

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

FILED

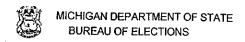
13 OCT 23 AM 10: 30

CANDIDATE COMMITTEE COVER PAGE

CARMELLA SABAUGH

FOR OFFICIAL USE ONLY

Report must be leaible, typed or printed in ink and signed by	MACOMB CO	S HICHIGAN	
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	covers From: 0 27-13 to 10 20 20(3) Mo Day Year Mo Day Year	
1. Committee I.D. Number 139 040	4. Candidate La	st Name M.I.	
2. Committee Name Committee	4a. Office Sought	Including District # or Community Served (If applicable)	
To Elect Poto Accia	4b. County of Res	CONTROL COUNTRY	
5. Committee's Mailing Address Committee's Mailing Committee's Mailing Committee's Mai	6. Treasurer's Nan	ne & Residential Address Denise Ascica	
Area Code and Phone 586 - 445 - 8(6)	Area Code & Phor	10 86 445 8181 Clare Shows	
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Prior	e <u>000,170-0101</u>	
7. Treasurer's Business Address 98005 ELB/4	Designated Record Designated Record	ord keeper's Name and Mailing Address (If the committee has a	
St Clata Shows MJ		intereste maceri	
Area Code and Phone 486H45-8161	Area Code and Ph	one 596) 778-3910 00 m 1 4/8/80	
9. TYPE OF STATEMENT		9c. Annual Statement (Coverage Year)	
9a. Pre-Election OR 9b. Post	-Election	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
Pre-Election or Post-Election Statement relates to:			
Primary Gene	eral	9e. Dissolution of Candidate Committee	
☐ Convention ☐ Scho	ol .	Effective Date of Dissolution	
☐ Special ☐ Cauc	eus		
Date of Election, Convention or Caucus		Month Day Year By checking this item, I/We certify that the committee has no assets or	
11 5 2013	2	outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for	
Month Day Year		the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the Information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filling deadline of a required campaign statement, that campaign statement cannot be waived.			
10. Verification: NWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Antoinette Mocord	i antoer	with Modern Date 10 23 13	
Candidate POLCS ACCICO	Signatur	e Mo Day Year	
Type or Print Name	Signature	Date 10 21 13 Mo Day Year	
Authority granted under P.A. 388 of 1976			

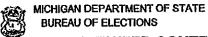


SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number 139040

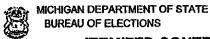
2. Committee Name CTEPOR Accica

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>/0,465</u> *	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 175 ,60	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	1:65 00	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>6100,38</u> @	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	r	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(2-1.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13) \$ <u>3509,38</u>	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.)+\$ <u>/0,4</u> 65.00 .	`
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 13,97.4,38	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	1100 24	
(Add lines 9 and 11)	(16.) - \$ 6,100,50 7,074,00	
17. ENDING BALANCÉ (Subtract line 16 from line 15)	(17.) \$ 1,0/4,00<	



1. Committee I.D. Number	139040	
2 Committee Name	TETELER	Accica

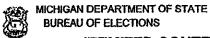
CANDIDATE COMMITTEE 2. Committee Name	I C TETE	R 13CCICA
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle Initial. Check box to Indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9-6-2015 Name & Address: Beutloyers Local NO 1 michigan BLOSI Kyan Rocal Waren 4809(Pac : <u>850.00</u>) ŧ
5. if over \$100.00 cumulative, please provide:	Olinte Union for	an B.S Barrain
Occupation Employer	Click Hete id	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		-
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-11-3 Name & Address Call Colo 1588 4 Norwell 54 New Baltimere MT 48051	\$ 100.00) \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? TYES 4. Date of Receipt 9-11-13 Name & Address: Kelly Ward Ward Hawken WIL 48 (8)	\$ 100 .00	\$
5. If over \$100.00 cumulative, please provide:		TOTAL TOTAL CO.
Occupation Employer	<i>.</i>	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-10-13 Name & Address Charles A Kulawka 603 N. Sixth Stract 543079	; 60.00	5
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	· · · · · · · · · · · · · · · · · · ·	
Page Subtota Grand Total of All Schedules 1A (Complete on last page of Schedule	0,10,53	



