MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTRONS **BUREAU OF ELECTIONS**

FILED

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CANDIDATE COMMITTEE

COVER PAGE GARY	ELLA SAP CLERK FOR O	FFICIAL USE ONL	4	
COVER PAGE MACOT Report must be legible, typed or printed in ink and sign 44 by Cli the treasurer (or designated record keeper) and candidate.	1 % Mile State Ment covers From:	1/1/2015 Mo/Day/Year	70.	/19/2015 o/Day/Year
1. Committee I.D. Number	4. Candidate Last Name	First Name		M.I.
138747	SADOWSKI	KEITH		171.11.
2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI	4a. Office Sought Including District WARREN CITY COUNCIL		red if applica	ble:
	4b.County of Residence MACOMB	Driver Lice	ense # (Optio	nal)
5. Committee's Mailing Address	6. Treasurer's Name and Residen	tial Address		
4759 HAYMAN DR	KEITH J SADOWSKI			
WARREN MI 48092	4759 HAYMAN DR, WA	RREN, MI 48092		
Area Code & Phone 586-216-6377	Area Code & Phone 586-216	5-63 <i>77</i>		
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.	Driver License # (Optional)			
7. Treasurer's Business Address	8. Designated Recordkeeper's Na	me and Mailing Addre	ss (If the cor	mmittee has a
	Designated Recordkeeper)			
	KBITH J SADOWSKI 4759 HAYMAN DR, WARR	EN M1 48002		
Area Code & Phone	Area Code & Phone 586-216-6			
	Driver License # (Optional)			
9. TYPE OF STATEMENT				
9a. Pre-Election OR 9b. Post-Elec		ent (C	_	
Pre-Election or Post-Election Statement relates to:	9d. Amendment to 9c or 9e to Ind	the Campaign Staten licate which Statemen		
☑ Primary ☐ General	9e. Dissolution of	Candidate Committee		
☐ Convention ☐ School		Effective Date of Diss	alution	
Special Caucus		EMOCATO CITIC OF DIOC	JIGHO!	
				<u></u>
Date of Election, Convention or Caucus		Month Day Ye	ear .	
8/4/2015	By checking this item,			
Month Day Year	outstanding debts, inc residual funds must be Page.	luding late filing fees e reported on Sched	i. Note: The ule 1B and t	a disposition of the Summary
A committee that does not have a Reporting Waiver must file all Schedules. Direct contributions, in-kind contributions, loans, exp any of the information listed in items 2,4,5,6,7 or 8 has changed amendment to the Statement of Organization should accompany the filing deadline of a required campaign statement, that campa	enditures, and outstanding debts cou since the information was shown on the rithis Campaign Statement. If a reque	nt against the \$1,000 in ne committee's Statem	Reporting Wi nent of Organ	laiver threehold. If nization, an
10. Verification: I\We certify that all reasonable dilligence was us my\our knowledge and belief the contents are true, accurate and	sed in the preparation of this statement complete	and attached sched	ules (if any) a	and to the best of
Current Treasurer or Designated Recordkeeper KEITH J SADOWSKI Type or Print Name	Jul Jaly		Date_	7/19/15
				سرار اسم
Candidate KEITH SADOWSKI	, XV 11 Ht. 1 b		Data	1114 115

Authority granted under P.A. 388 or 1976

CFR Rev 7/1999

Candidate

Type or Print Name



1. Committee I.D. Number_	138747		
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SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

