FILED

14 JAN 15 AM 8:13

CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# INDEPENDENT/POLITICAL COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper

3. This Statement covers From: 1-1-13 To 12-31-13

1. Committee I.D. Number
138970

2. Committee Name
MACOMB TWP. LEADERSHIP P.A.C.

4. Committee's Mailing Address
39223 CANTERBURY DR.
HARRISON TWP. MI. 48045

Area Code and Phone (586) 992-0710 EXT. 2258

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.

5. Treasurer's Name and Residential Address
CHARLES S. PIERCE
39223 CANTERBURY DR.
HARRISON TWP., MI. 48045

Area Code and Phone (586) 992-0710 EXT 2258

6. Treasurer's Business Address
5411) BROUGHTON RD.
MACOMB, MI. 48042
(586) 992-0710 EXT 2258
Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
EDWARD A. CAREY, JR.
51404 ROYAL LINKS CT.
MACOMB, MI. 48042
(586) 992-0710 EXT 2266
Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON **STATE LEVEL**

8a. TRIANNUAL STATEMENTS

| Even Year | Odd Year |
|---|---|
| ☐ April 25 | ☐ January 31 |
| ☐ July 25 | ☐ July 25 |
| ☐ October 25 | ☐ October 25 |

8b. QUARTERLY STATEMENTS
CAUCUS COMMITTEES (ONLY)

☐ January 31 ☐ April 25
☐ July 25 ☐ October 25

8c ☐ SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON **COUNTY LEVEL**

8d. ☒ ANNUAL STATEMENT (2013 Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY ☐ GENERAL
☐ CONVENTION ☐ SCHOOL
☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus: _____

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON **STATE AND COUNTY LEVEL**

8g. ☐ AMENDMENT TO CAMPAIGN STATEMENT
(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)

8h. ☐ **DISSOLUTION OF COMMITTEE**

_____
Effective Date of Dissolution

By checking this item, I\We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

**Note:** The disposition of residual funds must be reported on Schedule 2B 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 or 7 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 filing deadline of a required campaign statement, that campaign statement can not be waived.**

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper — Charles S. Pierce (Type or Print Name) — Charles S. Pierce (Signature) — Date 1-14-14

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138970

2. Committee Name MACOMB TOWNSHIP LEADERSHIP P.A.C.

# SUMMARY PAGE
## INDEPENDENT OR POLITICAL COMMITTEE

| | | Column I This Period | Column II Cumulative for Calendar Year |
|---|---|---|---|
| **RECEIPTS** | | | |
| 3. Contributions | | | |
| a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8) | (3a.) $ | 11,513.69 | |
| b. Unitemized (less than $20.01 each - no Schedule) | (3b.) $ | NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) $ | 11,513.69 | (18.) $ 11,513.69 |
| 4. Other Receipts (Schedule 2A-1, Column 6) | (4.) $ | | (19.) $ |
| **5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS** (Add line 3c + Line 4) | (5.) $ | 11,513.69 | (20.) $ 11,513.69 |
| **IN-KIND CONTRIBUTIONS** | | | |
| 6. In-Kind Contributions a. Itemized (Schedule 2-IK, Column 7) | (6a.) $ | 1307.70 | |
| b. Unitemized (less than $20.01 each - no Schedule) | (6b.) $ | NOT APPLICABLE | |
| **7. TOTAL IN-KIND CONTRIBUTIONS** (Add Line 6a + Line 6b) | (7.) $ | 1307.70 | (21.) $ 1307.70 |
| **EXPENDITURES** | | | |
| 8. Expenditures a. Itemized Direct (Schedule 2B, Column 7) | (8a.) $ | 2902.31 | |
| b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6) | (8b.) $ | | |
| c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7) | (8c.) $ | | |
| d. Unitemized (less than $50.01 each - no Schedule) | (8d.) $ | 45.69 | |
| e. Subtotal of Expenditures | (8e.) $ | 2948.00 | (22.) $ 2948.00 |
| 9. Independent Expenditures (Schedule 2B-1, Column 7) | (9.) $ | | (23.) $ |
| **10. TOTAL EXPENDITURES** (Add Line 8e + Line 9) | (10.) $ | 2948.00 | (24.) $ 2948.00 |
| **IN-KIND EXPENDITURES** | | | |
| 11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8) | (11.) $ | | (25.) $ |
| **DEBTS AND OBLIGATIONS** | | | |
| 12. Debts and Obligations a. Owed **by** the Committee (Schedule 2E) | (12a.) $ | | |
| b. Owed **to** the Committee (Schedule 2E) | (12b.) $ | | |