1. Committee I.D. Number	139040	
2 Committee Name C	TETOLER HOCICO	

CANDIDATE COMMITTEE 2. Committee Name	I C IEW	Z 13CCVC
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4-11-13 Name & Address: NCharle Conflict. State Height WI 48313	, 75.00) _{\$}
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-8-13 Name & Address Case Bencumin Supplies Su	\$75.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Teacher Employer Lake Shows Schools		
Business Address MOSIONIC O Joffason		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? TYES 4. Date of Receipt 9-7-13 Name & Address: Thou Willed Ward Clawers W.J. 48043 5. If over \$100.00 cumulative, please provide:	\$ 100.00	∑ § Memo Itemization
Occupation County Science Employer Macous County		
Business Address / Main Mouse Comes Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8-27-13 Name & Address Foures How Count 3840 west Rout Deckwery WI 48124	: <i>10</i> 0.00	\$
5. If over \$100.00 cumulative, please provide: Occupation BA Employer Idan WorkerS 25	Click Here for	Memo Itemization
Business Address TRans & Dirive Novi WI 478376		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	350	
Grand Total of All Schedules 1A	960.00	

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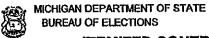


CANDIDATE COMMITTEE 2. Committee Name	ILIEW	K 1-3CCIC
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9 7 1 1 Name & Address John Augusta 4. Date of Receipt 9 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 50.0 0	> \$or Memo Itemization
Type of Contribution: Direct Loan from a person X/Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-1-13 Name & Address File All Could a South Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-1-13	s 60.∞	5
5. If over \$100.00 cumulative please provide: Occupation Employer NOW Business Address Type of Contribution: Direct Loan from a person Fund Raiser	Click Here to	r Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-8-/3 Name & Address: Development Page 13 Name & Address: Development Page 13 Name & Address: Development Page 14 Name 14	\$ 60.00	\$ Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Loan from a person		·
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-5-/3 Name & Address Royald Michaelac SID 78 Tecla DR WORRON WIL 40088	3 :100.00) \$
5. If over \$100.00 cumulative, please provide: Occupation Rock Employer MONE Business Address Type of Contribution: Direct Loan from a person Fund Raiser	Click Here for	Memo Itemization
Page Subtotal Grand Total of All Schedules 1A	8.70.00 1130	/

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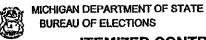
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line 3a of Summary Page.



1. Committee I.D. Number	139	1040	
2, Committee Name	TET	Eter	Accida

CANDIDATE COMMITTEE 2. Committee Name	1 P 16 CG	C 13CCIC
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt B 30 - (Name & Address: Trum Octyalet Y7450 Stephane Wacont WT 48044	100.0	٥
5. If over \$100.00 cumulative, please provide: Occupation BA Employer Brickley exc. 1	Click Here fo	or Memo Itemization
Business Address 2031 Ryan Road Warren WZ 48	09/	
Type of Contribution: Direct Loan from a person A Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Q - (O - (S + (S	\$ 100 ,00	D s
5. If over \$100.00 cumulative, please provide: Occupation Afficial Employer Naucoz Tesylar Business Address 2000 Tesylar Social UT 480 Type of Contribution: Direct Loan from a person Fund Raiser	_	r Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Q-//-/S Name & Address: Because Downston Dr. SCS WT 48080	\$ 30.00	\$
5. If over \$100.00 cumulative, please provide:	Click Hele lo	Wello Remization
Occupation Employer		
3. Contribution #4 PAC Receipt? TYES 4. Date of Receipt 9-5-3 Name & Address Much School Receipt 9-5-3 **THERE S SUCCESSION SPECIAL PACTOR SECURITY SPECIAL PACTOR SECURITY SPECIAL PACTOR SPECIAL PACTOR SECURITY SPECIAL PA	,250,0	p∂ <u>;</u>
5. If over \$100.00 cumulative, please provide: LCCC WIL 40 4 5 5 Occupation Employer Business Address	Click Here for	Memo Itemization
Type of Contribution: Direct Loan from a person Trund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1610,0	



