

CANDIDATE COMMITTEE

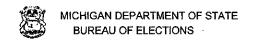
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CARMELLA SABAUGH MACOMB COUNTY CLERK MT. CLEMENS MICHIGAN

FOR OFFICIAL USE ONLY

COVER PAGE	MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN	
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: 1/01/2013 to 12/31/2013	
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.	
138663	Wickersham Anthony M.	
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)	
2. Committee Name	Sheriff of Macomb County	
CTE Anthony Wickersham	4b. County of Residence	
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address	
PO Box 752	Christina Miller	
Mt. Clemens, MI 48046	52012 Copper Creek Ct. Chesterfield, MI 48047	
(586) 524–4476		
Area Code and Phone		
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (582) 524-4476	
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)	
43565 Elizabeth Road Mt. Clemens, MI 48043	S/A	
ire. oremens, iii 40045	J/A	
Area Code and Phone	Area Code and Phone	
9. TYPE OF STATEMENT		
9a. Pre-Election OR 9b. XX Post	st-Election 9c. XX Annual Statement (2013 Coverage Year)	
	9d. Amendment to Campaign Statement (Complete Item 9a, 9b,	9c
Pre-Election or Post-Election Statement relates to:	or 9e to indicate which Statement is being amended)	
Primary XX Ger	neral 9e. Dissolution of Candidate Committee	
Convention Sch	hool Effective Date of Dissolution	
Special Cau	By checking this item, IWVe certify that the committee has no assets of	or
Date of Election, Convention or Caucus	outstanding debts, including late filing fees. Further, I/We request that the dissolution cannot be granted, that this be considered a request for	
11/06/2012	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 re Schedules. Direct contributions, in-kind contributions, loans, expe	equired Campaign Statements. The Campaign Statements must include all applicable enditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.	
amendment to the Statement of Organization should accompany to before the filling deadline of a required campaign statement; the	ged since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived.	
10. Verification: I/We certify that all reasonable diligence was used	in the preparation of this statement and attached schedules (if any) and to the best of	
my\our knowledge and belief the contents are true, accurate and co	Onlylete.	
Current Treasurer or Designated Record keeper Christina Miller	1 (Most/M) Date 1/21/14	/
Type or Print Name	Signature	,
CandidateAnthony M. Wickersham	1/23/14	
Type or Print Name	Signature Date	



1. Committee I.D. Number 138663

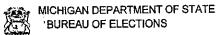
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SUMMARY PAGE **CANDIDATE COMMITTEE**

2. Committee Name ____

CTE Anthony Wickersham

CANDIDATE COMMINIT I EE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		74.5
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$25,375.00	(18.) \$ 25,375.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 25,418.08	(20.) \$ 25,418.08
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$5,820.35	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$89.17	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$5,909.52	(23.) \$ 5,909.52
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 9,639.56	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$10,195.32	(24.) \$ 10,195.32
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11) 4	(2-1.) V
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 360.09	-
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 25,418.08	_
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 25,778.17	-
16. Amount expended during reporting period	(16.) - \$ <u>16,104.84</u>	-
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 9,673.33	_*



CANDIDATE COMMITTEE

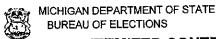
1. Committee I.D. Number 138663

	OTE	Anthony	Wickercham	
2. Committee Name	CIL	Anthony	Wickersham	

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 <u>all</u> 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 5/2/13 Name & Address: DOMINIC Abbate	
2500 Royal View Dr. Oakland, MI 48363	s 100 s 100
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	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	0.44
David Abbott 5/2/13 53600 Jewell 8/21/13	200
	s/20 s 320
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
	Click Field for Michie Remizerion
Occupation Syst. Employer Macon Sheritt Business Address 43565 Elipabeth Mt. Clemens, MIY	8043
From 4 Patrices	-
Type of contained and the parent	
2 Contribution #2 PAC Receipt? VES 4 Date of Receipt	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/2//3 Name & Address:	
Name & Address: Cy Abdo	. 200 · 200
Cy Abdo 2219 Hawthorn Pr.	\$ 200 \$ 200
Cy Abdo 2719 Hawthorn Pr. Shelly, MI U8316 5. If over \$100.00 cumulative, please provide:	\$ 200 \$ 200 Click Here for Memo Itemization
Cy Abdo 2719 Hawthorn Pr. Shelly, MI U8316 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Cy Abdo Att. At Law	
Cy Abdo 2719 Hawthorn Pr. Shelly, MI U8316 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Cy Abdo Att. At Law Business Address 42550 Garfield Ste. 1044 Clubulap, MI	
Cy Abdo 2719 Hawthorn Pr. 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Cy Abdo Att. At Caw Business Address 42550 Garfield Stt. 1041 Clubs Tap, MI Type of Contribution: Direct Loan from a person Fund Raiser	
Cy Abdo 2719 Hawthorn Pr. Shelly, MI U831b 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Cy Abdo Att. At Law Business Address 42550 Garfield Stt. 1041 Cluber Tap, MI Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt	18038
Cy Abdo 2719 Hawthorn Pr. Shelly, MI U831b 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Cy Abdo Att. At Law Business Address 42550 Garfield Stt. 1041 Cluber Tap, MI Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt	18038
Cy Abdo 2719 Hawthorn Pr. Shelly, MI U8316 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Cy Abdo Att. At Caw Business Address 42550 Carfield Str. 1044 Clubring, MI Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Sason Abro SSao5 Heatherside \$1,21/13	18038
Name & Address: CY Abdo 2719 Hawthorn Pr. Shelly, MI U831b 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer CY Abdo Att. At Law Business Address 42550 Garfield Str. 1044 Cluber Tap, MI Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address JASON Abro SSA05 Heatherside 8/21/13 Shelby Tap, MI 48316	18038 3 100 3 \$100 \$ 200
Name & Address: Cy Abdo 2719 Hawthorn Pr. Shelly MI U831b 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Cy Abdo Att. At Caw Business Address 42550 Carfield Str. 1041 Clube Tap, MI Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address Jason Abro SSAOS Heatherside 8/21/13 Shelly Tap, MI 4831b 5. If over \$100.00 cumulative please provide:	18038
Shelly MI U831b 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Cy Abdo Att. At Caw Business Address 42556 Garfield Str. 1041 Clube Tap MI Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Jason Abro SSAOS Heatherside Shelly Tup, MI 48316 5. If over \$100.00 cumulative, please provide: Occupation SGA. Employer Maconb Sheriff	18038 3
Shelly Macond Shelly Macond Shelly Topolease provide: Occupation Attorney Employer Cy Abdo Att. At Caw Business Address 42550 Garfield Stt. 1044 Clubring MI Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Jason Abro SSA05 Heatherside S/2//3 Shelly Typ, MI 48316 5. If over \$100.00 cumulative please provide: Occupation Scale Employer Macond Sheriff Business Address 43565 Elizabeth Mt. China MI 48013	18038 3
Shelly MI U831b 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Cy Abdo Att. At Caw Business Address 42556 Garfield Str. 1041 Clube Tap MI Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Jason Abro SSAOS Heatherside Shelly Tup, MI 48316 5. If over \$100.00 cumulative, please provide: Occupation SGA. Employer Maconb Sheriff	18038 3
Shelly Maw thorn or. 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Cy Abdo Att. At Caw Business Address 4250 Carfield Ste. 1041 Cluter Tap, MI Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address 72/13 Saor Abro 5/2/13 Saor Abro 5/2/13 Shelby Tup, MI 48316 5. If over \$100.00 cumulative, please provide: Occupation School Employer Macomb Sheriff Business Address 43505 Elizabeth M. Cleme MI 48013 Type of Contribution: Direct Loan from a person Fund Raiser	18038 100 3

