



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

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CANDIDATE COMMITTEE
COVER PAGE

CARNELLA SABAUGH
MACOMB COUNTY CLERK
MACOMB COUNTY, MICHIGAN

FOR OFFICIAL USE ONLY

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

This statement covers From: 1/1/2015 To: 7/19/2015
Mo/Day/Year Mo/Day/Year

| | | | | | | | |
|--|--|--|--|-----------------------------|--|----------|--|
| 1. Committee I.D. Number 138747 | | 4. Candidate Last Name SADOWSKI | | First Name KEITH | | M.I. | |
| 2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI | | 4a. Office Sought Including District # or Community Served if applicable: WARREN CITY COUNCIL | | | | | |
| 5. Committee's Mailing Address 4759 HAYMAN DR WARREN MI 48092 Area Code & Phone 586-216-6377 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. | | 6. Treasurer's Name and Residential Address KEITH J SADOWSKI 4759 HAYMAN DR, WARREN, MI 48092 Area Code & Phone 586-216-6377 Driver License # (Optional) | | | | | |
| 7. Treasurer's Business Address Area Code & Phone | | 8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) KEITH J SADOWSKI 4759 HAYMAN DR, WARREN MI 48092 Area Code & Phone 586-216-6377 Driver License # (Optional) | | | | | |
| 9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 8/4/2015 Month Day Year | | | | | | | |
| 9c. <input type="checkbox"/> Annual Statement (Coverage Year) 9d. <input type="checkbox"/> Amendment to the Campaign Statement (Complete item 9a,9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. | | | | | | | |
| A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2,4,5,6,7 or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, 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 complete | | | | | | | |
| Current Treasurer or Designated Recordkeeper KEITH J SADOWSKI Type or Print Name | |  Signature | | Date 7/19/15 Mo/Day/Year | | | |
| Candidate KEITH SADOWSKI Type or Print Name | |  Signature | | Date 7/19/15 Mo/Day/Year | | | |



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 1387472. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

**SUMMARY PAGE
CANDIDATE COMMITTEE**

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|--|--|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>8400.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>Not Applicable</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>8400.00</u> | (18.) \$ <u>30,055.58</u> |
| 4. Other Receipts (Schedule 1A-1, Column 6) | (4.) \$ <u>0.00</u> | (19.) \$ <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>8400.00</u> | (20.) \$ <u>30,055.58</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>0.00</u> | (21.) \$ <u>430.48</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ <u>0.00</u> | (22.) \$ <u>0.00</u> |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>3,021.65</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ <u>0.00</u> | |
| c. Unitemized (less than 50.01 each - no Schedule) | (8c.) \$ <u>0.00</u> | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>3,021.65</u> | (23.) \$ <u>24,017.22</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ <u>0.00</u> | |
| b. Unitemized (less than 50.01 each - no Schedule) | (10b.) \$ <u>0.00</u> | |
| 11. INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ <u>0.00</u> | (24.) \$ <u>0.00</u> |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owned by the Committee (Schedule 1E) | (12a.) \$ <u>2,105.58</u> | |
| b. Owned to the Committee (Schedule 1E) | (12b.) \$ <u>0.00</u> | |
| BALANCE STATEMENT | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ <u>0.00</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>8400.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>8400.00</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>3,021.65</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>5378.35 5378.35</u> | |

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138747
2. Committee Name CH2 Keith Sadowski

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/5/15</u> | |
| Name & Address: <u>Walter Allen</u> <u>5533 N. Eldon</u> <u>W Bloomfield MI 48304</u> | | \$ <u>150</u> | \$ <u>150</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>ELDER</u> Employer <u>ALCO</u> Business Address <u>51301 Schoenherr Shelby Twp MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/10/15</u> | |
| Name & Address: <u>Mark Allen</u> <u>65424 CRIMSON</u> <u>WASHINGTON TWP MI 48094</u> | | \$ <u>75</u> | \$ <u>75</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/7/15</u> | |
| Name & Address: <u>Henry A. Wozniak</u> <u>24108 Albee</u> <u>Warren MI 48093</u> | | \$ <u>150</u> | \$ <u>150</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/2/15</u> | |
| Name & Address: <u>John Ave</u> <u>21 Kerckhoff Ave Ste 300</u> <u>Grosse Pointe Farms MI 48236</u> | | \$ <u>150</u> | \$ <u>150</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Ave & 20th MI PC</u> Business Address <u>See Above</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal 525

