## CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

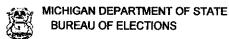
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	signed by andidate.	3. This Statement covers:	om07/21/14 to 1	0/20/14				
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.				
138792		Goodhue	Karen	M				
		4a. Office Sought Including District # or Community Served (If applicable)						
2. Committee Name		Macomb Township T	reasurer					
CTE Karen M. Goodhue	}	4b. County of Residence MA	4b. County of Residence MACOMB					
5. Committee's Mailing Address		6. Treasurer's Name & Resid	ential Address					
55960 Luchtman Rd.		Karen Goodhue	*	• • •				
Macomb, MI 48042		55960 Luchtman Ro	d.	350 -				
		Macomb, MI 48042		100 4 OCT				
Area Code and Phone (586) 781-9768				T 27				
If the address in this box is different from the comm mailing address on the Statement of Organization, i be sent to this address by the filing official.	ittee mail may	Area Code & Phone (586) 7	81-9768	No. MARCHANA A PLEASE MARCHANA				
7. Treasurer's Business Address	8. Designated Record Keeper Designated Record Keeper)	8. Designated Record Keeper's Name and Mailing Address (If the committee has a						
Area Code and Phone		Area Code and Phone						
9. TYPE OF STATEMENT			9e. Dissolution of Candida	ate Committee				
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the	By checking this item I/V	We certify any outstanding debt				
Pre-Election or Post-Election Statement relates to:	current year:		by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.					
	July Quart	terly						
Primary Primary			OWCS IN IRICS ICCS OF IRS AT	y outstanding dept.				
General	October C	luarterly	Further, if the dissolution can	not be granted, that this be				
Convention			considered a request for the l	Reporting Waiver.				
Special	9c. 🔀 Annua	al Statement (2014)	Effective date of di	ssolution				
School	<u> </u>	Coverage Year						
Caucus	(Com	dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	Note: The disposition of residue 1B and the Summa	dual funds must be reported on ary Page.				
Date of Election, Convention or Caucus								
				·				
10. Verification: I\We certify that all reasonable dilige	ence was used	in the preparation of this statem	nent and attached schedules (if	any) and to the best of				
my\our knowledge and belief the contents are true, and Current Treasurer or Karen Goodh	accurate and co	omplete.	<i>M</i> -					
Designated Record Keeper Type or Print Name	u <b>c</b>	Sighature Sighature	Date Date	10/22/2014				
Candidate Karen M. Goodhue		Haus M.S.	Swelline Date	10/22/2014				
Type or Print Name		/\Signature /	<del></del>					

1	Committee	ID.	Number
٠.	COMMITTEE	1.1.	IVUITIDE

. 138792

## SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
0. 00///	4.075.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 1,975.00	
h 11-11-1-1-1 (1-1-1)		
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
· ·	(00.)	(16.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5 TOTAL CONTRIBUTIONS AND OTHER PROPERTY	(5.) \$ \$1,975.00	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\psi 1,973.00</u>	(20.) \$
(Add Line 30 · Line 4)		
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.) \$
	( · / Ψ	(22.) \$
EXPENDITURES		ĺ
8 Fyranditum		
8. Expenditures	****	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$200.00	
, , , , , , , , , , , , , , , , , , , ,		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
c. Onkemized (less trial \$50.01 each - 110 Schedule)		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$200.00	(23.) \$
· ·		
INCIDENTAL EXPENSE DISBURSEMENTS		
(Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(40h ) #	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)		
	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
,		
b. Owed to the Committee (Schedule 1E)	/4.0% > #	
	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) <b>\$</b> \$113.36	
(Enter zero if no previous reports have been filed.)	\$1 075 00	
Amount received during reporting period     (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$1,975.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$2,088.36</u>	
16. Amount expended during reporting period	\$000 no	
(Add lines 9 and 11)	(16.) - \$ \$200.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$1,888.36 *	
(Capado line to light site 13)	(17.) \$ \$1,888.36	