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CANDIDATE COMMITTEE

138663 1. Committee I.D. Number

2. Committee Name

CTE Anthony Wickersham

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. Contribution #1 PAC Receipt? 4. Date of Receipt Name & Address: 5. If over \$100.00 cumulative, please Click Here for Memo Itemization Employer Occupation **Business Address** Fund Raiser Type of Contribution: Direct Loan from a person 4. Date of Receipt PAC Receipt? 3. Contribution #2 Name & Address Nicholas Aiu \$_1,000_ Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide Employer, Business Address 3 Fund Raiser Type of Contribution: Loan from a person Direct PAC Receipt? Date of Receipt 3. Contribution #3 Name & Address:

Employer Occupation _

Business Address Loan from a person Fund Raiser Direct Type of Contribution:

PAC Receipt? 3. Contribution #4 Name & Address

Click Here for Memo Itemization

Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:

Employer _

4. Date of Rece

Business Address Type of Contribution:

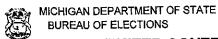
Occupation_

Loan from a person Direct

Page Subtotal

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

Fund Raiser



CANDIDATE COMMITTEE

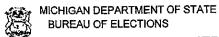
1. Committee I.D. Number 138663

	1.000.0		
2 Committee Name	CTE	Anthony	Wickersham

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 8/21//3 Name & Address: Michael Andros 53373 Freda Dr.	<u>, 20</u> <u>, 20</u>
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt S/2//3 Name & Address COOSE Pointe MI 48230 5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution: Direct Loan from a person Fund Raiser Fund Raiser	\$ /00 \$ /08 Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: William ASh 37910 Piwridg Harrisen Tup, MI 48045 5. If over \$100.00 cumulative, please provide: Occupation Corection Dep Employer Macaub Sheriff Business Address 43565 Elizabeth Mt. Clemens, MI4	\$ 100 \$ 20 \$ 120 Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 Name & Address PAC Receipt? YES 4. Date of Receipt 8/21/13 Pred Atwell 3. Contribution #4 Name & Address Pred Atwell 4. Date of Receipt 4. Date of Receipt 8/21//3 Pred Atwell Boonfeld Hills/MI 48304 5. If over \$100.00 culmulative, please provide: Occupation Employer	\$\$\$\$\$\$\$\(\begin{align*} & \text{\text{\$\left}} & \text{\text{\$\left}} & \text{\text{\$\left}} & \text{\text{\$\$\}\$\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\e
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	

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

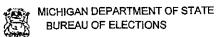
1. Committee I.D. Number 138663

2 Committee Name	CTE	Anthony	Wickersham

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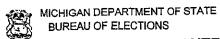
Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount 7. Cumulative for Election Cycle for Each
middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6/21/13 Name & Address:	_
Parrell Babbit	
20720 EIN ForestCt. 5. If over \$100.00 cumulative, please provide:	£ 20 £ 20 <u> </u>
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	
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt	
Marie C Address	- (0.0
Brenda Baker 5/2/13	100 12A 12A
19612 Hudson River 8/21/1	3 · <u>~ u</u> · 1 0 u
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Employer MACOM D STEINT	4 1190117
Business Address 43565 Elizabeth Mt. Clemens	MI 48043
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8/21//3 Name & Address: Teo Banach \$3176 Cripple Creek Chest Fold MI 48047 5. If over \$100.00 cumulative, please provide.	\$\$\$
Occupation Employer	
Business Address	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Brian Barlog \$2317 Sawwill Crest \$121	- 113 /00 113 40 : 140
52317 Sawarlicher 8/21 Maconb, MI 48042 5. If over \$100.00 cumulative, please provide: Occupation Lt. Employer Maconb Sheri:	
4205 Chacheth 14 Memore MI	48043
Type of Contribution: Direct Loan from a person Fund Raiser	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Grand Total of All Schedules (Complete on last page of Schedules	
(complete on that page of carea	Enter this total on



1. Committee I.D. Number 138663

CTE Anthony Wickersham

CANDIDATE COMMITTEE 2. Committee Name	<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 \$/21/13 Name & Address: LYNN Bounfailtn		
60360 Werderman New Haven, MI 48048 5. If over \$100.00 cumulative, please provide:	\$ 20 Click Here f	s 20
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person / Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/21/13 Name & Address Paul Beaulieu	10	48
16526 Crosswind Macomb, MI 48047 5. If over \$100.00 cumulative, please provide:	\$ /O	s / O or Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt \$\frac{5\2\13}{2\13}\$ Name & Address: Sarah Becker 2 1909 Stephens SCS M1 48080 5. If over \$100.00 cumulative, please provide: Occupation Associate Employer Business Address \(\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ 500 Click Here fo	s Soo
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Prank Bednard 41001 HidenOaks Clinten Tup, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation Scct. Employer Maconb Sheriff	, <u>• /40</u>	\$ 240 or Memo Itemization
Business Address 43565 Elizabeth Mt. Clemens MI Type of Contribution: Direct Loan from a person Fund Raiser	48043	
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 5 of 58	line 3a of Summary Page.	r

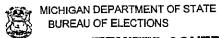


CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

	2.77		
2 Committee Name	CTE	Anthony	Wickersham

Enter contributor's name and a middle initial. Check box to in Committee (PAC) Report <u>all</u> c	dicate if contribution is 1	rom a Political Commi	enter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address:	NG Receipt? YES W Berry S Fragho	4. Date of Recei	ot 5/2//3	. 100	100
5. If over \$100.00 cumulative	ren, MI	48091		<u> </u>	or Memo Itemization
Occupation	Employ	yer	·	-	
Business Address					
Type of Contribution: Dia	rect Loan	from a person	Fund Raiser		
3. Contribution #2 PA	C Receipt? YES	4. Date of Recei	pt 8/21/13	- -	Ì
· -	ndon Bin	10N	,	_{\$} 20	, 20
5. If over \$100.00 cumulative	ensuille, M	1 49127		Click Here f	or Memo Itemization
Occupation	Employe	er			
Business Address	· · · · · · · · · · · · · · · · · · ·	<u>.</u>			
Type of Contribution: Dire	ect Loan	from a person	Fund Raiser		
Name & Address: Eric 4886 5. If over \$100.00 cumulative	Bive H BL Jeffor Comb, MI B, please provide:	SON .		\$	s /00 or Memo Itemization
		yer	· · · · · · · · · · · · · · · · · · ·		
Business Address	rect Loan	from a person	Fund Raiser		
Name & Address Ram	AC Receipt? YES		eipt <u>8 2 / </u>	3 <u>40</u>	<u>\$ 40</u>
5. If over \$100.00 cumulativ	e, please provide:	70011	•	Click Here for	or Memo Itemization
Occupation	Em	ployer		· 	
Business Address	Direct Loar	from a person	Fund Raiser		
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Page 6 of 58				line 3a of Summal Page.	ry