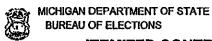
1. Committee I.D. Number	139040	
a samueliman Alama	TERSTOR	Accica

CANDIDATE COMMITTEE 2. Committee Name	<u>i Liew</u>	<u> </u>
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9-0-13 Name & Address; Thomas May 155 39 1 M 1 Contribution of SC 5 M 155 5. If over \$100.00 cumulative, please provide:	s 50 CO	∑
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-((-(S))) Name & Address Tours Wac experience 2015 4 Alley Roll 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-((-(S))) 48080	\$ 30°C5	S S
5. If over \$100.00 cumulative, please provide:	Click Here to	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Y Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: PAC Receipt? YES 4. Date of Receipt PAC RECEIPT.	\$ 30,000 Click Here fo	\$r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 97775 Name & Address L17450 Steph and CV 18044 5. If over \$100.00 cumulative, please provide: Occupation RH Employer Brack CV 2005 1407746	<u>50.00</u> Click Here fo	ser Memo Itemization
Business Address	w y	
Type of Contribution: Direct Loan from a person Page Subtotal		V /
Grand Total of All Schedules 1A	1750	

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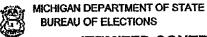
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1. Committee I.D. Number 139040	~
2. Committee Name CTETELER	Accica

CANDIDATE	COMMITTEE	2. Committee Name	- 1 tobe	R Hecico
Enter contributor's name and address. If middle initial. Check box to indicate if con Committee (PAC) Report <u>all</u> contributions	tribution is from a Political		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # PAC Receipt? Name & Address: School PAC Receipt?	Marento Octroso I 4808	of Receipt 9-11-12	:35.0	
Occupation			Click Here for	or Memo Itemization
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address PAG	an Sigling Helmedono wow.Id	1 Receipt <u>9-11-13</u> 3038	\$ 50.00) <u>\$</u>
5. If over \$100.00 cumulative, please pro			Click Here to	or Memo Itemization
Occupation	_ Employer			
Business Address		1170		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address: FLOCIST 35/2 UN UNCLED 5. If over \$100.00 cumulative, please pro	Rodrigu	of Receipt <u>9-11-13</u> RZ KE: 48328	\$ 40.00 Click Here for	\$r Memo Itemization
Durtue Address		Fund Raiser		
3. Contribution #4 PAC Receipt? Name & Address	1	of Receipt 9-1(-1)	3 :50.00) \$
5. If over \$100.00 cumulative, please pro	- 1-1	10 CP1'S	Click Here for	Memo Itemization
Occupation FCOUNTAIN	_ Employer _67	PUND " 116	181)	
Business Address 21420 6Y Type of Contribution: Direct	Cater Mac Loan from a person	M SCS 141 48 [V Fund Raiser	WO	
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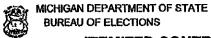
1. Committee I.D. Number 139040	
2. Committee Name CTETER	Accida

CANDIDATE COMMITTEE 2. Committee Name	1 Fleter	K HCCICA
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Solution #1 PAC Receipt? YES 4. Date of Receipt FACE SOS IVIT 48006 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	S SO C) \$or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-/	s 50.00 Click Here fo	> \$or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9—1—1—1—1—1—1—1—1—1—1—1—1—1—1—1—1—1—1—1	\$ 25.00 Click Here fo	sr Memo Itemization
Page Subtotal	135.00	
Grand Total of All Schedules 1A	DOSA N	5

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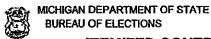
Page 7 of 1



1, Committee I.D. Nur	mber 1	3904	t0~	
2. Committee Name	CTI	=19E	er -	tecica

CANDIDATE COMMITTEE 2. Committee Name	- 161606	K 1-3CCCC
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle Initial. Check box to Indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9————————————————————————————————————	\$ 0000	or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt YES Name & Address Address	\$ 30.6 Click Here fo	or Memo Itemization
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Business Address		
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3. Contribution #4 PAC Receipt? TYES 4. Date of Receipt 9-13-13-13-13-13-13-13-13-13-13-13-13-13-	3 :50 <u>00</u>	sr Memo Itemization
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Type of Contribution: Loan from a person Page Subto	tai 355.0	D /
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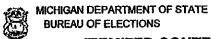
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1. Committee I.D. Number 139040	~
2, Committee Name CTETER	Accida