**BALANCE STATEMENT**

| | | |
|---|---|---|
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) $ | 58.00 |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I) | (14.) + | 11,513.69 |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = | 11,571.69 |
| 16. Amount expended during reporting period (Line 10, Total Expenditures - Column I) | (16.) - | 2,948.00 |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) $ | 8,623.69 * |

***If your ending balance is negative, please recheck your math.**

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 2A**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970
2. Committee Name MACOMB TOWNSHIP LEADERSHIP PAC

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|---|---|

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-17-13
Name & Address:
JAMES R. GELIOS
16822 WHITE PLAINS DR.
MACOMB, MI. 48044

$ 100 $ 100

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

Click Here for Memo Itemization Type

Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-20-13
Name & Address:
EDWARD A. BARLEY, JR.
51404 ROYAL LINKS CT.
MACOMB, MI. 48042

$ 191.31 $ 191.31

Click Here for Memo Itemization Type

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

Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-25-13
Name & Address:
ROY ROSE
55620 WOODRIDGE DR.
SHELBY, MI. 48316

$ 550 $ 550

Click Here for Memo Itemization Type

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

Occupation ENGINEER Employer ANDERSON, ECKSTEIN & WESTRICK, INC.
Business Address 51301 SCHOENHERR RD., SHELBY, MI. 48315
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-2-13
Name & Address:
DANIEL HICKEY
20749 VESPER
MACOMB, MI. 48044

$ 200 $ 200

Click Here for Memo Itemization Type

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

Occupation ASSESSOR Employer TOWNSHIP OF MACOMB
Business Address 54111 BROUGHTON RD., MACOMB, MI. 48042
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 1041.31

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 2A**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970
2. Committee Name MACOMB TWP. LEADERSHIP PAC

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|---|---|

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt _____
Name & Address:
VITO SERRA
11145 E. 7 MILE RD.
DETROIT, MI. 48234

$ 100 $ 100

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-26-13
Name & Address:
STACY K. CERGET
43279 SCHOENHERR
STERLING HEIGHTS, MI. 48313

$ 100 $ 100

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt _____
Name & Address:
JASON BERNOT
53287 JOANN MARIE
CHESTERFIELD, MI. 48047

$ 100 $ 100

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt _____
Name & Address:
BRAD FEDDERS
5024 ROCKDALE CT.
STERLING HTS., MI. 48310

$ 100 $ 100

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

| | |
|---|---|
| Page Subtotal | 400 |
| Grand Total of All Schedules 2A (Complete on last page of Schedule) | |

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 2A**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970

2. Committee Name MACOMB TWP. LEADERSHIP PAC

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-27-13
Name & Address:
PATRICK S. MEAGHER
30464 23 MILE RD.
CHESTERFIELD, MI. 48047

$ 500 | $ 500

5. If over $100.00 cumulative, please provide:
Occupation PRESIDENT Employer COMMUNITY PLANNING & MGMT
Business Address 30464 23 MILE RD., CHESTERFIELD, MI. 48047
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-25-13
Name & Address:
GINA MUSZYNSKI
42012 LITTLE RD.
CLINTON, MI. 48036

$ 100 | $ 100

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt _____
Name & Address:
SARA BUSCAINO
49377 BULLDOG
MACOMB, MI. 48044