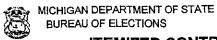
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

CTE Anthony Wickersham

	CANDIDATE (COMMITTEE	2. Committee Name	CTE Anthony Wi	ckersnam
middle initial. Chec	name and address. If on the box to indicate if cont Report <u>all</u> contributions	ribution is from a Political	vidual, enter last name, first name, Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address:	John Bolos	na na	f Receipt	<u> </u>	_
		IS MI 4802	5	\$ 100	\$ 100
Occupation	· ·	Employer		Click Here to	or Memo Itemization
Business Address		,			
Type of Contributio	on: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date o	f Receipt 8/2-6/13		
<u> </u>	Stephen 1 55415 Be	montor.	_	s 200	, 200
		PAN 48315	الم	Click Here fo	or Memo Itemization
Occupation	<u>Atracter</u>	Employer Bon		11/42/0	
Business Address _	5460 G	atewood 5	terling Heighty M	141510	
Type of Contribution	n: Direct	Loan from a person	Fund Raiser		
 Contribution # 3 Name & Address: If over \$100.00 	PAC Receipt? Marcin E 36573 New Bal cumulative, please pro	Borowski Catalpa Li Homoro, MI	of Receipt <u>8/21//3</u> 7 · 48047	\$ 40 Click Here fo	\$ 40 or Memo Itemization
Occupation		Employer			
Business Address _ Type of Contribution	on: Direct	Loan from a person	Fund Raiser		
3. Contribution #4 Name & Address	Deph B	boselc larion	of Receipt 8/21/1	3 <u>. 40</u>	<u>, 40</u>
5. If over \$100.00	cumulative, please pro	1087 IM : 1904	2	Click Here fo	or Memo Itemization
Occupation		Employer	<u> </u>	-	
Business Address Type of Contributi		Loan from a person	Fund Raiser		
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			Grand Total of All Schedules		
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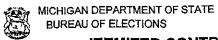


1. Committee I.D. Number _ 138663

Commudee I.D. Num	nei <u> </u>		
	* 27.2**, *		
Carrellian Name	CTE	Anthony	Wickersham

CANDIDATE COMMITTEE 2. Committee	Name
Enter contributor's name and address. If contribution is from an individual, enter last name, to middle initial. Check box to indicate if contribution is from a Political Committee or an Independent (PAC) Report all contributions regardless of amount.	first name, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: Seffy Bossord 35504 Grant New Baltmor, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation L. Employer Macanb Sherif Business Address Type of Contribution: Direct Loan from a person Fund Raiser	2/13 200 21/13 \$200 \$400 Click Here for Memo Itemization \$ MI 48043
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8/3 Name & Address James BudyNowski 17451 Whisperin Piwes Macanb, M. 48044 5. If over \$100.00 cumulative, please provide:	\$\$\$\$\$\$\$Click Here for Memo Itemization
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Page 8 of 58

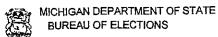


CANDIDATE COMMITTEE

Committee I.D. Number __138663 **

1. Committee I.D. Nu	mper	
2. Committee Name	CTE Anthony Wickersham	

Enter contributor's nam middle initial. Check be Committee (PAC) Repo	x to indicate if cont	ribution is from a Political	ridual, enter last name, first name Committee or an Independent	, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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Page 9 of 58			Grand Total of All Schedules (Complete on last page of Schedules	1A	J



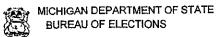
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

	
2. Committee Name CTE Anthony Wickersham	

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 <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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CANDIDATE COMMITTEE

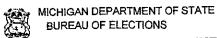
1. Committee I.D. Number __138663 *

I. Committee LD. No	libei	
2. Committee Name	CTE Anthony	Wickersham

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	6. Amount	7. Cumulative for Election Cycle for Each
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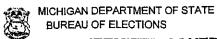


1. Committee I.D. Number 138663

CANDIDATE COMMITTE	E	2. Committee Name	CTE Anthony Wi	ckersham
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Grand Total of All Schedules 1A (Complete on last page of Schedule)



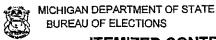
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

2. Committee Name	CTE	Anthony	Wickersham
E. OOHHIIIGGS HUMO			

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

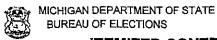


1. Committee I.D. Number 138663 *

CTE Anthony Wickersham CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. Contribution #1 4. Date of Receipt Name & Address: 5. If over \$100.00 cumulative, Click Here for Memo Itemization Occupation Employer. Business Address Fund Raiser Type of Contribution: Loan from a person 3. Contribution #2 PAC Receipt? Name & Address Click Here for Memo Itemization 5. If over \$100.00 cumulat **Employer** Occupation_ Business Address Fund Raiser Type of Contribution: Direct Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt Name & Address: Click Here for Memo Itemization 5. If over \$100.00 cum Employer_ Occupation _ **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 4. Date of Receipt 3. Contribution #4 PAC Receipt? Name & Address Click Here for Memo Itemization Occupation_ Employer. **Business Address** Fund Raiser Type of Contribution: Direct Loan from a person Page Subtotal

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

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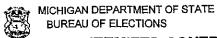


1. Committee I.D. Number 138663

CANDIDATE COMMITTEE	2. Committee Name C	TE Anthony Wi	ckersham
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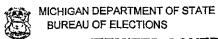
1. Committee I.D. Number 138663

CANDIDATE COMMITTEE 2. Committee Name CT	E Anthony Wi	ckersham
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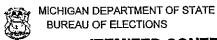


1. Committee i.D. Number 138663

CANDIDATE COMMITTEE 2. Committee Name _	CIE AUCHOUS WI	CKEISHAM
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7021 Pains Fair Haven MI 48023 5. If over \$100.00 cumulative, please provide:	<u>\$ 200</u>	, 200
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CANDIDATE COMMITTEE

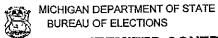
1. Committee I.D. Number 138663

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Paul Esposito pl 49419 Compass. 17. Chesterfield, MI 41047	₹ ∂ (50 : 250
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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Page **18** of **58**



CANDIDATE COMMITTEE

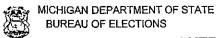
1. Committee I.D. Number __138663

2. Committee Name

CTE Anthony Wickersham

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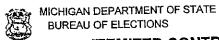
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1. Committee I.D. Number 138663