CANDIDATE COMMITTEE 2. Committee Name	1 C LETE	K F3CCC
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt	s <i>UD</i> . O C	\$er Memo Itemization
3. Contribution #2 PAC Receipt? X YES 4. Date of Receipt 8—19—15 Name & Address PAC Receipt? X YES 4. Date of Receipt 8—19—15 Name & Address PAC Receipt? X YES 4. Date of Receipt 8—19—15 Solve & Address PAC Receipt 8—19—15 Solve & Address P	\$ QSO:C	Memo Itemization
3. Contribution #3 PAC Receipt? XYES 4. Date of Receipt 9-//-/3 Name & Address: Purches Locce CFS State PAC Fund 01353	\$	⊘ _{\$}
5. If over \$100.00 cumulative, please provide:		monio nomeanon
Occupation Employer Business Address Type of Contribution:		·
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-5-/3 Name & Address ASACS WORKERS No 25 1353 BRIGGE 5+ South Lew WI 48034	:100.00) <u>s</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
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Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)



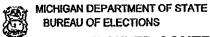
1. Committee I.D. Number	139	040	
2. Committee Name	TET	Eter	Accica

CANDIDATE COMMITTEE 2. Committee Name	LLIEW	V 1 300000
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9-/3-13 Name & Address: John Tesica Bowled H. M. 48304	s 100.0	∂ s _
5. If over \$100.00 cumulative, please provide: Occupation Afforder Employer Nauce Test Counties Business Address OCO Town Corner Southers With Type of Contribution: Direct Loan from a person Fund Raiser	Click Here fo	or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-17-13 Name & Address Edit Receipt? YES 4. Date of Receipt 9-17-13 38 16 7 Rodde Turbon Township INT 48 03-6 5. If over \$100.00 cumulative, please provide:	\$	\$or Memo Itemization
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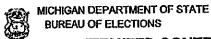
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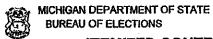
1. Committee I.D. Number 139	040	~
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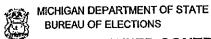
1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name	- IF IETE	K 130000
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CANDIDATE COMMITTEE

1. Committee I.D. Number

2. Committee Name C. TETOLER CC. ICA

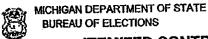
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3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10-2-13 Name & Address: Shoron Muchalac 31178 Tecla DA Warner WI 48088	, 100.00	\$
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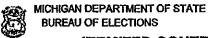
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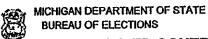
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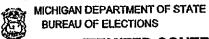
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CANDIDATE COMMITTEE 2. Committee Name	1 E LETE	RT-3CCCC
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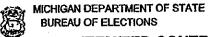
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1, Committee I.D. Number	124040	
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CANDIDATE COMMITTEE 2. Committee Name	1 C LECEL	R 130000
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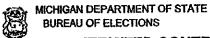
CANDIDATE COMMITTEE

1. Committee I.D. Number	OPOPE)
2 Committee Name	FRER	Accica

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3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10-13-13 Name & Address: Tim Odyalcuk 47450 Stephanic Maccoms W. 148044	: 30 0) <u>s</u>
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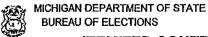
CANDIDATE COMMITTEE

1. Committee I.D. Number	139	040	
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Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
5. If over \$100.00 cumulative, please provide: Occupation Employer	\$Click Here fo	\$ r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	JO. ()	

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary

Page.



3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

Reportall in-kind contributions.

