19 expenses (the "Expenses") totaling $1616.52 paid by the Committee on November 26, 2016.

5. I have reviewed the definition of "incidental expenses" set forth in Section 9(1) of the MCFA.

6. I am familiar with the nature of each of the Expenses, and each of the Expenses qualifies as an "incidental expense" pursuant to Section 9(1) of the MCFA.

Further Affiant Sayeth Not.

Judi Skradski

Subscribed and sworn to before me
this 10th day of April, 2017.

Pamela Jodocy
Notary Public, Delta County, Michigan
Acting in Delta County, Michigan
My commission expires: 1-29-2020

PAMELA JODOCY
Notary Public, State of Michigan
County of Delta
My Commission Expires Jan. 29, 2020
Acting in the County of Delta