CANDIDATE COMMITTEE 2. Committee it	Name CTE Anthony Wickersham
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22016 Barton SCS, MI 48081	s 20 s 20
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Grand Total of All Schedules 1A (Complete on last page of Schedule)



CANDIDATE COMMITTEE

1. Committee I.D. Number ____138663 *

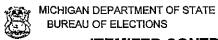
2. Committee Name CTE Anthony Wickersham

CANDIDATE COMMITTEE	
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3. Contribution #1 PAC Receipt? YES 4. Date of Receipt S/2//: Name & Address: Tony Gallo 37925 Bella 10Ctt Clintar Train M / 48036	3_ \$_/00_ \$_/00_
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

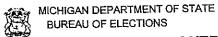
Page 21 of 58



1. Committee I.D. Number 138663

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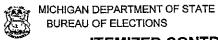
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

2. Committee Name	CTE	Anthony	Wickersham	
Z. Committee Name				

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)
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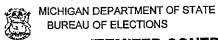
1. Committee I.D. Number __138663

2	Committee	Name	CTE

Anthony Wickersham

CANDIDATE COMMITTEE 2. Committee Name	EL MICHOLY W	
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CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

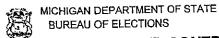
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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Page **25** of **58**



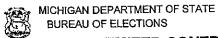
1. Committee I.D. Number 138663 *

CANDIDATE COMMITTEE 2. Committee Name	CTE Anthony Wie	ckersham
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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1. Committee I.D. Number 138663

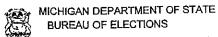
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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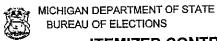


1. Committee I.D. Number 138663

CTE Anthony Wickersham

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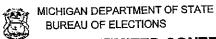
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

CTE Anthony Wickersham

Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt		CANDIDATE	COMMITTEE		2. Committee Name	CTE Anthony W	ıckersnam
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CANDIDATE COMMITTEE

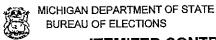
1. Committee I.D. Number ____138663 *

2. Committee Name

CTE Anthony Wickersham

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 <u>all</u> contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Ea Contributor (Through date of receipt)
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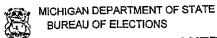


1. Committee I.D. Number 138663

CTE Anthony Wickersham CANDIDATE COMMITTEE 2. Committee Name 6. Amount 7. Cumulative for 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 Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) PAC Receipt? 4. Date of Receipt 3. Contribution #1 Name & Address: 5. If over \$100.00 d Click Here for Memo Itemization Employer Occupation loross Business Address Fund Raiser Type of Contribution: Loan from a person 4. Date of Receipt 3. Contribution #2 PAC Receipt? Name & Address Click Here for Memo Itemization 5. If over \$100.00 cumulative, please pro Employer Occupation _ Business Address Fund Raiser Type of Contribution: Loan from a person PAC Receipt? YES 3. Contribution #3 4. Date of Receipt Name & Address: *51413* /00 Click Here for Memo Itemization XPC. LIASON Employer Business Address _10 Loan from a person Fund Raiser Type of Contribution: 4. Date of Receipt 3. Contribution # 4 PAC Receipt? YES Name & Addres 5. If over \$100.00 Click Here for Memo Itemization Employer ___ Occupation_ **Business Address** Type of Contribution: Loan from a person Fund Raiser Direct Page Subtotal

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

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1. Committee I.D. Number 138663

	CANDIDATE COMMIT	TEE	2. Committee Name _	CTE Anthony W	ickersham
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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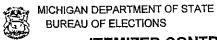
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1. Committee I.D. Number ___138663 *

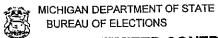
CTE Anthony Wickersham

CANDIDATE COMMITTEE 2. Committee Name		
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 <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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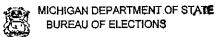
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

1. Committee has the				
2. Committee Name	CTE	Anthony	Wickersham	

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Page 34 of 58



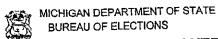
1. Committee I.D. Number __138663

CANDIDATE COMMITTEE

CTE Anthony Wickersham

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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)
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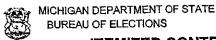


CANDIDATE COMMITTEE

2. Committee Name CTE Anthony Wickersham

CANDIDATE COMMITTEE 2.00	7 Computative for
Enter contributor's name and address. If contribution is from an individual, enter last name, first middle Initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	t name, 6. Amount 7. Cumulative for ent Election Cycle for Each Contributor (Through date of receipt)
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Page 36 of 58

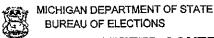


1. Committee I.D. Number 138663

CTE Anthony Wickersham CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 7. Cumulative for 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 4. Date of Receipt PAC Receipt? 3. Contribution #1 Name & Address Click Here for Memo Itemization Employer. Occupation **Business Address** Fund Raiser Type of Contribution: Loan from a person 4. Date of Receipt 3. Contribution #2 PAC Receipt? Name & Address -Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provid-Occupation _ Business Address 46800 Fund Raiser Type of Contribution: Loan from a person PAC Receipt? 4. Date of Receipt 3. Contribution #3 YES Name & Address: 512/13 /00 Click Here for Memo Itemization Employer_ Occupation **Business Address** Loas from a person Fund Raiser Type of Contribution: 4. Date of Receipt 3. Contribution #4 Name & Address Click Here for Memo Itemization Occupation. Employer Business Address Fund Raiser Loan from a person Type of Contribution: Direct Page Subtotal

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

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Business Address Type of Contribution:

3. Contribution #2

ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

CTE Anthony Wickersham 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. Contribution #1 PAC Receipt? 4. Date of Receipt Name & Address 5. If over \$100.00 cumulative, please p Click Here for Memo Itemization Occupation Employer_

Name & Address

Fund Raiser

5. If over \$100.00 cumulative, please Click Here for Memo Itemization Employer Occupation _

4. Date of Receipt

Business Address _

Fund Raiser Type of Contribution: Direct Loan from a person

PAC Receipt? 3. Contribution #3 4. Date of Receipt Name & Address:

Loan from a person

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Loan from a person Fund Raiser Type of Contribution:

3. Contribution #4 Name & Address

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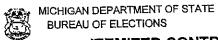
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Occupation_ Employer .

