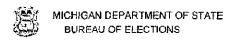


#### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

### CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed the treasurer (or designated record keeper) and candidate	by 3. This Statement covers:	om01/01/14 to 07/20/1	4			
1. Committee I.D. Number	4. Candidate Last Name	First Name	M.I.			
138835	Klinefelt	Veronica	L.			
2. Committee Name	<b>*</b>	4a. Office Sought Including District # or Community Served (If applicable)  County Commissioner D3				
Committee to Elect Veronica Klinefelt County Commission	oner 4b. County of Residence MA	COMB				
5. Committee's Mailing Address	6. Treasurer's Name & Reside	ential Address				
16143 Wilson	Veronica Klinefelt	Veronica Klinefelt				
Eastpointe, MI. 48021	16143 Wilson					
	Eastpointe, MI. 4802	Eastpointe, MI. 48021				
Area Code and Phone (586) 773-7123  If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	- Area Code & Phone (586) 77	73-7123 <b>3</b> \$.	- <del></del>			
7. Treasurer's Business Address		r's Name and Mailing Address (MR)	committee has a			
n/a	Designated Record Keeper)	Designated Record Keeper)				
11/0	n/a	mo(	FIL 22			
		<u> </u>				
		3-13				
		<u> </u>	i N			
		Cing S∞ <u>×</u>	₽ <b>~</b>			
Area Code and Phone	Area Code and Phone	9e. Dissolution of Candidate Cor				
9. TYPE OF STATEMENT	ired ONLY if candidate		1.010			
	t on the ballot for the nt year:	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here				
Pre-Election or Post-Election Statement relates to:	•	by discharged and forgiven and no the committee. The committee has	longer collectible from			
Jul Primary	y Quarterly	owes no lates fees or has any outsta				
General	tober Quarterly	Further, if the dissolution cannot be granted, that this be				
Convention		considered a request for the Reporti	ing Waiver.			
Special 9c.	Tanada Chatanana (					
School	Annual Statement ()  Coverage Year	Effective date of dissolution	อก			
Caucus 9d.	Amendment to Campaign Statement					
	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	Note: The disposition of residual fur Schedule 18 and the Summary Pag				
Date of Election, Convention or Caucus	anichiceu.)					
08/05/14						
10. Verification: I/We certify that all reasonable diligence wa	s used in the preparation of this statem	lent and attached schedules (if any) a	nd to the best of			
my\our knowledge and belief the contents are true, accurate	and complete.	<b>à</b>				
Current Treasurer or Designated Record Keeper  Type or Print Name	EHI LLIONER BLE Signature	ndell pate 7-3	72-2014			
candidate Versaica Kline Feli	- Cerra Elex	Aul- Date 7-	72-2014 72-2014			
Type or Print Name	Signature	/				



1. Committee I.D. Number 138835

2. Committee Name Committee 18 Elect Verania Klipolotic County Coun **SUMMARY PAGE** CANDIDATE COMMITTEE

CANDIDATE COMMITTEE	2. Committee Name ( 677747) 24 78 8	County Comit
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Surrouative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ _200.00	_
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	_
c. Subtotal of "Contributions"	(3c.) \$_\$0.00	(18.) \$ \$0.00
4, Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS  (Add Line 3c + Line 4)	(5.) \$ _\$0.00	(20.) \$ \$0.00
N-KIND CONTRIBUTIONS & EXPENDITURES		
6. in-Kind Contributions (Schedule 1-lK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	_
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	_
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$180.24	_
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$180.24	(23.) \$ \$390.24
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements     a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	
DEBTS AND OBLIGATIONS	(11) P	
Debts and Obligations     Owed by the Committee (Schedule 1E)	(12a.) \$ _\$5,000.00	_
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	· · · · · · · · · · · · · · · · · · ·
13. Ending Balance of last report filed	(13.) \$ <u>\$60.31</u>	<del></del>
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ \$200.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$260.31	
15, SUBTOTAL Add lines 13 and 14 16, Amount expended during reporting period	<b>6400 04</b>	
(Add fines 9 and 11)	(16.) - \$ \$180.24	
17. ENDING BALANCE	(17.) \$ \$80.07	

1 1 Page 1 of 1

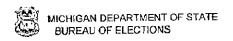
### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 138835

Page.