RECEIPTS		Column I This Period		ımn II is election cycle
3. Contributions	(3a.) \$	840000		
a. Itemized (Schedule 1A - Column 6)		Not Applicable		
b. Unitemized (less than \$20.01 each - no Schedule)	(3β.) ψ	Q400.00	(18.) \$	30,055.58
c. Subtotal of "Contributions"	(3c.) \$	0.00		0.00
I. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$	&4 D0.00	(19.) \$	30,055.58
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	8400.00	(20.) \$	
N-KIND CONTRIBUTIONS & EXPENDITURES		0.00		430.48
3. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	0.00	(21.) \$	0.00
7.In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	0.00	(22.) \$	0.00
EXPENDITURES				
8. Expenditures	(8a.) \$	3,021.65		
a. Itemized (Schedule 18, Column 6)	(8b.) \$	0.00		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8c.) \$	0.00		
c. Unitemized (less than 50.01 each - no Schedule)	_	3,021.65	(23.) \$	24,017.22
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$		(20.) *	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)				
10. Disbursements	40-5 6	0.00		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	ስ ስስ		
b. Unitemized (less than 50.01 each - no Schedule)	(10b.) \$	0.00	(04) 0	0.00
11. INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	4.	(24.) §	
DEBTS AND OBLIGATIONS				
12. Debts and Obligations a. Owned by the Committee (Schedule 1E)	(12a.) \$	2,105.58		
b. Owned to the Committee (Schedule 1E)	(12b.) \$	0.00		
The state of the s	ALANCE STATEME	TV		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	0.60		
14. Amount received during reporting period	(14.) <u>+ \$</u>	8400,00		
(Line 5, Total Contributions & Other Receipts)		Q-LIMA (327)		
15. SUBTOTAL Add lines 13 and 14	(15.) <u>= \$</u>	S-100-2		
16. Amount expended during reporting period	(16.) <u>-</u> \$	3,021.65		
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line15)	(17.) <u>\$</u>	5330	5 5378	.35

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.

CFR Rev 7/1999c=sum

Authority granted under P.A. 388



CANDIDATE COMMITTEE

1. Committee I.D. Number	138	744	
2 Committee Name	Kenth	Sodowsk	l

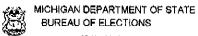
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 6 15 15		AND THE RESERVE OF THE PARTY OF
13033 N. Eldin 10 Bloomfield Mt 48304	. 150	, 150
5. if over \$100.00 cumulative, please provide:	<u> </u>	V
Occupation 22002 Employer AS W	Click Here for	or Memo Itemization
Business Address 51301 Schoenherr Shelhy top hat		
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 WORK HILLO		
WE ASO OTIMEDID	775	ML ~
Work Allen USASA CrimSON WOSHINGTONTWP MI 48094	\$	\$ 10
5. If over \$100.00 cumulative, please provide:	Click Here fo	or 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		
Name & Address: A DONICK		
Land Tack Delia DV	s 150°	, 150 -
100 mc 48093		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Ye AVLet Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt // SINSTANTIAL		
John Thoral Aveste 300		
Grosse Pointe Parms Mt 48236	<u> 150 - </u>	
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
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Business Address Sex DONE		
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1. Committee I.D. Number	1327	47		
2 Committee Name Of 2	Krith	Swa	oski	

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 1015 Name & Address: Ra + Ch + C	N	A man Sh
01,240h 700 mx 48038	\$ 250	<u>\$ 450</u>
5. If over \$190.00 cumulative, please provide:	Olial, Llaus fa	Manual Manifestion
Occupation Atoroey Employer Kirk with	Click Here to	Memo Itemization
Businese Address See AMVE		
Type of Contribution: C Direct Loan from a person Fund Raiser	4 450	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt ()		
Name & Address HEDYS FRANKALS		
8803 Chicago Red	η -	775
Isarred Int 48093	\$	\$ (7)
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/54/15 Name & Address: P. 170/6.		
STUD Sherwage	, 75-	s 75 - I
warred, mt 4091		
5. If over \$100,00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Colifect Loan from a person Fund Ralser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt // ID		
Name & Address Cavaller &		
30078 30h0e 1180 6 8	MK-	75-
warren met 4000	\$ \ <u>C</u>	s <u>10</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
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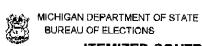
CANDIDATE COMMITTEE

1. Committee I.D. Number	138747
2 Committee Name	Keth SODOWINI

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middle initial. Check box to indicate if contribution is from a Political Committee or an Independent		Election Cycle for Each
Committee (PAC) Report <u>all</u> contributions regardless of amount.		Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 55715		,
Name & Address; Wichael ChitCD		,
416600 Romeo Plank Stus		
maconts, mt 48044	<u> 150 -</u>	150
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Business Address Sel aloove		
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4 1015		
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TOO Bobile Ave 48192	· 100	s 100
Invaldatte Mt 48142	<u></u>	, 9 1
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Business Address All above		
Type of Contribution: Direct Loan from a person Fund Raiser		W. S. L. W. Markey
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 1515		
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1501. 12) ADVERY	s 100 -	s 100 -
Late Orion, Mt 48363		
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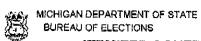
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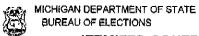