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

Enter this total on
line 3a of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747
2. Committee Name GE Keith Sabowski

| 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) |
|--|--|---------------|---|
| <p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/10/15</u></p> <p>Name & Address: <u>Rachel Badalamenti</u> <u>19500 Hall Rd Ste 100</u> <u>Clinton Twp MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk & Hutz</u> Business Address <u>See above</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>250</u> | \$ <u>250</u> |
| <p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/10/15</u></p> <p>Name & Address: <u>Henry Bowman</u> <u>8802 Chicago Rd</u> <u>Warren MI 48093</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>75</u> | \$ <u>75</u> |
| <p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/29/15</u></p> <p>Name & Address: <u>Richard Brodie</u> <u>23143 Sherwood</u> <u>Warren MI 48091</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>75</u> | \$ <u>75</u> |
| <p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/10/15</u></p> <p>Name & Address: <u>John Cavaliere</u> <u>30078 Schoepher</u> <u>Warren MI 48088</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>75</u> | \$ <u>75</u> |

Page Subtotal 495

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

Enter this total on
line 3a of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747
2. Committee Name Re Keith Sadowski

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>5/27/15</u> | |
| Name & Address: <u>Michael Chirco</u> <u>46600 Romeo Plank St S</u> <u>Macomb, MI 48044</u> | | \$ <u>150</u> | \$ <u>150</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>MJR Companies</u> Business Address <u>See above</u> | | Click Here for Memo Itemization | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/10/15</u> | |
| Name & Address: <u>John Daly</u> <u>100 Biddle Ave</u> <u>Wyandotte MI 48192</u> | | \$ <u>100</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance</u> Employer <u>Daly Martin</u> Business Address <u>See above</u> | | Click Here for Memo Itemization | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/12/15</u> | |
| Name & Address: <u>Reese Deaton</u> <u>596 W. Lapeer</u> <u>Lake Orion, MI 48362</u> | | \$ <u>100</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>The Bortrus Companies</u> Business Address <u>See above</u> | | Click Here for Memo Itemization | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/10/15</u> | |
| Name & Address: <u>Avis Phillip Easter</u> <u>26414 Yalmarkt</u> <u>Warren, MI 48089</u> | | \$ <u>75</u> | \$ <u>75</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ | | Click Here for Memo Itemization | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal 425

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

Enter this total on
line 3a of Summary
Page.

Page 3 of 15



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747
2. Committee Name Cte Keith Sadowski

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>5/30/15</u> | |
| Name & Address: <u>Robert Ellis</u> <u>21707 McArthur</u> <u>Warren, MI 48089</u> | | \$ <u>150</u> | \$ <u>150</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Driver</u> Employer <u>ELLISTOWING</u> Business Address <u>See above</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>6/10/15</u> | |
| Name & Address: <u>Firefighters Segregated Fund</u> <u>3272 12 Mile Rd Ste 107</u> <u>Warren, MI 48092</u> | | \$ <u>150</u> | \$ <u>150</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #3 | PAC Receipt? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>6/9/15</u> | |
| Name & Address: <u>Waste Mgmt Employees Better Government</u> <u>Fund of MI Inc 502752</u> <u>48797 Alpha Dr Ste 100</u> <u>Warren, MI 48093</u> | | \$ <u>100</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/10/15</u> | |
| Name & Address: <u>Jere Green</u> <u>14255 Weier</u> <u>Warren, MI 48093</u> | | \$ <u>75</u> | \$ <u>75</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal 475

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

Enter this total on
line 3a of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747
2. Committee Name De Keith Sadowski