1. Committee I.D. Number

138792

#### **CANDIDATE 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)	
3. Contribution # 1	PAC Receipt?		YES 4. Date of Re	ceip	t 08/13/14		
Name & Address:  Scott, Lawrence M. 12900 Hall Rd. Sterling Hgts, MI 48313  5. If over \$100.00 cumulative, please provide:						<sub>\$</sub> 70.00	\$
						Click Here fo	or Memo Itemization
Occupation	VI 161. J.	-	Employer		· · · · · · · · · · · · · · · · · · ·		
Business Address Type of Contribution:	Direct		Loan from a person		Fund Raiser		
Contribution #2     Name & Address	PAC Receipt?		YES 4. Date of Rec	ceipt	08/13/14		
Esordi, Thomas D. 8633 Sarah Ln. Grosse Isle, MI 4813	3					<sub>\$</sub> _70.00	\$
5. If over \$100.00 cum	ulative, p <del>l</del> ease pro	vide	<b>:</b> :			Click Here fo	r Memo Itemization
Occupation	· · · · · · · · · · · · · · · · · · ·	. Er	nployer				
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of Re	ceip	ot 08/13/14		·
Addis, Albert B. 38069 Woodcre Clinton Twp. MI						\$ 70.00	\$ Memo Itemization
5. If over \$100.00 cum	ulative, please pro	vide	<b>)</b> :			Click Hele IO	Wemo itemization
Occupation		. E	Employer				
Business Address Type of Contribution:	Direct	_	Loan from a person		·		
3. Contribution # 4		_			Fund Raiser		
Name & Address	PAC Receipt?	L	YES 4. Date of Re	ecei	pt 09/16/14		
Greg Prost 500 Griswold Detroit, MI 4822						<sub>\$</sub> 35.00	\$
5. If over \$100.00 cum	ulative, please pro	vide	<b>9</b> :			Click Here for	Memo Itemization
Occupation		-	Employer	··			
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
					Page Subtotal	\$245.00	
1					nd Total of All Schedules 1A ete on last page of Schedule)	Enter this total on line 3a of Summary	
Page of						Page.	



#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number

138792

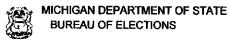
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.					6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
Contribution # 1 Name & Address:	PAC Receipt?		YES 4. Date of	Receip	ot 09/16/14	•	T date of receipt)
Bush, Thomas			_				
20701 Park Pla	ce Ln.					25.00	
Clinton Twp, Mi	48038					<sub>\$</sub> 35.00	<b>\$</b>
5. If over \$100.00 cun	nulative, please pro	vid	e:			Click Horo fi	on Nicona Hausination
Occupation		_	Employer			Click Here to	or Memo Itemization
Business Address							
Type of Contribution:	Direct		Loan from a person	$\checkmark$	Fund Raiser		
Contribution #2  Name & Address	PAC Receipt?		YES 4. Date of I	Receip	t 09/16/14		
Bucci, Dino							
49280 Willowoo	d					<sub>\$</sub> 35.00	\$
Macomb MI 480	144						
5. If over \$100.00 cum	ulative, please pro	vid	<b>:</b> :			Click Here fo	r Memo Itemization
Occupation		_ Er	nployer		****		
Business Address							
Type of Contribution:	Direct		Loan from a person	$\checkmark$	Fund Raiser		
Contribution # 3     Name & Address:	PAC Receipt?		YES 4. Date of	Recei	ot 09/16/14		***
Gross, Permilia						25.00	
52090 Heathers	tone					<sub>\$</sub> 35.00	\$
Macomb, MI 486						Click Horo for	Memo Itemization
5. If over \$100.00 cum	ulative, please pro	vid	<b>):</b>			Click nere to	wemo itemization
Occupation	······································	. 6	mployer				
Business Address							
Type of Contribution:	Direct		Loan from a person	✓	Fund Raiser		
Contribution # 4  Name & Address	PAC Receipt?		YES 4. Date of	Recei	pt 09/16/14		
Taravella, Andre							
47256 Hidden M						<sub>\$</sub> 35.00	\$
Macomb, MI 480 5. If over \$100.00 cum		viele	۸۰				
	diativo, piease più	VICE	·			Click Here for	Memo Itemization
Occupation			Employer	···			
Business Address					· · · · · · · · · · · · · · · · · · ·		
Type of Contribution:	Direct		Loan from a person	$\checkmark$	Fund Raiser		
			-		Page Subtotal	\$140.00	
				Gra	nd Total of All Schedules 1A		"
			(0		ete on last page of Schedule)	Enter this total on	
2 of						line 3a of Summary Page.	