$ 100 | $ 100

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation SUPERVISOR Employer FIRE DEPT., MACOMB TWP.
Business Address 16820 25 MILE RD., MACOMB, MI. 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-2-13
Name & Address:
JASON GELLE
P.O. BOX 183110
SHELBY, MI. 48318

$ 500 | $ 500

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation FACILITY SUP. Employer TOWNSHIP OF MACOMB
Business Address 54111 BROUGHTON RD., MACOMB, MI. 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal 1200

Grand Total of All Schedules 2A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 2A**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970

2. Committee Name MACOMB TWP. LEADERSHIP PAC

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-26-13
Name & Address:
BEN PAUZUS, JR.
56431 TATTON PARK DR.
MACOMB, MI. 48042

$ 350 | $ 350

5. If over $100.00 cumulative, please provide:
Occupation GEN. MGR. Employer BILSING AUTOMATION NORTH AMERICA
Business Address 20100 CORNILLIE DR., ROSEVILLE, MI. 48066
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-26-13
Name & Address:
KEVIN ARFT
52595 SAWMILL CREEK DR.
MACOMB, MI. 48042

$ 60 | $ 60

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-25-13
Name & Address:
NANCY J. NEVERS
49699 LEHR DR.
MACOMB, MI. 48044

$ 150 | $ 150

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation TRUSTEE Employer TOWNSHIP OF MACOMB
Business Address 54111 BROUGHTON RD., MACOMB, MI. 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt _____
Name & Address:
CLIFFORD FREITAS
48251 VILLAGE DR.
MACOMB, MI. 48044

$ 200 | $ 200

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation TRUSTEE Employer TOWNSHIP OF MACOMB
Business Address 54111 BROUGHTON RD., MACOMB, MI. 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal 760

Grand Total of All Schedules 2A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 2A**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970
2. Committee Name MACOMB TOWNSHIP LEADERSHIP PAC

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|---|---|

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-20-13
Name & Address:
CHERYL L. GREGORY
3220 PINECREST WAY
AUBURN HILLS, MI. 48326

$ 350.00 $ 350

5. If over $100.00 cumulative, please provide:
Click Here for Memo Itemization Type
Occupation ENGINEER Employer SPAULDING DE DECKER ASSOC.
Business Address 905 S. BLVD. EAST, ROCHESTER HILLS, MI. 49307
Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-18-13
Name & Address:
WILLIAM L. JARVIS
41800 EXECUTIVE DR.
HARRISON TWP., MI. 48045

$ 350.00 $ 350

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation PRESIDENT Employer JARVIS PROPERTY RESTORATION
Business Address 41800 EXECUTIVE DR, HARRISON TWP., MI. 48045
Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-13-13
Name & Address:
BOB B. IVANOVSKI
51493 SHADY WOOD DR
MACOMB, MI. 48042

$ 400.00 $ 400

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation IT MANAGER Employer TOWNSHIP OF MACOMB
Business Address 54111 BROUGHTON RD. MACOMB, MI. 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-17-13
Name & Address:
ROGER M. KRZEMINSKI
47535 CHRYS RD.
MACOMB, MI. 48044

$ 100.00 $ 100

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal 1200
Grand Total of All Schedules 2A (Complete on last page of Schedule)
Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 2A**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970

2. Committee Name MACOMB TOWNSHIP LEADERSHIP PAC

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|---|---|

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-12-13
Name & Address:
DAVID L. POTTER
3821 N. ADAMS RD.
BLOOMFIELD HILLS, MI. 48304

$ 500.00 $ 500

5. If over $100.00 cumulative, please provide:
Click Here for Memo Itemization Type
Occupation ENGINEER Employer FISHBECK, THOMPSON, CARR, HUBER
Business Address 39500 MACKENZIE DR., NOVI, MI. 48377
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-5-13
Name & Address:
BENNY ADDELIA
18524 SABINE DR.
MACOMB, MI. 48042