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/10/15</u> | |
| Name & Address: <u>Patrick Greep</u> <u>3929 Marlepe Dr</u> <u>Warren MI 48092</u> | | \$ <u>100</u> - | \$ <u>100</u> - |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance Agent</u> Employer <u>Desamps Ins.</u> Business Address <u>26503 Harper Ave Ste 101 Shoreside MI 48081</u> | | Click Here for Memo Itemization | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/13/15</u> | |
| Name & Address: <u>Gerrard Gumbleton</u> <u>5600 Westwood Lane</u> <u>Bloomfield Hills MI 48301</u> | | \$ <u>75</u> - | \$ <u>75</u> - |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ | | Click Here for Memo Itemization | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/15/15</u> | |
| Name & Address: <u>Todd Harburn</u> <u>4517 Island View</u> <u>Tenton MI 48430</u> | | \$ <u>75</u> - | \$ <u>75</u> - |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ | | Click Here for Memo Itemization | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/10/15</u> | |
| Name & Address: <u>Debiis Hertz</u> <u>4785 Brockham Way</u> <u>Sterling Heights MI 48310</u> | | \$ <u>150</u> - | \$ <u>150</u> - |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Service Trucking</u> Business Address <u>6006 Ripke Warren MI 48091</u> | | Click Here for Memo Itemization | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal 400 -

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

Enter this total on
line 3a of Summary
Page.

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

138-747

2. Committee Name

Ch. Kent Sadawski

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 6/10/15

Name & Address:

Edward Hertz
3158 Dallas
Warren MI 48091

\$ 150-

\$ 150-

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

Occupation Owner Employer Service Taxing

Click Here for Memo Itemization

Business Address 6006 Rinko Warren MI 48091

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 6/10/15

Name & Address:

Robert Huth
19500 Hall Rd Ste 100
Clinton Township MI 48038

\$ 250-

\$ 250-

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

Occupation Attorney Employer Kirk & Huth

Click Here for Memo Itemization

Business Address See Above

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 6/8/15

Name & Address:

Dan Jakubowski
28183 Los Olas
Warren MI 48093

\$ 75-

\$ 75-

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

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 6/11/15

Name & Address:

Les Johnson
43543 Penelope Circle
Sterling Heights MI 48313

\$ 75-

\$ 75-

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

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

550-

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

Enter this total on
line 3a of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747
2. Committee Name OK Kent Sadowski

| 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) |
|--|--|---|---|
| <p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/11/15</u></p> <p>Name & Address: <u>Renee Jones-Bezak</u> <u>15055 Lane Dr</u> <u>Warren, MI 48088</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>75-</u> | \$ <u>75-</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/12/15</u></p> <p>Name & Address: <u>Robert Kirk</u> <u>19500 Hall Rd SW 100</u> <u>Clinton Twp, MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk & Huth</u> Business Address <u>See Above</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>250-</u> | \$ <u>250-</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/12/15</u></p> <p>Name & Address: <u>Robert Moleszyk</u> <u>35387 Kensington</u> <u>Sterling Heights MI 48312</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>75-</u> | \$ <u>75-</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/18/15</u></p> <p>Name & Address: <u>Jerrold Marsh</u> <u>1392 Fairholme Rd</u> <u>Grosse Pointe Woods, MI 48236</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>50-</u> | \$ <u>50-</u> |
| | | Click Here for Memo Itemization | |

Page Subtotal 450-

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

Enter this total on
line 3a of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

138747

2. Committee Name

Cte Kent Sadowski

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

6/10/15

Name & Address:

Alfred Mattioli
6085 McGuire Rd
Tenton, MI 48430

\$ 300-

\$ 300-

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

Occupation

PLAYER

Employer

Mattioli Cement

[Click Here for Memo Itemization](#)

Business Address

See above

Type of Contribution:

☒ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #2

PAC Receipt?

☐ YES

4. Date of Receipt

6/10/15

Name & Address:

Wilbert McAdams
1235 DuRoi Ave
Ann Arbor, MI 48106

\$ 75-

\$ 75-

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](#)

3. Contribution #3

PAC Receipt?