#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_138792

Enter contributor's nan middle initial. Check b Committee (PAC) Rep	ox to indicate if cont	ribu	ibution is from an individu tion is from a Political Con rdless of amount.	al, en nmitte	ter last name, first name, se 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 Re	ceipt	09/16/14		
Stark, Beatrice							
55188 Romeo F	lank					05.00	
Macomb, MI 480						<sub>\$</sub> 35.00	\$
5. If over \$100.00 cum	ulative, please pro	vide	<b>:</b>			<b>6</b> 7	
Occupation		_ 1	Employer			Click Here to	or Memo Itemization
Business Address							
Type of Contribution:	Direct		Loan from a person	<b>√</b>	Fund Raiser		
Contribution #2     Name & Address	PAC Receipt?		YES 4. Date of Rec	ceipt	09/16/14		
Koss, Eva 19751 Yvonne [	)r					<sub>s</sub> 70.00	
Macomb, MI 480						\$	\$
5. If over \$100.00 cum		vide	:			Click Here fo	r Memo Itemization
Occupation		En	nployer				
Business Address							
Type of Contribution:	Direct		Loan from a person	<b>✓</b>	Fund Raiser		
Contribution # 3     Name & Address:	PAC Receipt?		YES 4. Date of Re	ceipt	09/16/14		
Meagher, Patric	k					05.00	
51276 Caroline						<sub>\$</sub> 35.00	\$
Chesterfield, MI	48047						· · · · · · · · · · · · · · · · · · ·
5. If over \$100.00 cum	ulative, please pro	vide	:			Click Here for	Memo Itemization
Occupation		E	mployer				
Business Address			· · · · · · · · · · · · · · · · · · ·	<b>-</b> ,			
Type of Contribution:	Direct		Loan from a person	<b>√</b>	Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?		YES 4. Date of Re	eceip	t 09/16/14		
Dunn, Janet							
55301 Broughto						<sub>s</sub> 35.00	
Macomb, MI 480	)42					Ψ	\$
5. if over \$100.00 cum	ulative, please pro	vide	:			Click Here for	Memo Itemization
Occupation		_	Employer				
Business Address							
Type of Contribution:	Direct		Loan from a person	<b>√</b>	Fund Raiser		
					Page Subtotal	\$175.00	
				Gran	d Total of All Schedules 1A		-
					e on last page of Schedule)	Enter this total on	J
Page of						line 3a of Summary Page.	

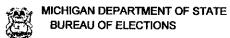


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1. Committee I.D. Number \_\_\_\_\_138792

Page.

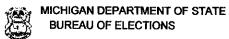
Enter contributor's nar middle initial. Check b Committee (PAC) Rep	ox to indicate if con	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
Contribution # 1     Name & Address:	PAC Receipt?		YES 4. Date of Receipt 09/24/14		date of receipt)
Rafferty, Carol 572 Bucknell Ct Rochester Hills,				<sub>\$</sub> 20.00	\$
5. If over \$100.00 cun	iułative, please pro	vid	e:	Office Harris	. N. a
Occupation		_	Employer	Click Here to	r Memo Itemization
Business Address	<del></del>				
Type of Contribution:	Direct		Loan from a person   Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Receipt 09/29/14		
Hickey, Daniel 20749 Vesper Macomb, MI 48	044			<sub>\$</sub> 35.00	\$
5. If over \$100.00 cum	ulative, please pro	vid	e:	Click Here fo	r Memo Itemization
Occupation	·	. E	nployer		
Business Address					
Type of Contribution:	Direct		Loan from a person		
Contribution # 3     Name & Address:	PAC Receipt?		YES 4. Date of Receipt 08/21/14		
Maciejewski, De 21597 Pinnacle Macomb, MI 480 5. If over \$100.00 cum	Ct 042	vid	e:	\$ 70.00 Click Here for	\$Memo Itemization
Occupation		į	Employer		
Business Address		-			
Type of Contribution:	Direct		Loan from a person  Fund Raiser		
Contribution # 4  Name & Address	PAC Receipt?		YES 4. Date of Receipt 08/18/14		
Koss, C Toni 1975 Axtell Dr Troy, MI 48084 5. If over \$100.00 cum	ulative please pro	vid	<b>D</b> *	§ 35.00	\$
	alacivo, picaso pro	***	••	Click Here for	Memo Itemization
Occupation	., .,	<del>-</del>	Employer		
Business Address					
Type of Contribution:	Direct		Loan from a person 🗸 Fund Raiser		
			Page Subtotal	\$160.00	
Pageof			Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	J