C	ANDIDATE (	COMMITTEE		2. Committee Name	indee to Elect verbrics	Ninelett County Commissioner
	ox to indicate if cont	ribution is from a Political (		enter last name, first name, ittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1  Name & Address:	PAC Receipt?	YES 4. Date of	Rece	ipt <u>02/10/14</u>		
Veronica Klinefe 16143 Wilson Eastpointe, MI.					<sub>\$</sub> 200.00	<sub>ξ</sub> 200.00
5. If over \$100.00 cun		vide:				
Occupation County		Employer County			Click Here I	or Memo Itemization
Business Address 15	South Main St. 9	th Floor, Mt. Clemen	s, MI.	. 48043		
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution #2     Name & Address	PAC Receipt?	YES 4. Date of	Recei	pt		
					\$	\$
5. If over \$100.00 cum	ıulative, please pro	vide:			Click Here for	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution # 3     Name & Address:	PAC Receipt?	YES 4. Date o	f Rece	sipt		
					\$	_ \$
5. If over \$100.00 cun	nulative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		Employer				
Business Address	Direct	Logo from a nomen		7 Fund Boiner		
Type of Contribution:		Loan from a person	<u></u>	Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?	YES 4. Date of	of Rec	eipt		
					8	\$
5. If over \$100.00 cun	nulative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
				Page Subtotal	\$200.00	
				rand Total of All Schedules 1A plete on last page of Schedule)	\$200.00	
4 1			(Can	proce on two page or considere)	Enter this total on line 3a of Summar	y



## DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 1388

138835

COTIEDOLE TE	Committee 1	DETECT VERONICA KIIN	elek County Col	HILISSIDARE
CANDIDATE COMMITTEE 2. C	ommittee Name			
This Schedule Itemizes:		<del></del>		
a Debts and obligations owed by or forgiven the com	mittee OR b. Debts	and obligations owed <u>to</u> or	r forgiven <u>by</u> the com	mittee.
(Che 3. Name and Mailing Address of person, vendor or	ck either a or b. Use only for the put  4. Type of Obligation	7. Date and amount of	8. Cumulative	9. Outstanding
financial institution to whom debt is owed.	(Description)	each payment	payment to date on debt	Balance at close of this period
Check box to indicate whether debt is owed to an	Indicate date debt was incurred		44.5 4.1 4551	(item 6 minus
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	Indicate original amount     of debt			Item 8)
guarantors, if any.				
Debt #1 Corp? Yes Owed to or by:	4. Type: Loan	\$		
Veronica Klinefelt	5. Date Debt Was Incurred:	\$		
16143 Wilson	06/29/12	\$		\$ 5,000.00
Eastpointe, MI. 48021	6. Original Amount of Debt:	\$	\$ <u>0.00</u>	\$_5,660.60
	s 5,000.00	Ф		FORGIVEN
		\$		
If bank loan, name of endorser or guarantor.		Am	ount Endorsed: \$ —	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
,	5. Date Debt Was Incurred.	\$		
	6. Original Amount of Debt:	\$		s
	6. Unginal Ambulit of Debt.	\$	' \$	
	\$	\$		FORGIVEN
		Δι	mount Endorsed: \$_	
If bank loan, name of endorser or guarantor.  Debt #3 Corp? Yes				
Debt #3 Corp? Yes Owed to or by:	4. Type:	<u> </u>		
	5. Date Debt Was Incurred:	\$		İ
		\$		[ <sub>e</sub>
	6. Original Amount of Debt	\$	¹ \$	
	\$	S		FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
T DE INCOMP				\$5,000.00
		Page Subtota	al (Outstanding debt)	<b>V</b>
	Complete on last page of Schedule	Grand Tota showing amounts owed by	of all Schedules 1E or to the committee)	
A debt or obligation must be shown on this Scher this Campaign Statement or it was forgiven during	tule if there was an outstanding a	mount owed on it at the		Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page
Page 1 of 1				