☐ YES

4. Date of Receipt

6/15/15

Name & Address:

Mary Michaels
17030 Maumee
Grosse Pointe Mt 48230

\$ 100-

\$ 100-

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

Occupation

Attorney

Employer

City of Warren

Business Address

One City Square Warren MI 48093

Type of Contribution:

☒ Direct

☐ Loan from a person

☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4

PAC Receipt?

☐ YES

4. Date of Receipt

6/11/15

Name & Address:

Michael Mueller
1250 S. Oxford
Grosse Pointe Woods, MI 48236

\$ 300-

\$ 300-

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

Occupation

Insurance Agent

Employer

TNR & ASSOC

Business Address

28 West Adams St 300 Detroit, MI 48226

Type of Contribution:

☒ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

775-

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138747

2. Committee Name

CK Kenth Sadowski

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 5/28/15

Name & Address:

Gleno Newber
47430 Harbor Dr
New Baltimore, MI 48047

\$ 150-

\$ 150-

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

Occupation Owner Employer Newber's

Business Address 2281 Ten Mile Rd Centerline MI 48015

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 6/11/15

Name & Address:

Ronald Oleksiak
29191 Alton Dr
Warren, MI 48093

\$ 150-

\$ 150-

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

Occupation Owner-DS Employer Bookin Bowler

Business Address See above

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 6/10/15

Name & Address:

Greg Policzuk
32044 Margaret Ct
Warren, MI 48093

\$ 75-

\$ 75-

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](#)

3. Contribution #4 PAC Receipt? ☒ YES

4. Date of Receipt 6/14/15

Name & Address:

Pipefitters Local 636
30100 Northwestern Hwy
Farmington, MI 48334

\$ 250-

\$ 250-

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](#)

Page Subtotal

625-

Grand Total of All Schedules 1A
(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 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138-747
2. Committee Name Dr. Keith Sadowski

| 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? <input type="checkbox"/> YES 4. Date of Receipt <u>6/10/15</u> Name & Address: <u>John Rietz</u> <u>4771 Haymarket</u> <u>Warren, MI 48092</u> | | \$ <u>100-</u> | \$ <u>100-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/9/15</u> Name & Address: <u>Hank Ribaras</u> <u>2899 E Big Beaver Rd Ste 189</u> <u>Troy, MI 48063</u> | | \$ <u>150-</u> | \$ <u>150-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Bowcell Inc</u> Business Address <u>See above</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/10/15</u> Name & Address: <u>Justin Ribaras</u> <u>2899 E Big Beaver Rd Ste 189</u> <u>Troy, MI 48063</u> | | \$ <u>150-</u> | \$ <u>150-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>JR Services</u> Business Address <u>12315 14 Mile Rd Sterling Heights, MI 48093</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/8/15</u> Name & Address: <u>Gary Bowcell</u> <u>6990 Hicks</u> <u>Armada, MI 48005</u> | | \$ <u>150-</u> | \$ <u>150-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Construction</u> Employer <u>Bowcell Inc</u> Business Address <u>2899 E Big Beaver Rd Ste 189 Troy, MI 48063</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal

\$ 550-

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

Enter this total on
line 3a of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747
2. Committee Name Ch. Keith Sadowski

| 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) |
|--|--|---------------------------------|---|
| <p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/11/15</u></p> <p>Name & Address: <u>ROY ROSE</u> <u>556 20 Woodbridge Dr</u> <u>Shelbytown MI 4836</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>AEW</u> Business Address <u>51301 Schoepferr Shelbytown MI 48365</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>200-</u> | \$ <u>200-</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/11/15</u></p> <p>Name & Address: <u>Christine Rue</u> <u>2457 Bridle trail</u> <u>Milford MI 48381</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>75-</u> | \$ <u>75-</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/23/15</u></p> <p>Name & Address: <u>Richard Sabough</u> <u>26159 Reservoir Ln #5</u> <u>Warren MI 48089</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>City of Warren</u> Business Address <u>Dwight Square Warren, MI 48093</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>225-</u> | \$ <u>225-</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/29/15</u></p> <p>Name & Address: <u>Michael Sadowski</u> <u>2624 S. Milford</u> <u>Highland MI 48357</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>DR</u> Employer <u>Total Health Chiropractic</u> Business Address <u>See above</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>150-</u> | \$ <u>150-</u> |
| | | Click Here for Memo Itemization | |