$ 150.00 $ 150

Click Here for Memo Itemization Type
5. If over $100.00 cumulative, please provide:
Occupation CO-OWNER Employer COUNTRY INN OF MACOMB
Business Address 51292 ROMEO PLANK RD., MACOMB, MI. 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-11-13
Name & Address:
BILLY CARUSO
19925 APACHE DR.
CLINTON TWP., MI. 48038

$ 150.00 $ 150

Click Here for Memo Itemization Type
5. If over $100.00 cumulative, please provide:
Occupation OWNER Employer CONEY GRILLE
Business Address 50882 ROMEO PLANK RD. MACOMB, MI. 48044
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-18-13
Name & Address:
PETER C. BARBIERI
52312 MATTERHORN DR.
MACOMB, MI. 48042

$ 100.00 $ 100

Click Here for Memo Itemization Type
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

| | |
|---|---|
| Page Subtotal | 900 |
| Grand Total of All Schedules 2A (Complete on last page of Schedule) | |

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 2A**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970
2. Committee Name MACOMB TWP - LEADERSHIP PAC

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|---|---|

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-26-13
Name & Address:
KENNETH STAMPER
42822 GARFIELD RD. SUITE
CLINTON, MI. 48038

$ 200 $ 200

5. If over $100.00 cumulative, please provide:
Occupation OWNER Employer STAMER FACILITY MGMT.
Business Address 42822 GARFIELD, STE 105, CLINTON TWP, MI. 48038
Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt
Name & Address:
VITO BOMMARITO
36578 MORAVIAN
CLINTON TWP., MI. 48035

$ 100 $ 100

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation OWNER Employer VITO'S BAKERY
Business Address 36578 MORAVIAN, CLINTON TWP., MI 48035
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-26-13
Name & Address:
JOE SYKES
23225 24 MILE RD.
MACOMB, MI. 48042

$ 150 $ 150

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation OWNER Employer SUPERIOR LOCK & KEY
Business Address 63½ S. ROCHESTER RD. ROCHESTER HILLS, MI. 48307
Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-2-13
Name & Address:
JANET DUNN
55301 BROUGHTON RD.
MACOMB, MI. 48042

$ 150 $ 150

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation SUPERVISOR Employer TOWNSHIP OF MACOMB
Business Address 54111 BROUGHTON RD., MACOMB, MI. 48042
Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal 600
Grand Total of All Schedules 2A (Complete on last page of Schedule)
Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 2A**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 38970
2. Committee Name MACOMB TWP. LEADERSHIP PAC

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|---|---|

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-27-13
Name & Address:
MARK KWIATKOWSKI
19607 NEPTUNE CT.
NORTHVILLE, MI. 48167

$ 300 $ 300

5. If over $100.00 cumulative, please provide:
Occupation OWNER Employer DIRECT FITNESS SOLUTIONS
Business Address 600 TOWER RD., MUNDELEIN, IL. 60060
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-30-13
Name & Address:
LUIGI V. FERDINANDI
16481 COMMON RD.
ROSEVILLE, MI. 48066

$ 400 $ 400

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation CEMENT CONTRACTOR Employer LUIGI FERDINANDI & SON CEMENT CO.
Business Address 16481 COMMON RD., ROSEVILLE, MI. 48066
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-30-13
Name & Address:
DON KING
30224 FREDA DR.
WARREN, MI. 48093

$ 150 $ 150

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation SALES REP Employer ALL PRO EXERCISE
Business Address 45255 FIVE MILE RD., PLYMOUTH, MI. 48170
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-2-13
Name & Address:
MICHAEL D. KOEHS
47211 MISSION VALLEY E.
MACOMB, MI. 48042

$ 100 $ 100

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal 950
Grand Total of All Schedules 2A (Complete on last page of Schedule)
Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 2A**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970
2. Committee Name MACOMB TWP. LEADERSHIP PAC