Business Address Fund Raiser Type of Contribution: Loan from a person

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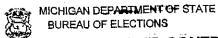
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

1. Committee I.D. N	Tubet 7201100
2, Committee Name	CTE Anthony Wickersham

CANDIDATE		
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Page 39 of 58



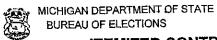
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

2. Committee Name	CTE	Anthony	Vickersham	
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Enter contributor's name and address. If contribution is from an individual, enter last name, firs middle initial. Check box to indicate if contribution is from a Political Committee or an Independ Committee (PAC) Report all contributions regardless of amount.	st name, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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Page 40 of 58



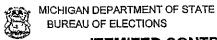
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

1. Committee i.b. Numi				
2 Committee Name	CTE	Anthony	Wickersham	

CANDIDATE COMMITTEE 2. Committee Name	
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 <u>all</u> 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 6/2//3 larne & Address: Anthony Pascaretti U1855 Fairmath VIK. Class My 48038 5. If over \$100.00 cumulative, please provide:	\$ 20 \$ 20 Click Here for Memo Itemization
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Page 41 of 58



1. Committee I.D. Number 138663

CANDIDATE COMMITTEE 2. Committee Name CT	E Anthony W	ickersham
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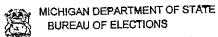
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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Page **12** of <u>58</u>



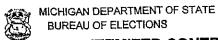
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

Committee Name	CTE	Anthony	Wickersham

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Page 43 of **S**8



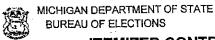
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

2. Committee Name	CTE	Anthony	Wickersha

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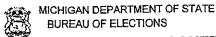


CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

2. Committee Name	CTE	Anthony	Wickersham
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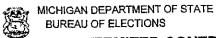
1. Committee I.D. Number 138663

CTE Anthony Wickersham CANDIDATE COMMITTEE 2. Committee Name 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) PAC Receipt? 4. Date of Receipt 3. Contribution #1 Name & Address: 5. If over \$100.00 cumulative Click Here for Memo Itemization Employer, Occupation **Business Address** Fund Raiser Type of Contribution: Loan from a person 4. Date of Receipt PAC Receipt? Contribution #2 Name & Address 300 Click Here for Memo Itemization Employer___ Occupation. Business Address Fund Raiser Direct Loan from a person Type of Contribution: PAC Receipt? 4. Date of Receipt 3. Contribution #3 Name & Address: Barbara Click Here for Memo Itemization 5. If over \$100.00 cd Occupation **Business Address** Fund Raiser Loan from a person Type of Contribution: 4. Date of Receipt PAC Receipt? 3. Contribution #4 Name & Address 5. If over \$100.00 cu Click Here for Memo Itemization Employer Occupation, **Business Address Fund Raiser** Loan from a person Type of Contribution: Direct Page Subtotal

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

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CANDIDATE COMMITTEE

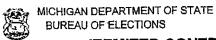
1. Committee I.D. Number 138663

Committee Name	CTE	Anthony	Wickersham

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 8/21/3 Name & Address: Ken Rumps 20533 Cittle Acres Clubally, MI 48035 5. If over \$100.00 cumulative, please provide:	\$ 20	\$ 20
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Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number

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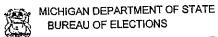
2. Committee Name

CTE Anthony Wickersham

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 Name & Address: Michelle Sanbow 4. Clemens M1 Y80Y3 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 26 \$ 20 Click Here for Memo Itemization
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Page 48 of 58

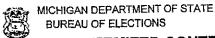
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1. Committee I.D. Number 138663 3

CTE Anthony Wickersham

CANDIDATE COMMITTEE 2. Committee			
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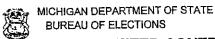


1. Committee I.D. Number 138663

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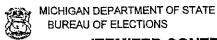
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

2 Committee Name CTE Anthony Wickersham	
CTE Anthony Wickersham	
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1. Committee I.D. Number __138663

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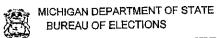
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CANDIDATE COMMITTEE

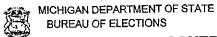
138663 1. Committee I.D. Number

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CANDIDAT	TE COMMITTEE 2. Committee Name	CIE Anthony Wickersham
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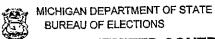
CANDIDATE COMMITTEE

1. Committee I.D. Number __138663

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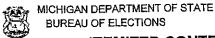
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CANDIDATE COMMITTEE

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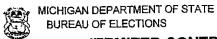
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CTE Anthony Wickersham

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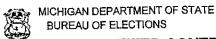
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

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CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

CTE Anthony Wickersham

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5. If over \$100.00 cum	ulative, please pi			Click Here	for Memo Itemization
Occupation		Employer	<u> </u>		
Business Address	Direct	Loan from a person	Fund Raiser		•
Type of Contribution: 3. Contribution #4 Name & Address	PAC Receipt?				
1				\$	\$
5. If over \$100.00 cum	ulative, please p	rovide:		Click Here	for Memo Itemization
Occupation		Employer		<u>.</u>	
Business Address			C Ford Prince	,	
Type of Contribution:	Direct	Loan from a person	Fund Raiser	w /6A	
			Page Subto	tal /60	

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

Enter this total on

line 3a of Summary Page.



Page___1 of __1

ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

Page

		Committee NameCTE	Anthony Wicl	kersham
3. Name & Address From Whom Received		5. Type of Receip	t	6. Amount
Receipt #1 Name & Address:	Date of Receipt	Loan from a Lending I	nstitution	
Verizon Wireless		Interest	:	\$ <u>43.08</u>
PO Box 4002		XX Defined \Dehete	Oliala for a Marina	March 11 -
Acworth, GA 30101		Refund \Rebate		Itemization Type
	Fund Raiser	Other (Specify)		
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending I	netitution	
Ivanie & Address.			Houtadori	
		Interest	\$	<u> </u>
		Refund \Rebate	Click for Memo	o Itemization Type
	Fund Raiser	Other (Specify)		
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Ir	nstitution	
		Interest	\$	
		Refund \Rebate	Click for Memo	ltemization Type
		Other (Specify)	Onon to Monte	Nomization Type
	Fund Raiser			
Receipt #4 Name & Address:	Date of Receipt	Loan from a Lending Ir	estitution	
		Interest	\$	<u> </u>
			Olinh for Manua	
		Refund \Rebate		Itemization Type
	Fund Raiser	Other (Specify)		
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending In	stitution	
		Interest		\$
		Refund \Rebate	Click for Mome	Itamiration Tuna
				nemization Type
	Fund Raiser	Other (Specify)		
Receipt #6 Da Name & Address:	ate of Receipt	Loan from a Lending Ir	nstitution	
		Interest		\$
		Refund \Rebate	Click for Memo	Itemization Type
	Fund Raiser	Other (Specify)		
	ate of Receipt			
Name & Address:	·	Loan from a Lending I	nstitution	Φ.
		Interest		\$
		Refund \Rebate	Click for Memo	Itemization Type
	□			
-	Fund Raiser	Other (Specify)	Page Subtotal	
			-	43.08
			Il Schedules 1A -1 page of Schedule)	43.08
		, ,		Enter this total on
				line 4 of Summary