If over \$100.00 cumulative

SCS ML YSU W Fund Raiser Contribution

If over \$100.00 cumulative, please provide:

Employer Name & Address: Beaum out Hospital

Fund Raiser Contribution

If over \$100.00 cumulative,

Employer Name & Address:

Fund Raiser Contribution

Contribution #1

Occupation:

Contribution # 2

Name & Address

Occupation:

Contribution #3

Occupation:

Name & Address:

Name & Address:

ITEMIZED IN-KIND CONT

SCHEDULE 1-I

TED IN-KIND CONT	RIBUTIONS	
SCHEDULE 1-	1. Committee I. D. Number 139040	
CANDIDATE COM	MITTEE 2. Committee Name CTG Reserved	Cicon -
ss from whom received m an individual, enter last ox to indicate if contribution ommittee or an independent e commonly called PACs). ontributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased 7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Throu date in Item 5
PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	
te Marce	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others \$\int(5)\int(5	\$.
nulative, please provide:	Goods or Services Purchased by Candidate or Others- LOAN Description — Pasta Jawal Perpl Pa	sta Salac
Justiness Address: 45 rooter Hack	5. Date Of Receipt:	it
11 48180	21 Vento Click Here for Memo 9-11-13 + 10-13-13 45 100 00 75 90	Itemization
PAC Receipt? Yes		
se Acuca SEIBA	4 Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$
ulative, please provide:	Description FOOD - Descript, Choose, Crocke 5. Date Of Receipt:10-13-13	
t Hospital	6. Vendor Name & Address:	₹,
	Click Here for Memo	Itemization
tribution	,	
PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	
Italy ERber	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	;
lative, please provide:	Goods or Services Purchased by Candidate or Others- LOAN	
dress:	Description	temization
ibution	r cm	

Page Subtotal

Grand Total of all Schedules 1-IK (Complete on last page of Schedule)

	/		
Page_		of	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 139040

CANDIDATE COMMITTEE 2.0	Committee Name CTE HOLON	Accica
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		007 10 1-
Name Muss Marky Address 35468 Mound	Purpose: Meuto	917-13 \$ 187024
Sterios Heyros	· ·	Here for Memo Itemization Type
MI 48310 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2		HINK
Address 40594 Breytwood	Purpose: RSI Cards	10.06-13, 966.72
Storty theights MI	Click I	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name trible Warketing 40594 Brentwood Stock Houlds INT	Purpose: Past Caralles	9-19-13 \$ Q49.10
48310 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	Here for Memo Itemization Type
Expenditure #4	statement	
Name Fixed a Markets Address DS94 Brankerood	Purpose: 854 CarO S	10-11-13 \$ 678.478
403(O	Click F	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5		
Name Staples Address Brutot @ Mosonic Roseow Mich 4809/	Purpose: Gord Slock	1043 \$50.84
·		Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
	Subto	ital this page 3815.38

Enter this total on line 8a of Summary Page

Grand Total of all Schedules 1B (Complete on last page of Schedule)

Page _____ of _____



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 139040

	Sommittee Warrie		<u> </u>
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Meiner		10-18	15/82
Address 30800 Cittle Mack Roseville MI 48066	Purpose: Tuncha (SO)	Date -	- 100 Opt
Roseville MI 48066	r—,		Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name SI Clinis homas Address POST Office SI Cleir Shopas		10-8-	G330#
Address 166+ office	Purpose: Stamps	Date	
St Cheuz Shoras	Most Colors Click	Here for Memo	Itemization Type
WI 48080	l <u>—</u>	10.0 for monto	ACMIZATION TYPE
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Mey-625		10-44:	3 <u>40.23</u>
Address 30900 Little Hould Reservible MI 48066	Purpose: Mone Bantay	Date	<u>10.5</u>
44000	Click F	lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4		·	
Name KROLOS		10-8-13	3,50.65
Address 20332 Nine Mile St Clair Shores	Purpose: Mark Bayler	Date	<u> </u>
	Click F	lere for Memo I	temization Type
MI 4808(Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Stellar Shouse 5705+ office		923-1	3 00 -
Name StClarshows StoStoffico Address Intuma & StClairShows	Purpose: Stamps	Date	プキ <u>ゴス&</u> ク
St Clarica I Mice	_ NOOT COLOS Click F	lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		tal this page	590 21

Grand Total of all Schedules 1B (Complete on last page of Schedule)