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|---|---|

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-2-13
Name & Address:
STACY VAN REYENDAM
26623 PATTYN DR.
CHESTERFIELD, MI. 48051

$ 100 $ 100

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

Click Here for Memo Itemization Type

Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-2-13
Name & Address:
KEVIN DERAS
15706 TRANQUIL
MACOMB, MI. 48042

$ 100 $ 100

Click Here for Memo Itemization Type

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

Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-2-13
Name & Address:
WENDY DERAS
15706 TRANQUIL
MACOMB, MI. 48042

$ 100 $ 100

Click Here for Memo Itemization Type

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

Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-2-13
Name & Address:
BRISIDA T. BIBASHANI
52844 KARON DR
MACOMB, MI. 48042

$ 250 $ 250

Click Here for Memo Itemization Type

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

Occupation CLEANING Employer AMERICAN CLEANING CO.
Business Address 52844 KARON DR., MACOMB, MI. 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

| | |
|---|---|
| Page Subtotal | 550 |
| Grand Total of All Schedules 2A (Complete on last page of Schedule) | |

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 2A**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970

2. Committee Name MACOMB TWP. LEADERSHIP PAC

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|---|---|

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-2-13
Name & Address:
MATTHEW GIACONA
14449 FOUR LAKES DR.
STERLING HTS., MI. 48313

$ 100 ✓ $ 100

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-4-13
Name & Address:
KIM ALEXANDER
1749 HAMILTON RD.
OKEMOS, MI. 48864

$ 400 ✓ $ 400

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation SALES REP Employer MIRACLE OF MIDWEST
Business Address 1749 HAMILTON RD., OKEMOS, MI. 48864
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-4-13
Name & Address:
MARY DICARO
16766 MARKWOOD
MACOMB, MI. 48042

$ 200 ✓ $ 200

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation REC. SPECIALIST Employer ROCHESTER AVON RECREATION AUTHORITY
Business Address 500 E. 2ND AVE, ROCHESTER, MI. 48307
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-5-13
Name & Address:
CA PAPARELLI
37192 BRETT DR.
NEW BALTIMORE, MI. 48047

$ 35 ✓ $ 35

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal 735

Grand Total of All Schedules 2A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 2A**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970
2. Committee Name MACOMB TWP. LEADERSHIP PAC

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|---|---|

✓ 3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-5-13
Name & Address:
DOUGLAS E. FOWLER
22548 AMHERST
ST. CLAIR SHORES, MI. 48081

$ 100 ✓ $ 100

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization Type

✓ 3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-5-13
Name & Address:
THOMAS McMANAMAN
46173 PLUMGROVE
MACOMB, MI. 48044

$ 400 ✓ $ 400

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation FIREFIGHTER Employer City of DETROIT
Business Address 2 WOODWARD AVE, DETROIT, MI. 48226
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

✓ 3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-4-13
Name & Address:
JAMES MOLICONE
16146 MILLAR
CLINTON TWP., MI. 48036

$ 800 ✓ $ 800

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation MANAGER Employer METRO ENVIRONMENTAL HEATING & COOLING
Business Address 857 E. MAIN ST., LEWISVILLE, TX 75057
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

✓ 3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-5-13
Name & Address:
CHRISTOPHER A. STEPP
5403 BAYWOOD DR.
LOUISVILLE, KY. 40241

$ 100 ✓ $ 100

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

| | |
|---|---|
| Page Subtotal | 1400 |
| Grand Total of All Schedules 2A (Complete on last page of Schedule) | |

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 2A**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970
2. Committee Name MACOMB TWP. LEADERSHIP PAC

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-5-13
Name & Address:
ROBERT W. PALMER
14888 ROSLYN RD.
GROSSE POINTE WOODS, MI 48236

$ 100 $ 100

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-1-13
Name & Address:
PAUL F. OETTER
434 WOODGATE CT.
WILLOWBROOK, IL. 60527