Page Subtotal 650-

Grand Total of All Schedules 1A
(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 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747
2. Committee Name Dr. Kent Sadowski

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/10/15</u> | |
| Name & Address: <u>Lark Samuelian</u> <u>2A8 Harvard</u> <u>Holwell, MI 48843</u> | | \$ <u>75-</u> | \$ <u>75-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>6/10/15</u> | |
| Name & Address: <u>Rizzo Environmental Services PAC</u> <u>6300 Elmridge</u> <u>Sterling Heights, MI 48313</u> | | \$ <u>450-</u> | \$ <u>450-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/10/15</u> | |
| Name & Address: <u>Howard Shifman</u> <u>370 E Maple St 200</u> <u>Birmingham MI 48009</u> | | \$ <u>300-</u> | \$ <u>300-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Howard Shifman Attorney at Law</u> Business Address <u>See above</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>6/7/15</u> | |
| Name & Address: <u>Mark Stevens</u> <u>4574 Bentley Dr</u> <u>Troy MI 48068</u> | | \$ <u>75-</u> | \$ <u>75-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal 900-

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

Enter this total on
line 3a of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

138747

2. Committee Name

Clc KATH Sadowski

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 6/7/15

Name & Address:

Kent Swoyer
18440 Chatham Place
Riverview MI 48193

\$ 150 -

\$ 150 -

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

Occupation Engineer Employer NTH Consultants

Business Address 480 Ford Field Detroit

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 6/10/15

Name & Address:

Mark Sykes
11542 Shore Dr
Warren MI 48093

\$ 200 -

\$ 200 -

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

Occupation Driver Employer Showase Collision & Autocare

Business Address 1330 E. 14 Mile Rd Warren MI 48093

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 6/13/15

Name & Address:

Dan Temrowski
30009 Hoover Rd
Warren MI 48093

\$ 150 -

\$ 150 -

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

Occupation Driver Employer Temrowski Funeral Home

Business Address See above

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 6/10/15

Name & Address:

James van Havermaat
11341 meadowbrook
Warren MI 48093

\$ 75 -

\$ 75 -

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

Page Subtotal

575 -

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

Enter this total on
line 3a of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

138747

2. Committee Name

Clare Keith Sadowski

| 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? <input checked="" type="checkbox"/> YES Name & Address: Warren Police Officers Assoc 11304 14 mile Warren, MI 48093 4. Date of Receipt 6/12/15 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | \$ 150- | \$ 150- |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: John Gary Wilkinson 39100 Lakeshore Dr Harrison Twp MI 48045 4. Date of Receipt 6/10/15 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | \$ 75- | \$ 75- |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name & Address: Thomas Zwiaga 8330 Rathbourn St Detroit, MI 48229 4. Date of Receipt 6/19/15 5. If over \$100.00 cumulative, please provide: Occupation Dwyer Employer Zwiaga Cement Business Address 24625 Schoepher Warren, MI 48089 Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | \$ 375- | \$ 375- |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES Name & Address: George Constantine 23550 Dayton Rd Farmington MI 48005 4. Date of Receipt 6/14/15 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | \$ 75- | \$ 75- |

Page Subtotal

675-

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

Enter this total on
line 3a of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747
2. Committee Name CKE KENTH SADOWSKI

| 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) |
|---|--|---|---|
| <p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/12/15</u></p> <p>Name & Address: <u>Rajaram V. Jayakaran</u> <u>30 Webster PL</u> <u>Grosse Pointe, MI 48236</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>metco Services</u> Business Address <u>1274 Liberty Detroit MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | <u>\$ 150-</u> | <u>\$ 150-</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/17/15</u></p> <p>Name & Address: <u>Keith Hebeau</u> <u>46 Southbridgerd</u> <u>Southbury Ct 06488</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Q-Send</u> Business Address <u>231 Banks Waterbury Ct 06702</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | <u>\$ 200-</u> | <u>\$ 200-</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: _____</p> | | <u>\$ _____</u> | <u>\$ _____</u> |
| | | Click Here for Memo Itemization | |
| <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | | |
| <p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: _____</p> | | <u>\$ _____</u> | <u>\$ _____</u> |
| | | Click Here for Memo Itemization | |
| <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | | |

Page Subtotal

350-

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

8400-

Enter this total on
line 3a of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

| 3. Name and Address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date | 6. Amount |
|---|---|------------|-----------|
| Expenditure # 1 Name: CITIZENS BANK Address: <input type="checkbox"/> Fund Raiser | Purpose: _____ Expenditure Code <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | 04/21/2015 | 9.99 |
| Expenditure # 2 Name: CITIZENS BANK Address: <input type="checkbox"/> Fund Raiser | Purpose: _____ Expenditure Code <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | 05/29/2015 | 11.99 |
| Expenditure # 3 Name: POST OFFICE Address: 28401 MOUND RD WARREN, MI. 48092 <input type="checkbox"/> Fund Raiser | Purpose: STAMPS _____ Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | 06/03/2015 | 29.40 |
| Expenditure # 4 Name: THE GAZEBO Address: 31104 MOUND RD WARREN, MI 48092 <input type="checkbox"/> Fund Raiser | Purpose: FUNDRAISER _____ Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | 06/10/2015 | 600.00 |
| Expenditure # 5 Name: REM PRINTING COMPANY Address: 10631 HARPER AVE DETROIT <input type="checkbox"/> Fund Raiser | Purpose: TICKETS _____ Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | 06/11/2015 | 604.00 |
| Subtotal this page | | | 1,255.38 |
| Grand Total of All Schedules 1B (Complete on last page of Schedule) | | | |

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

| 3. Name and Address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date | 6. Amount |
|---|--|------------|-----------|
| Expenditure # 6 Name: PAW GRAPHICS Address: PO BOX 1208 MT CLEMENS, MI 48046 <input type="checkbox"/> Fund Raiser | Purpose: _____ Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | 06/16/2015 | 108.00 |
| Expenditure # 7 Name: BEN PUSHECH Address: _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | 06/17/2015 | 50.00 |
| Expenditure # 8 Name: MANHATTAN MAILER Address: 51132 MILANO DR WARREN, MI 48042 <input type="checkbox"/> Fund Raiser | Purpose: <u>WALKING LIT</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | 06/25/2015 | 378.42 |
| Expenditure # 9 Name: CITIZENS BANK Address: _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ Expenditure Code <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | 06/30/2015 | 2.00 |
| Expenditure # 10 Name: PAW GRAPHICS Address: PO BOX 1208 MT CLEMENS, MI 48046 <input type="checkbox"/> Fund Raiser | Purpose: _____ Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | 07/01/2015 | 90.00 |

Subtotal this page

628.42

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

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

| 3. Name and Address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date | 6. Amount |
|--|---|------------|-----------|
| Expenditure # 11 Name: MANHATTAN MAILER Address: 51132 MILANO DR WARREN, MI 48042 <input type="checkbox"/> Fund Raiser | Purpose: AV MAILING Expenditure Code PA <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | 07/01/2015 | 1,080.88 |
| Expenditure # 12 Name: GFS STORE Address: <input type="checkbox"/> Fund Raiser | Purpose: Expenditure Code FE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | 07/16/2015 | 56.97 |
| Expenditure # 13 Name: Address: <input type="checkbox"/> Fund Raiser | Purpose: Expenditure Code <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | | 0.00 |
| Expenditure # 14 Name: Address: <input type="checkbox"/> Fund Raiser | Purpose: Expenditure Code <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | | 0.00 |
| Expenditure # 15 Name: Address: <input type="checkbox"/> Fund Raiser | Purpose: Expenditure Code <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement. | | 0.00 |
| Subtotal this page | | | 1,137.85 |
| Grand Total of All Schedules 1B (Complete on last page of Schedule) | | | 3,021.65 |

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee

OR

b. ☐ Debts and obligations owed to or forgiven by the committee

(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide guarantors, if any.