592.71 4408,09

Enter this total on line 8a of Summary Page

Page A of 4



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 139040

	ommittee Name
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	0110
Name Mucomb Courty Clock	9-16-13 : 175.02
Address 40 Napl 110	Purpose: CRF Fine Date
Address 40 North Main MT Clemens WI 48043	Click Here for Memo Itemization Type
MI Clemens WI 48043	
	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #2	16 (16)
Name Office Mark Address 38 840 Geleviol Ave Clinto a tup MI 48035	Do13 : 648
Address 38840 Colorbial ANP	Purpose: Chan bay Date
Chinton tuo IMT 11023 5	Cool State C
7, 24,000	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #3	
Name St Chair Shores	92713: DZO
	Date
Address 9 mile & Mach	Purpose: STOWAS
MI-48080	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #4	
Name Roserble Post office	10-243 0200
	Date -
Address Bindo Exaction	Purpose: 5 TOWN
Roseoulo INI 48066	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
	- Catalogue Control Co
Expenditure #5 Name	
Mento	\$
Address	Purpose: Date
	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Lung!	Subtotal this page 799. 8

Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of

Summary Page

Page 3 of 4



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 134040

2. Committee Name CTE Pedrey 14ccccc

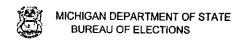
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name POST office Address Stain Should S WI 42060	Check box if this expenditure is payment of	94243 \$330,00 Date lere for Memo Itemization Type
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2 Name DIV SP220 Address St Class Shorts	Purpose: FOOD Fulkais of	9-11-13 s //6.93
WI 48210	Click H	ere for Memo Itemization Type
Sello Hardee	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		* · =
Name Others Shack Address Brills Horper St Own Sharas	Purpose: FOED FUNDIDAIS OF	9-11-13 \$ 115.53
Fund Raiser	Click Home Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Itemization Type
Expenditure #4 Name A Clair Shokes Post office Address & mile Mack SHCket Shokes	Purpose: Stamps	3-13 s 330, ce
WI 4808 O	Click Ho Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Itemization Type
Expenditure #5		
Name	·	•
Address	Purpose:	Date \$
Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Itemization Type
<u>Incel</u>	Subtot	al this page 890 46

Grand Total of all Schedules 1B (Complete on last page of Schedule)

5100,38

Enter this total on line 8a of Summary Page

Page _____ of ____



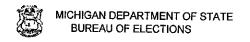
1. Committee I.D. Number **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE** 2. Committee Name - USE A SEPARATE SHEET FOR EACH EVENT -3. Date Event Was Held 4. Number of Individuals Attending 5. Type of Fund Raising Activity 6. Address and Name (If any) of the or Participating (whichever is place where the activity was held. greater) 10-13-13 7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 and 8) 10. Total Cost of Event (Total Cost includes In-Kind Contributions and All Expenditures Made For the Event 11. Check if event was a joint fund raiser and complete the following: Co-Sponsor(s) Contribution Split **Expenditure Split** (%) (%)

 The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

 Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page _	of
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FUND RAISER SC		1. Committee I.D. Nu	mber <u>200</u>	0 139040
CANDIDATE COMMITTEE		2. Committee Name		
	- USE A SEPAR	ATE SHEET FOR	EACH EVENT -	
3. Date Event Was Held 9-11-13	4. Number of Individuals or Participating (whichev greater)	eris .	und Raising Activity M & PIZZA	6. Address and Name (If any) of place where the activity was held Knghts of Columbiate Private Residence S.C.S.
7. Total Contributions8. Other Receipts		616000		
9. Gross Receipts (Add lines 7 at 10. Total Cost of Event (Total Cost includes In-Kind Cost 11. Check if event was a joint contact the cost includes in the cost in the cost includes in the cost	ntributions and All Exp		132 44 he Event)	. *
Co-Sponsor(s)	Cont	ribution Split (%)		Expenditure Split (%)
 The committee is require period covered by the Canal Receipts and expenditure Schedule (1A), Itemized Summary Page. Each committee that par 	ampaigr#Statement. es listed on a Fund R In-Kind Contributions	aiser Schedule must a Schedule (1-IK), Item	also be reported on thi ized Expenditures So	# ne Itemized Contributions chedule (1B) and the
Page of	nopatou in a joint fund	i raisei must ille a Fül	iu ivaisei ochequie f	or the event.