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number _______138663

	CANDIDATE COMMITTEE	2. Committee Name CTE Anthony Wickersham	
3. Name	and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date	6. Amount
Expendi Name Address	Postmaster	Purpose: 1 year Post Box Fee Click Here for Memory	70.00
L	d Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expendit Name Address	ure#2 Postmaster Mt. Clemens, MI 48043	Purpose:Postage - Fundraiser Date	\$ 100.00
Fun	d Raiser	Click Here for Memodelic Check box if this expenditure is payment of debt or obligation reported on previous statement	o Itemization Type
Expend	ture #3		
Name Address	American Graphics 34895 Groesbeck Clinton Twp., MI 48035	Purpose: Fundraiser A/29/13 Date	144.16 \$
XX Fun	d Raiser	Click Here for Memo Check box if this expenditure is payment of debt or obligation reported on previous statement	Tiernization Type
Expendit	ture #4	·	
Name Address	Mirage Banquèt:Hall 16980 18 Mile Road Clinton Twp., MI 48038	Purpose: Food & Beverage Cost of Fundraiser Click Here for Memory	\$ 3962.29
XX Fun	d Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expendit	ure #5		
Name Address	American Graphics 34895 Groesbeck Clinton Township, MI 48035	Purpose: Tickets for Date Fundraiser Click Here for Memory Check box if this expenditure is payment of	\$ 68.90
XX Fun	d Raiser	debt or obligation reported on previous statement	
<u>ra</u> rui	T TARGOT	Subtotal this page	4345.35
		Grand Total of all Schedules 18 (Complete on last page of Schedule	. 1

Enter this total on line 8a of Summary Page

Page ___1 __of ___2



SCHEDULE 1B

1. Committee I. D. Number ______ 138663

138663	

CA	NDIDATE COMMITTEE	2. Committee Name CTE Anthony Wickersham	+
3. Name and a	address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount	
Expenditure # Name Address	C.J. Barrymores 21750 Hall Road Clinton Twp., MI 48038	Purpose: Food & Beverage Date Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement	-
Expenditure #2		Statement	
Name Address	Bowling IQ 7023 E. 14 Mile Road Sterling Hgts., MI 48312	Purpose: Staff Christmas Party - Rental Click Here for Memo Itemization Type	•
Fund Rais	еег	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #	3		
Name Address	MI House Democratic Fund PO Box 16193 Lansing, MI 48901	Purpose:	O
	. ,	Click Here for Memo Itemization Type	
Fund Rais	ser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #	4		
Name Address	Shields of Troy 1476 W. Maple Road Troy, MI 48084	Food for Staff Purpose: Christmas Party Click Here for Memo Itemization Type	_
Fund Rai	ser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #	5		
Name			
Address		Purpose: Date \$	_ _
		Click Here for Memo Itemization Type	3
Fund Rai	ser	Check box if this expenditure is payment of debt or obligation reported on previous statement	· ·
<u> </u>		Subtotal this page 1475.0	U
	• •	Grand Total of all Schedules 1B (Complete on last page of Schedule)	5
		Enter this total	٠.

2		2
Page	of	



INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS SCHEDULE 1C**

1. Committee I. D. Number

138663

CANDIDATE COMMITTEE (For use by officeholders only)	2. Committee Name CTE Antho	ny Wickersham	
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign disbursement code*)	a 5. Date	6. Amount Disbursem
Disbursement # 1 Name & Address:	Purpose		
Care House	Ad for Carehouse	3/04/13 Date	\$ <u>167.</u>
131 Market St. Mt. Clemens, MI 48043		Click for Memo I	temization Type
Check hav if this dishuracreat is account to the control of the co	Disbursement Code KO	_	
Check box if this disbursement is payment of debt or obligation reported on previous statement	X Fund Raiser		
Disbursement # 2 Name & Address:	Purpose Office Stamps	1110110	
Postmaster Mt. Clemens, MI 48043	office stamps	4/19/133 Date	\$_46.0
		Click for Memo Ite	mization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fund Raiser	-	
Disbursement # 3 Name & Address:	Purpose		
Care House 131 Market	Ticket for "Fools fo Kids"	r 4/22/13 Date	<u>\$ 75.0</u>
Mt. Clemens, MI 48043		Click for Memo Iten	nization Type
Check box if this disbursement is payment of debt or obligation sported on previous statement	Disbursement Code	-	·
sbursement # 4	Purpose		<u> </u>
ame & Address: Mt. Clemens Lions	Quarterly Dues	4/29/13	\$ 85.00
9101 Division St. Casco, MI 48064		Date	· ·
7.	Disbursement CodeG0 Fund Raiser	Click for Memo Item	ization Type
		Subtotal this page	373.00
	Grand Tota (Complete on la	of all Schedules 1C st page of Schedule)	
ASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CO	DES	•	Enter this total on line 10a of Summary Page

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



1. Committee I. D. Number

138663

OCHEDULE IC		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
CANDIDATE COMMITTEE	CTE Anthor	y Wickersham	•
	2. Committee Name		~
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursemen
Disbursement # 1 Name & Address:	Purpose	<u>-</u>	<u> </u>
	·	1 100 110	
Dakota Football	Hole Sponsor	4/29/13	_{\$_} 100.00
21051 21 Mile Road Macomb, MI 48044		Date .	_
11acomb, HI 40044		Click for Memo It	emization Type
	Disbursement CodeGO / 100	•	
Check box if this disbursement is payment of debt or obligation reported on previous statement	KX Fund Raiser	•	
Disbursement # 2	L I did Raisei		
Name & Address:	Purpose		
Sam's Club	Annual Membership	Fee 5/15/13	, 70.00
45600 Utica Park		Date	_
Utica, MI 48315			
		Click for Memo Iter	nization Type
Check box if this disbursement is payment of debt or obligation	Disbursement CodeB0		
reported on previous statement	Fund Raiser		
Disbursement # 3	Purpose		
Name & Address:	•		
American Polish Century Club	Banner - Festival	5/15/13	\$ 175.00
33204 Maple Lane		Date	
Sterling Heights, MI 48312			
		Click for Memo Item	ization Type
			•
Check box if this disbursement is payment of debt or obligation	Disbursement Code KO	•	
eported on previous statement	XX Fund Raiser		
sbursement # 4			
ame & Address:	Purpose		
Special Olympics of Michigan	Hole Sponsor	5/15/13	s 60.00
c/o PO Box 509		Date	
Almont, MI 48003	·	Click for Memo Itemiz	zation Tyne
·			
7	Dishursement Code GO/KO		
Li Check box if this disbursement is payment of debt or obligation orted on previous statement	Nebalecitical Code		
on provided outderness.	XX Fund Raiser		
		Subtotal this page	105.00
	<u> </u>		405.00
	Grand Total (Complete on las	of all Schedules 1C t page of Schedule)	İ
	•	·	nter this total
		_	The second second

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

on line 10a of Summary Page

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY

Page _____ of ____



1. Committee I. D. Number	
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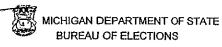
CTE Anthony Wickersham