4. Type of Obligation.
(Indicate type and you may assign an expenditure code)
5. Indicate date debt was incurred.
6. Indicate original amount of debt

7. Date and amount of each payment

8. Cumulative payment to date on debt

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

Debt #1 Corp? ☐ Yes

Owed to or by:
KEITH SADOWSKI

4. Type: LOAN
Code: OE
5. Date Debt Was Incurred:
1/4/2011
6. Original Amount of Debt:
\$ 200.00

\$ 200.00

\$ 0.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #2 Corp? ☐ Yes

Owed to or by:
KEITH SADOWSKI

4. Type: LOAN
Code: OE
5. Date Debt Was Incurred:
5/13/2011
6. Original Amount of Debt:
\$ 69.73

\$ 69.73

\$ 0.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #3 Corp? ☐ Yes

Owed to or by:
KEITH SADOWSKI

4. Type: LOAN
Code: OE
5. Date Debt Was Incurred:
5/23/2011
6. Original Amount of Debt:
\$ 98.65

\$ 98.65

\$ 0.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

0.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 1 of 5 Authority granted under P.A. 388 of 1976

CFR Rev7/1999c-1e



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee

(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide guarantors, if any. | 4. Type of Obligation. (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred. 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|--|--|------------------------------------|---------------------------------------|--|
| Debt #4 Corp? <input type="checkbox"/> Yes Owed to or by: KEITH SADOWSKI 4759 HAYMAN DR WARREN, MI 48092 | 4. Type: <u>LOAN</u> Code: <u>OE</u> 5. <u>Date Debt Was Incurred:</u> <u>7/20/2011</u> 6. <u>Original Amount of Debt:</u> \$ <u>107.88</u> | | \$ <u>107.88</u> | \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #5 Corp? <input type="checkbox"/> Yes Owed to or by: KEITH SADOWSKI 4759 HAYMAN DR WARREN, MI 48092 | 4. Type: <u>LOAN</u> Code: <u>OE</u> 5. <u>Date Debt Was Incurred:</u> <u>8/4/2011</u> 6. <u>Original Amount of Debt:</u> \$ <u>98.65</u> | | \$ <u>98.65</u> | \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #6 Corp? <input type="checkbox"/> Yes Owed to or by: KEITH SADOWSKI 4759 HAYMAN DR WARREN, MI 48092 | 4. Type: <u>LOAN</u> Code: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>11/6/2011</u> 6. <u>Original Amount of Debt:</u> \$ <u>930.00</u> | | \$ <u>0.00</u> | \$ <u>930.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt)

930.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 2 of 5 Authority granted under P.A. 388 of 1976

CFR Rev7/1999c-1e



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee

(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide guarantors, if any.

4. Type of Obligation.
(Indicate type and you may assign an expenditure code)
5. Indicate date debt was incurred.
6. Indicate original amount of debt

7. Date and amount of each payment

8. Cumulative payment to date on debt

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

Debt #7 Corp? ☐ Yes

Owed to or by:

KEITH SADOWSKI

4759 HAYMAN DR

WARREN MI 48092

4. Type: LOAN
Code: LO

5. Date Debt Was Incurred:
1/24/2012

6. Original Amount of Debt:
\$ 100.00

\$ 0.00

\$ 100.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #8 Corp? ☐ Yes

Owed to or by:

KEITH SADOWSKI

4759 HAYMAN DR

WARREN MI 48092

4. Type: LOAN
Code: LO

5. Date Debt Was Incurred:
1/24/2012

6. Original Amount of Debt:
\$ 200.00

\$ 200.00

\$ 0.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #9 Corp? ☐ Yes

Owed to or by:

KEITH SADOWSKI

4759 HAYMAN DR

WARREN MI 48093

4. Type: LOAN
Code: LO

5. Date Debt Was Incurred:
4/14/2012

6. Original Amount of Debt:
\$ 500.00

\$ 0.00

\$ 500.00

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

600.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Adebt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee

(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide guarantors, if any. | 4. Type of Obligation. (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred. 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|--|--|------------------------------------|---------------------------------------|--|
| Debt #10 Corp? <input type="checkbox"/> Yes Owed to or by: KEITH SADOWSKI 4759 HAYMAN DR WARREN MI 48092 | 4. Type: <u>LOAN</u> Code: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>1/10/2015</u> 6. <u>Original Amount of Debt:</u> \$ <u>75.00</u> | | \$ <u>0.00</u> | \$ <u>75.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #11 Corp? <input type="checkbox"/> Yes Owed to or by: KEITH SADOWSKI 4759 HAYMAN DR WARREN MI 48092 | 4. Type: <u>LOAN</u> Code: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>4/16/2015</u> 6. <u>Original Amount of Debt:</u> \$ <u>100.00</u> | | \$ <u>0.00</u> | \$ <u>100.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #12 Corp? <input type="checkbox"/> Yes Owed to or by: KEITH SADOWSKI 4759 HAYMAN DR WARREN MI 48092 | 4. Type: <u>LOAN</u> Code: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>4/21/2015</u> 6. <u>Original Amount of Debt:</u> \$ <u>100.00</u> | | \$ <u>0.00</u> | \$ <u>100.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt)

275.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee

(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide guarantors, if any.

4. Type of Obligation.
(Indicate type and you may assign an expenditure code)
5. Indicate date debt was incurred.
6. Indicate original amount of debt

7. Date and amount of each payment

8. Cumulative payment to date on debt

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

Debt #13 Corp? ☐ Yes

Owed to or by:
KEITH SADOWSKI
4759 HAYMAN DR
WARREN MI 48092

4. Type: LOAN
Code: LO
5. Date Debt Was Incurred:
6/10/2015
6. Original Amount of Debt:
\$ 300.58

7. Date and amount of each payment

8. Cumulative payment to date on debt
\$ 0.00

9. Outstanding Balance at close of this period (Item 6 minus Item 8)
\$ 300.58
☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #14 Corp? ☐ Yes

Owed to or by:

4. Type: _____
Code: _____
5. Date Debt Was Incurred:

6. Original Amount of Debt:
\$ _____

7. Date and amount of each payment

8. Cumulative payment to date on debt
\$ _____

9. Outstanding Balance at close of this period (Item 6 minus Item 8)
\$ _____
☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #15 Corp? ☐ Yes

Owed to or by:

4. Type: _____
Code: _____
5. Date Debt Was Incurred:

6. Original Amount of Debt:
\$ _____

7. Date and amount of each payment

8. Cumulative payment to date on debt
\$ _____

9. Outstanding Balance at close of this period (Item 6 minus Item 8)
\$ _____
☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

300.58

Grand Total of all Schedules 1E

2,105.58

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

- USE A SEPARATE SHEET FOR EACH EVENT -

| | | | |
|---|---|----------------------------------|---|
| 3. Date Event Was Held 6/10/2015 Month/Day/Year | 4. Number of Individuals Attending or Participating (whichever is greater) 0 | 5. Type of Fund Raising Activity | 6. Address and Name (If any) of the place where the activity was held GAZEBO <input type="checkbox"/> Private Residence |
|---|---|----------------------------------|---|

7. Total Contributions of \$20.00 or less 0.00

8. Total Contributions of \$20.01 or more 7,975.00

9. SUBTOTAL (Add lines 7 and 8) 7,975.00

10. Other Receipts 0.00

11. Gross Receipts (Add lines 9 and 10) 7,975.00

12. Total Cost of Event 1,204.00

Includes In-Kind Contributions and All Expenditures Made For the Event

13. ☐ Check if event was a joint fund raiser and complete the following

| Co-Sponsor(s) | Contribution Split (%) | Expenditure Split (%) |
|---------------|------------------------|-----------------------|
| | | |
| | | |
| | | |
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| | | |
| | | |

- 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.

Authority granted under P.A. 388 of 1976

CFR Rev 9/1/1999r

Page 1 of 1