#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_138792

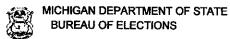
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.					6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1  Name & Address:	PAC Receipt?		YES 4. Date of Receipt 09/0	8/14		date of receipty
Brogowicz, Johi 14128 Towering Shelby Twp., M	Oaks				<sub>\$</sub> 35.00	\$
5. If over \$100.00 cun	nulative, please pro	vid	<b>9:</b>		Oliale Llama Se	
Occupation	**	_	Employer		Click Here it	or Memo Itemization
Business Address						
Type of Contribution:	Direct		Loan from a person Fund F	Raiser		
Contribution #2     Name & Address	PAC Receipt?		YES 4. Date of Receipt 09/12	2/14		
Rosso, Dorothy 46396 Peach G Macomb, MI 48					<sub>\$</sub> 15.00	\$
5. If over \$100.00 cum	ulative, please pro	vid	<b>):</b>		Click Here fo	r Memo Itemization
Occupation		E	nployer			
Business Address				<del></del>		
Type of Contribution:	Direct		Loan from a person 📝 Fund	Raiser		
Contribution # 3     Name & Address:	PAC Receipt?		YES 4. Date of Receipt 09/1	8/14		
Tomalavage, Sh 52203 Sawmill ( Macomb, MI 486	Creek				\$ 35.00	\$
5. If over \$100.00 cum	ulative, please pro	vid	<b>:</b>		Click Here to	wemo itemization
Occupation		ا ۔	Employer			
Business Address				<del></del>		
Type of Contribution:	Direct		Loan from a person / Fund	Raiser		
Contribution # 4     Name & Address	PAC Receipt?	L	YES 4. Date of Receipt 09/1	5/14		
Fortney, Steven 2399 Ethel Dr. Wolverine Lake,	MI 48390				<sub>\$</sub> 35.00	\$
5. If over \$100.00 cum	iulative, please pro	vid	<b>):</b>		Click Here for	Memo Itemization
Occupation		-	Employer			
Business Address						
Type of Contribution:	Direct		Loan from a person	Raiser		
			- First	Page Subtotal	\$120.00	
6				of All Schedules 1A st page of Schedule)	Enter this total on line 3a of Summary	
Page of	•				Page.	



#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_138792

middle initial. Check b	ox to indicate if con	contribution is from an intribution is from a Politic regardless of amount.	ndividual, e cal Commi	enter last name, first name, ttee 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. Dat	e of Recei	pt 09/19/14		
Gelle, Jason 50517 Murray Macomb, MI 48	044				<sub>\$</sub> 100.00	\$
5. If over \$100.00 cun	nulative, please pro	ovide:			Click Hara fo	or Memo Itemization
Occupation		Employer			CHCK Mere II	or Mento Remization
Business Address						
Type of Contribution:	Direct	Loan from a perso	on 🗸	Fund Raiser		
Contribution #2     Name & Address	PAC Receipt?	YES 4. Date	e of Receip	ot 09/19/14	· · · · · · · · · · · · · · · · · · ·	
Richardson, Sha 46841 Mornings Macomb, MI 486	side Dr				<sub>\$</sub> _70.00	\$
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here fo	r Memo Itemization
Occupation		Employer	· · · · · · · · · · · · · · · · · · ·			
Business Address						
Type of Contribution:	Direct	Loan from a perso	n 🗸	Fund Raiser		
Contribution # 3     Name & Address:	PAC Receipt?	YES 4. Dat	e of Recei	<sup>pt</sup> 09/18/14		
Dicaro, Salvator 16766 Markwoo Macomb, MI 480	d				<sub>\$</sub> 50.00	\$
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here for	Memo Itemization
Occupation		Employer				
Business Address						:
Type of Contribution:	Direct	Loan from a perso	n 🗸	Fund Raiser		
Contribution # 4  Name & Address	PAC Receipt?	YES 4. Da	te of Rece	ipt 09/19/14		
Miller, Milton 24475 23 Mile R Macomb, MI 480 5. If over \$100.00 cum	)42	nvido:			<sub>\$</sub> 35.00	\$
5. II 046/ \$100.00 Cull	wative, please pro	ovide.			Click Here for	Memo Itemization
Occupation		Employer		<del></del>		
Business Address						
Type of Contribution:	Direct	Loan from a perso	n 🗸	Fund Raiser		
				Page Subtotal	\$255.00	
J				ind Total of All Schedules 1A ete on last page of Schedule)	Enter this total on	
Page	-				line 3a of Summary Page.	