$ 100 $ 100

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-7-13
Name & Address:
DANIEL FAIRLESS
1617 DONALD AVE.
ROYAL OAK, MI. 48073

$ 100 $ 100

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-5-13
Name & Address:
JOSEPH VANWELSENAERS
5181 SPRINGBORN RD.
CHINA, MI. 48054

$ 100 $ 100

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal 400
Grand Total of All Schedules 2A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 2A**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970
2. Committee Name MACOMB TWP. LEADERSHIP PAC

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|---|---|

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-2-13
Name & Address:
SALVATORE A. VELTRI
8720 W. NORTH TERRACE
NILES, IL. 60714

$ 100 $ 100

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

Click Here for Memo Itemization Type

Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-27-13
Name & Address:
STEVEN I. SCHNEIDER
885 FAIRVIEW RD.
HIGHLAND PARK, IL. 60035

$ 100 $ 100

Click Here for Memo Itemization Type

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

Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-29-13
Name & Address:
BRIAN K. LANGHAM
138 OXFORD AVE.
CLARENDON HILLS, IL. 60514

$ 100 $ 100

Click Here for Memo Itemization Type

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

Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-5-13
Name & Address:
RITA POLIZZI
46204 TURNBUCKLE LN.
MACOMB, MI. 48044

$ 100 $ 100

Click Here for Memo Itemization Type

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

Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal 400
Grand Total of All Schedules 2A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 2A**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970
2. Committee Name MACOMB TOWNSHIP LEADERSHIP P.A.C.

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|---|---|

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 11-12-13
Name & Address:
STEVE GRAUS
14600 LAKESIDE CIRCLE
STERLING HEIGHTS, MI. 48313

$ 160 $ 160

**5. If over $100.00 cumulative, please provide:**
Click Here for Memo Itemization Type
Occupation OWNER Employer D.C. SPORTS SHOP
Business Address 14600 LAKESIDE CIRCLE, STERLING HTS., MI. 48313
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-27-13
Name & Address:
MICHAEL BADAMO
21206 VESPER DR.
MACOMB, MI. 48044

$ 100 $ 100

Click Here for Memo Itemization Type
**5. If over $100.00 cumulative, please provide:**
Occupation ASST. BLDG. OFF Employer MACOMB TOWNSHIP
Business Address 54111 BROUGHTON RD., MACOMB, MI. 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 9-27-13
Name & Address:
SAL DiCARO
16766 MARK WOOD DR.
MACOMB, MI. 48042

$ 350 $ 350

Click Here for Memo Itemization Type
**5. If over $100.00 cumulative, please provide:**
Occupation DIRECTOR Employer MACOMB TWP. PARKS & REC
Business Address 54111 BROUGHTON RD., MACOMB, MI. 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10-1-13
Name & Address:
CHARLES S. PIERCE
39223 CANTERBURY DR.
HARRISON TWP., MI. 48045

$ 367.38 $ 367.38

Click Here for Memo Itemization Type
**5. If over $100.00 cumulative, please provide:**
Occupation RECORDS MGR Employer MACOMB TOWNSHIP
Business Address 54111 BROUGHTON RD., MACOMB, MI. 48042
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

| | |
|---|---|
| Page Subtotal | 977.38 |
| Grand Total of All Schedules 2A (Complete on last page of Schedule) | 11,553.69 |

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS**
**SCHEDULE 2-IK**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I. D. Number 138970

2. Committee Name MACOMB TWP. LEADERSHIP PAC

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs). | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Calendar Year (Through date in Item 5) |
|---|---|---|---|

**Contribution # 1** PAC Receipt? ☐ YES

Name & Address:
DALE HEID
17045 WHITE PLAINS DR.
MACOMB, MI. 48044

**If over $100.00 cumulative, please provide:**
Occupation: OWNER
Employer Name & Address:
LITHO PRINTING
21541 GRATIOT AVE
EASTPOINTE, MI. 48021