(For use by officeholders only)	2. Committee Name	WICKELSHAM	
Name and address of person to whom disbursement was made Pichumana 4.4.4.	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount o
Disbursement # 1 Name & Address:	Purpose		<u> </u>
Sam, sclub	Candy for two parade		\$_149.60
45600 Utica Park Blvd.		Date	
Utica, MI 48315		Click for Memo Ite	emization Type
	Disbursement Code B0	,	
Check box if this disbursement is payment of debt or obligation			
reported on previous statement Disbursement # 2	Fund Raiser		
Name & Address:	Purpose .		
	Hole Sponsor	5/25/13	100.00
Anchor Bay High 6319 County Line Rd.		Date	_ \$ <u></u>
Ira, MI 48023		Click for Memo Iten	nization Type
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement CodeGO/KO		
Disbursement # 3 lame & Address:	Purpose		
	Candy for two parades	6/13/13	. 112.20
Sam's Club 45600 Utica Park Blvd:		Date	\$
Utica, MI 48315		Click for Memo Itemi	zation Type
7	Disbursement Code BO		•
Check box if this disbursement is payment of debt or obligation ported on previous statement	Fund Raiser		
sbursement # 4	Purpose		
ame & Address:	Banner for Festival	6/13/13	250.00
Italian American Cültural Society		Date	\$
43843 Romeo Plank Rd. Clinton Twp., MI 48038	•	Click for Memo Itemiz	ation Type
01111001 14ps, 111 40050			
Check box if this disbursement is payment of debt or obligation of the control of	Disbursement Code KO XX Fund Raiser		
	· ·	Subtotal this page	611.80
	Grand Total of (Complete on last p	all Schedules 1C page of Schedule)	
	·	•	nter this total

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

on line 10a of Summary Page

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY



1.	Committee I.	D.	Number	
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	CTE	Anthony	Wickershar
 ***	 011	мисиону	M T C V C T D II GI

138663

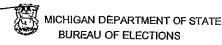
(For use by officeholders only)	2. Committee Name	y wickersham
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date 6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose	
Name & Address:	Annual Golf Outing	6/24/13 600.00
Care House		\$
131 Market St.	Foursome	•
Mt. Clemens, MI 48043		Click for Memo Itemization Type
	Disbursement Code GO	
Check box if this disbursement is payment of debt or obligation reported on previous statement	XX Fund Raiser	•
Disbursement # 2 Name & Address:	Purpose	
FOP Lodge 112	Annual Golf Outing	6/24/13 \$ 400.00
33845 24 Mile Road	Foursome	Date
Chesterfield, MI 48047		Click for Memo Itemization Type
	GO Disbursement Code	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser	
Disbursement # 3	Ригроѕе	
Name & Address:	Annual Golf Outling	6/24/13 1000.00
Community Caring Program UAW Region 1	Foursome	Date
27800 George Merrelli Warren, MI 48092		Click for Memo Itemization Type
- 7	Disbursement Code G0	
Check box if this disbursement is payment of debt or obligation eported on previous statement	XX Fund Raiser	
Pisbursement # 4 Name & Address:	Purpose	
Warren Senior Connection	Donation for Annual	6/24/13 \$100.00
31698 Mound Road	Pienic	Date
Warren, MI 48092	,	Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code	
ported on previous statement	Fund Raiser	
		Subtotal this page 2100.00
	Grand Tota (Complete on la	il of all Schedules 1C
•	, , ,	1

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY

4 9 Page _____of ____



INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS SCHEDULE 1C**

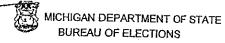
138663

1. Committee I. D. Number **CANDIDATE COMMITTEE** CTE Anthony Wickersham 2. Committee Name (For use by officeholders only) 3. Name and address of person to whom disbursement was made 4. Description of Disbursement 6. Amount of 5. Date (Be specific & you may assign a Disbursement disbursement code*) Disbursement # 1 Purpose Name & Address: Program Ad 75.00 De La Salle Date 14600 Common Road Click for Memo Itemization Type Warren, MI 48088 KO Disbursement Code Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Disbursement # 2 Purpose Name & Address: Quarterly Dues 7/18/13 .85**8500** Mt. Clemens Lions 9101 Division Casco, MI 48064 Click for Memo Itemization Type Disbursement Code Check box if this disbursement is payment of debt or obligation reported on previous statement Fund Raiser Disbursement # 3 Purpose Name & Address: Hole Sponsor 8/09/13 100.00 Troy Sting Midget Date 1819 E. Big Beaver Road Troy, MI 48083 Click for Memo Itemization Type GO/KO Disbursement Code Check box if this disbursement is payment of debt or obligation XX Fund Raiser reported on previous statement Disbursement # 4 Purpose Name & Address: Ad - Annual Event 8<u>/13/1</u>3 \$300.00 Henry Ford Health Systems 1 Ford Place, Suite 5A Detroit, MI 48202 Click for Memo Itemization Type KO Check box if this disbursement is payment of debt or obligation Disbursement Code reported on previous statement XX Fund Raiser Subtotal this page 560.00 Grand Total of all Schedules 1C (Complete on last page of Schedule)

> Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



1. Committee I. D. Number	1300

CANDIDATE COMMITTEE (For use by officeholders only)	2. Committee Name	ony Wickersham	
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assig disbursement code*)	n a 5. Date	6. Amount of Disbursemen
Disbursement # 1 Name & Address:	Purpose		<u> </u>
Sam's Club	Candy - Labor Day	Parader 8/19/13	_{\$} 89.76
45600 Utica Park Blvd. Utica, MI 48315	Parades	Date Click for Memo Iter	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeB0		
Disbursement # 2 Name & Address; '\	Purpose Table for Event	8/20/13	_e 1575.00
Macomb Foundation 28 First Street		Date	\$
Mt. Clemens, MI 48043		Click for Memo Item	zation Type
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code G0 KX Fund Raiser	_	
Disbursement # 3 lame & Address:	Purpose	<u> </u>	· <u></u> ,
Leukemia & Lymphoma Society	Hole Sponsor	8/22/13 Date	\$ 100.00
1311 Mamaroneck Ave., Suite 310 White Plains, NY 10605		Click for Memo Itemiz	ation Type
Check box if this disbursement is payment of debt or obligation ported on previous statement	Disbursement Code KO XX Fund Raiser		
sbursement # 4 ame & Address:	Purpose Bronze Sponsor for		-
Henry Ford Health Systems 1 Ford Place, Suite 5A Detroit, MI 48202	Event	8/22/13 Date Click for Memo Itemiza	\$ 1500.00
Check box if this disbursement is payment of debt or obligation order on previous statement	sisbursement Code KO/GO		

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

Enter this total on line 10a of

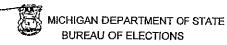
*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Subtotal this page

Summary Page

3264.76

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY



	130003
1. Committee I. D. Number	

CANDIDATE COMMITTEE	2. Committee Name
(For use by officeholders only)	2. Constitutes (Value
address of names to whom dishumon and was and	A Description of Diphymanaut

Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date 6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose	
Mt. Clemens Lions 9101 Division Casco, MI 48064	Event Sponsor	B/26/13 \$ 300.00 Date Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	
Disbursement # 2 Name & Address: Art Center 125 Macomb Place Mt. Clemens, MI 48043	Purpose Ticket - Annual Event	8/26/13 \$ 60.00 Date Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code G0	was a same tangent type
Disbursement#3 Name & Address: Macomb YMCA 10 N. River Road Mt. Clemens, MI 48043	Purpose Hole Sponsor - Golf	9/01/13 \$ 200.00 Date Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code XX Fund Raiser	
Mame & Address: Mt. Clemens Ice Arena 200 N. Groesbeck Mt. Clemens, MI 48043	Purpose Banner	9/11/13 \$ 750.00 Date Click for Memo Itemization Type
Check box if this disbursement is payment of debt or obligation ported on previous statement	Disbursement CodeFund Raiser	
	Grand Total (Complete on las	Subtotal this page 1310.00 of all Schedules 1C trage of Schedule)

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

Page ____ of ___9



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS

1. Committee	I.	D.	Number	
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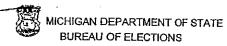
138663

SCHEDULE 1C	1. Committee I. D. Numbe	er		
CANDIDATE COMMITTEE (For use by officeholders only)	2. Committee Name	CTE Anthony	Wickersham	
3. Name and address of person to whom disbursement was made	4. Description of I (Be specific & y disbursement or	ou may assign a	5. Date	6. Amount of Disbursemen
Disbursement # 1 Name & Address:	Purpose	, <u> </u>	<u></u>	
Macomb County Child Advocacy c/o Care House 131 Market	Christmas Fo	or Kids	10/7/13 Date Click for Memo It	\$ 500.00
Mt. Clemens, MI 48043			SHOK ISH MISHIO II	emzauon rype
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _n X Fund Raiser			
Disbursement # 2 Name & Address:	Purpose	,		·
Mt. Clemens Lions	Quarterly Du	les	10 <u>/7/13</u>	\$ <u>85.00</u>
9101 Division Casco, MI 48064			Click for Memo Ite	mization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser	G0		
Disbursement # 3 Name & Address:	Purpose Annual Dues		10/8/13	_e 75.00
Central Macomb Optimist Club 16515 Festian Clinton Twp., MI 48035			Date Click for Memo Item	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	GO		•
Disbursement # 4 Name & Address:	Purpose Candy for Tru	1- C	10/22/13	89.82
Sam's Club 45600 Utica Park Blvd. Utica, MI 48315	Treats		Date Click for Memo Item	- \$
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code	ВО		
	,	Grand Total of	Subtotal this page	749.82

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS

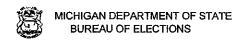
138663

SCHEDULE 1C	1. Com	nmittee I. D. Num	nber _				
CANDIDATE COMMITTEE (For use by officeholders only)	2. Corr	nmittee Name	CTE	Anthony	Wicker	sham	
3. Name and address of person to whom disbursement was made		4. Description of (Be specific 8 disbursement	≩ γou n	nav assion a	5. D	ate	6. Amount of Disbursemen
Disbursement # 1 Name & Address:	Pı	ırpose		· <u>·</u>			
Sam's Club	_	Candy fo		anksgiv			\$ _{\$} 112.20
45600 Utica Park Blvd. Utica, MI 48315						ate Viemo Item	ization Type
Check box if this disbursement is payment of debt or obligation	Disi	bursement Code		ВО	·	-	
reported on previous statement	·	Fund Rais	er				
Disbursement # 2 Name & Address:	Pι	лгроse	· ·	0014			
		Daily Pla	anne	r 2014		13/13	\$52 . 98
Staples 51382 Gratiot Ave.					Ε	Date	
Chestérfield, MI 48051					Click for M	emo Itemiz	zation Type
Check box if this disbursement is payment of debt or obligation	Disb	ursement Code	В	so			
reported on previous statement		Fund Raiser					
Disbursement # 3 Name & Address:	Pi	rpose					
	_	5 tickets	s fo	r	12/	05/13	\$ 100.00
Macomb County Ministerial Alliance 23512 Joy Blvd.	<u> </u>	MLK Jr. I	Even	ıt	C	ate	
Clinton Twp., MI 48036					Click for Me	mo Itemiza	ation Type
	Dist	oursement Code	В	0			
Check box if this disbursement is payment of debt or obligation reported on previous statement		Fund Raiser		· · · · · · · · · · · · · · · · · · ·			
Disbursement # 4 Name & Address:	Pt	ıгроsе					
							\$
					Click for Men		tion Type
							. 71 -
Objects to the state of the sta	Diele						
Check box if this disbursement is payment of debt or obligation ported on previous statement		sement Code Fund Raiser	- 1-1-				
		<u> </u>			Subtotal this p	age	265.18
			(Соп	Grand Total or oplete on last	f all Schedule: page of Sched	s 1C Jule) 9 (639.56

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number

Committee Name	CTE Anthony	Wickersham

	- USE A SEPA	RATE SHEE	FOR EACH EVEN	Τ-
3. Date Event Was Held	Number of Individual or Participating (whiche greater)	ever is	Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. 16980 18 M11e Road
<u>5-15-13</u>	190]	Friends & Fàmily	Clinton Twp., MI 4803 Mirage Banquet Hall Private Residence
7. Total Contributions		19,780		
8. Other Receipts	· · · · · · · · · · · · · · · · · · ·			
9. Gross Receipts (Add lines 7	and 8)	19,780		
10. Total Cost of Event (Total Cost includes In-Kind Co	ntributions and All E	4,206.45 xpenditures Ma	de For the Event)	
11. Check if event was a jo	int fund raiser and c	omplete the folk	owing:	
Co-Sponsor(s)	Co	ntribution Split (%)		Expenditure Split (%)
			_	
-	<u> </u>			
	·			
	<u> </u>			
	. <u></u>			-
				

- 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.

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FUND RAISER SCHEDULE 1F

1. Committee I.D. Number

	MMITTEE	2. Com	mittee Name	Inchony	Wickersham
	- USE A SEP	ARATE SH	EET FOR EACH	EVENT -	
Date Event Was Held	Number of Individence or Participating (white greater)		5. Type of Fund Raising	Activity	6. Address and Name (If any) of place where the activity was hel 21750 Hall Road
8-21-13	170		Friends & Fam	ily	CLinton Twp., MI 4 CJ Barrymores Private Residence
Total Contributions		5,270			
Other Receipts					
Gross Receipts (Add lines 7	and 8)	5,270	<u> </u>		
Total Cost of Event otal Cost includes In-Kind Co	ntributions and Al		.90 Made For the Event)	
Check if event was a jo					
Co-Sponsor(s)		Contribution S	Split		Expenditure Split
		(%)	•		(%)
		(%)	· ·		(%)
	-	(%)	·		(%)
	- -	(%)			(%)
	- -	(%)	·		(%)
	- -	(%)			(%)
	-	(%)			(%)
	- -	(%)			(%)

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.

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