#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_

138792

Enter contributor's nam middle initial. Check be Committee (PAC) Repo	ox to indicate if cor	ntribution is from a Po	litical Commit	nter last name, first name, lee 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 Receip	t 09/19/14		
Forlini, Anthony	G					
39273 Chart	O					
Harrison, MI 480	45				<sub>\$</sub> 35.00	\$
5. If over \$100.00 cum		ovide:				-
Occupation		Employer			Click Here	for Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a pe	rson 🗸	Fund Raiser		
Contribution #2  Name & Address	PAC Receipt?	YES 4. D	ate of Receipt	09/19/14		
Switzer, Patricia	D					
35164 N Bay Cir					<sub>\$</sub> 35.00	\$
Harrison Twp, M	l 48045					- T
5. If over \$100.00 cum	ilative, please pro	ovide:			Click Here f	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a per	son 🗸	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. t	Date of Receip	<sup>t</sup> 09/19/14		
Gust, Julie M						
1255 Rugby Cir					<sub>\$</sub> 50.00	_ \$
Bloomfield Hills,	MI 48302					T
5. If over \$100.00 cum	ilative, please pro	ovide:			Click Here fo	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a per	rson 🗸	Fund Raiser		
3. Contribution # 4	PAC Receipt?	YES 4.	Date of Receip	ot		
Name & Address		<del></del>				
					\$	. <b>\$</b>
5. If over \$100.00 cumu	ilative inlease nm	vide:				
	•				Click Here fo	r Memo Itemization
Occupation	- VI	Employer				
Business Address						
Type of Contribution:	Direct	Loan from a per	rson	Fund Raiser		
-				Page Subtotal	\$120.00	
			Gran	d Total of All Schedules 1A		<del></del>
				te on last page of Schedule)	Enter this total on	
Page					line 3a of Summary	,



1. Committee I.D. Number \_\_\_\_138792

line 3a of Summary

Page.

#### **CANDIDATE COMMITTEE**

Enter contributor's name and address. If contribution is from an individual, enter last name, first nan 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.	ne, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 09/11/14 Name & Address:		
Huntington Assoc Good Gov Fund 801 W. Big Beaver Troy, MI 48084	<sub>\$</sub> 300.00	\$
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here fo —	r Memo Itemization
Business Address	<del>-</del>	
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/11/14  Name & Address	·	
Comerica Incorp. PAC po Box 75000 Detroit, MI 48275	<sub>\$</sub> 210.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/26/14  Name & Address:		
Flagstar Mich PAC 5151 Corporate Dr. Troy, MI 48098	<sub>\$</sub> 250.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address	•	
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Horo for	Memo Itemization
Occupation Employer	— Click Here lor	wento itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Sul	btotal \$760.00	
Grand Total of All Schedule	s 1A \$1,975.00	
(Complete on last page of Sche		J



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

138792

2. Committee Name Committee To Elect Karen Goodhue

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		<u></u>	
Name Karen Goodhue	;	09/15/14	\$ 200.00
Address	Purpose: food for breakfast	Date	\$ 200.00
55960 Luchtman Rd.			
Macomb, MI 48042	Click H	ere for Memo	Itemization Type
<b>√</b> Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name			•
Add		Date	\$
Address	Purpose:		
	Click He	ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name			
Address		Date	\$ <u></u>
7.000	Purpose:		:
	Click He	ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4	Setemon	<del></del>	
Name			
Address	Purpose:	Date	\$
	OI L L		
		re for Memo	Iternization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		;
Expenditure #5			
Name			
Address	Purpose:	Date	\$
	Click He	re for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtota	l this page	\$200.00
	Grand Total of all So		\$200.00

Enter this total on line 8a of Summary Page

Page \_\_\_\_ of \_\_\_



Summary Page.

Page \_\_\_\_\_ of \_\_\_\_

#### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

138792 1. Committee I.D. Number

2. Committee Name CTE Karen M. Goodhue

. Date Event Was Held	Number of Individuals Attending or Participating (whichever is	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.
9/19/14	greater) 27	Breakfast	Macomb Twp. Lions Harmonia North Ave Macomb Two Private Residence
Total Contributions	\$1,975.00		
Other Receipts			
Gross Receipts (Add lines 7	and 8)		
0. Total Cost of Event Total Cost includes In-Kind Contributions and All Expenditu			
	oint fund raiser and complete the	•	
Co-Sponsor(s)	Contribution S	-	Expenditure Split
	(%)		(%)
	- (%)	· 	
		<u>.                                    </u>	
	(%) 		
	(%) 		
	(%)		
	(%)		

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