☒ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☒ Goods Donated or Loaned — $ 720.00 — $ 720.00
☐ Services Donated
☐ Goods or Services Purchased by Others
☐ Goods or Services Purchased by Others- **LOAN**
Click Here for Memo Itemization Type
Description HOLE SPONSORSHIP SIGNS
5. **DATE OF RECEIPT:** 10-5-13
6. **VENDOR NAME & ADDRESS:** LITHO PRINTING

**Contribution # 2** PAC Receipt? ☐ YES

Name & Address:
CHARLES S. PIERCE
39223 CANTERBURY DR.
HARRISON TWP., MI. 48045

**If over $100.00 cumulative, please provide:**
Occupation: RECORDS MANAGER
Employer Name & Address
MACOMB TOWNSHIP
54111 BROUGHTON RD.
MACOMB, MI. 48042

☒ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated
☒ Goods or Services Purchased by Others — $ 240 — $ 240
☐ Goods or Services Purchased by Others- **LOAN**
Click Here for Memo Itemization Type
Description GOLF CLUBS FOR FUND RAISER RAFFLE
5. **DATE OF RECEIPT:** 10-5-13
6. **VENDOR NAME & ADDRESS:** GOLFSMITH
15300 HALL RD.
CLINTON, MI. 48038

**Contribution # 3** PAC Receipt? ☐ YES

Name & Address:
CLIFFORD FREITAS
48251 VILLAGE DR.
MACOMB, MI. 48044

**If over $100.00 cumulative, please provide:**
Occupation: TRUSTEE
Employer Name & Address
MACOMB TOWNSHIP
54111 BROUGHTON RD.
MACOMB, MI. 48042

☒ Fund Raiser Contribution

4. ☐ Endorsement or guarantee of bank loan
☒ Goods Donated or Loaned — $ 300 — $ 300
☐ Services Donated
☐ Goods or Services Purchased by Others
☐ Goods or Services Purchased by Others- **LOAN**
Click Here for Memo Itemization Type
Description TABLE, WALL HANGING FOR RAFFLE
5. **DATE OF RECEIPT:** 10-5-13
6. **VENDOR NAME & ADDRESS:**

Page Subtotal 1260

Grand Total of all Schedules2-IK (Complete on last page of Schedule)

Enter this total on line 6a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED IN-KIND CONTRIBUTIONS
## SCHEDULE 2-IK
## INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I. D. Number 138970

2. Committee Name MACOMB TWP. LEADERSHIP PAC

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs). | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Calendar Year (Through date in Item 5) |
|---|---|---|---|

**Contribution # 1** PAC Receipt? ☐ YES

Name & Address:
ED CAREY
51404 ROYAL LINKS CT.
MACOMB, MI. 48042

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated
☒ Goods or Services Purchased by Others
☐ Goods or Services Purchased by Others- **LOAN**

$ 47.70 $ 47.70

Click Here for Memo Itemization Type

**If over $100.00 cumulative, please provide:**
Occupation:
Employer Name & Address:

Description GOLF BALLS FOR FUND RAISER

5. **DATE OF RECEIPT:** 9-30-13

6. **VENDOR NAME & ADDRESS:** GOLFSMITH
15300 HALL RD.
CLINTON, MI. 48038

☐ Fund Raiser Contribution

**Contribution # 2** PAC Receipt? ☐ YES

Name & Address:

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated
☐ Goods or Services Purchased by Others
☐ Goods or Services Purchased by Others- **LOAN**

$ _____ $ _____

Click Here for Memo Itemization Type

**If over $100.00 cumulative, please provide:**
Occupation:
Employer Name & Address

Description _____

5. **DATE OF RECEIPT:** _____

6. **VENDOR NAME & ADDRESS:**

☐ Fund Raiser Contribution

**Contribution # 3** PAC Receipt? ☐ YES

Name & Address:

4. ☐ Endorsement or guarantee of bank loan
☐ Goods Donated or Loaned
☐ Services Donated
☐ Goods or Services Purchased by Others
☐ Goods or Services Purchased by Others- **LOAN**

$ _____ $ _____

Click Here for Memo Itemization Type

**If over $100.00 cumulative, please provide:**
Occupation:
Employer Name & Address

Description _____

5. **DATE OF RECEIPT:** _____

6. **VENDOR NAME & ADDRESS:**

☐ Fund Raiser Contribution

| | |
|---|---|
| Page Subtotal | 47.70 |
| Grand Total of all Schedules2-IK (Complete on last page of Schedule) | 1307.70 |

Enter this total on line 6a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES**
**SCHEDULE 2B**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970

2. Committee Name MACOMB TWP. LEADERSHIP PAC

| 3. Name and address of person or vendor to whom the expenditure was made | 5. Candidate or Ballot Question Information | 6. Date | 7 Amount | 8. Cumulative for Election or Election Cycle |
|---|---|---|---|---|
| **Expenditure #1**<br>Name & Address:<br>BEST GOLF DEAL<br>4027 PARKVIEW DR.<br>ROYAL OAK, MI. 48073<br>4. Purpose: 8 DOZEN GOLF BALLS<br>☒ Fund Raiser | 5. _____ Name of Candidate<br>_____ Office Sought & District # or Jurisdiction<br>_____ County<br>_____ Ballot Proposal<br>☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement | 10-4-13 Date | $ 93.28 | $ 93.28<br>Click Here for Memo Itemization Type |
| **Expenditure #2**<br>Name & Address:<br>HARLAND CLARKE CHECKS<br>P.O. BOX 75000<br>DETROIT, MI. 48275<br>4. Purpose: BANK CHARGES - COMERICA<br>☐ Fund Raiser | 5. _____ Name of Candidate<br>_____ Office Sought & District # or Jurisdiction<br>_____ County<br>_____ Ballot Proposal<br>☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement | 5-1-13 Date | $ 53.03 | $ 53.03<br>Click Here for Memo Itemization Type |
| **Expenditure #3**<br>Name & Address:<br>FERN HILL GOLF CLUB<br>17600 CLINTON RIVER RD.<br>CLINTON, MI. 48038<br>4. Purpose: CATERING<br>☒ Fund Raiser | 5. _____ Name of Candidate<br>_____ Office Sought & District # or Jurisdiction<br>_____ County<br>_____ Ballot Proposal<br>☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement | 10-5-13 Date | $ 2,756.00 | $ 2,756.00<br>Click Here for Memo Itemization Type |
| **Expenditure #4**<br>Name & Address:<br>4. Purpose: _____<br>☐ Fund Raiser | 5. _____ Name of Candidate<br>_____ Office Sought & District # or Jurisdiction<br>_____ County<br>_____ Ballot Proposal<br>☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement | _____ Date | $ _____ | $ _____<br>Click Here for Memo Itemization Type |

Subtotal this page 2902.31

Grand Total of all Schedules 2B (Complete on last page of Schedule) 2902.31

Enter this total on line 8a of the Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 2F**
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138970

2. Committee Name MACOMB TWP. LEADERSHIP PAC

**- USE A SEPARATE SHEET FOR EACH EVENT -**

| 3. Date Event Was Held | 4. Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity | 6. Address and Name (If any) of the place where the activity was held |
|---|---|---|---|
| 10-5-2013 | 68 | GOLF OUTING | FERN HILL GOLF CLUB 17600 CLINTON RIVER CLINTON, MI. 48038 ☐ Private Residence |

7. Total Contributions 10,205.00

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8) 10,205.00

10. Total Cost of Event 2,756.00

*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 Direct Contributions Schedule (2A), Itemized In-Kind Contributions Schedule (2-IK), Itemized Expenditures Schedule (2B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.