1. Committee I.D. Number	138747
2 Committee Name	RUHA SOUPOSICI

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3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 5 30 15 Name & Address: Robert Cliffy		date of receipty
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Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt () 15		
Name & Address Fire Fighters Sepregated Fund 3000 15 mile Ed Sti 107		
3000 BMILERS St. 101	150	s 150 ⁻
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Le 19/15 Name & Address: With Many Employees Bettle Government Lundon Mt 154503755 US 1977 Al Dia Dr Ste 100 Us 1401-1 Mt 148393 5. If over \$100.00 cumulativa, please provide:	\$ \\ \(\) \	\$ 100 -
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2. Committee Manie X	11.11.11.	
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3. Contribution #1 PAC Receipt? YES 4. Date of Receipt LINES Name & Address: PATICE GREED 39 SA MOTEDE ST DO TRED INTERPRESE Provide: Occupation Fig. 17 1 CP GOV Employer ST		s /20
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4 3 115 Name & Address GETTATA CHUNCHELO D SLOO WESTWOOD LAND BLOON LIELD HILLS NOT 4830 5. If over \$100.00 cumulative, please provide: Occupation	s	s75 r Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 6515 Name & Address: Touch Har Web 1515 Loan from a person Fund Raiser	s 75 -Click Here for	\$ Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4 10 15 Name & Address HCTTE		
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CANDIDATE COMMITTEE

1. Committee I.D. Number

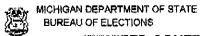
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1015 Name & Addrese RD Worth Huth 100 19:500 Hall Rd State 100 Chrop Hall Rd State 100 5. If over \$100.00 cumulative, please provide: Occupation Halor Oe Employer Trks Huth Business Address State 100 Type of Contribution: Direct Loan from a person Fund Raiser	s 550 Click Here fo	s Section section
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1, Committee i.D. Number	13871	17
2. Committee Name	KOH	Sachoski

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	s 15 Click Here fo	s 75
Type of Contribution: Direct Loan from a person Fund Raiser		
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Business Address		
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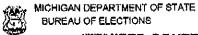
1, Committee I.D. Number	138-	747
2. Committee Name	KAHK	Salasski

Enter contributor's name and address. If contribution is from an Individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 1, 10 15 Name & Address: PLETED WATTON LOSS WCGUYC Red TENTON INTE YSY30 5. If over \$100.00 cumulative, please provide: Occupation Dinnyr Employer Watton Church Business Address SU WOVE	\$ <u>300</u> [—] Click Here fo	s 3000
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 1515 Name & Address: NOT MICHAELS 170 20 MAUNER Crosy Follow Mt 48530 5. If over \$100.00 cumulative, please provide:	s 100 ~	s 1200
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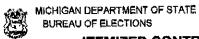
1, Committee I.D. Number	128.10	1
2. Committee Name	Keth	Bodowski.

CARDIDATE COMMITTEE 2. Committee Name—17		
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.	I E	Cumulative for Election Cycle for Each Contributor (Through (ate of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 5/28/15 Name & Address: (Hend bewell		
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1, Committee f.D. Number	138-	147		
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CANDIDATE COMMITTEE 2. Committee NameOAX		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6, Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Type of contraction.	.,	
Name & Address Hauk Bib Beaver Rd Ste 189 Troy Mt 48083	s 150	\$sr Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation	Office Field to	THOUSE TO THE TANK OF THE PARTY
Occupation Employer 17010 CT		
Business Address Standard Ve		
Type of Contribution: Direct Loan from a person Fund Raiser	The state of the s	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt // ID 15 Name & Address: BIO Beaver Rd Ste 189 TYD I MT 4083	\$ 150 -	ssr Memo Itemization
5. If over \$100.00 cumulative, please provide:	CHOK LIGHT 10:	Mento nemeduo.
Occupation Well Employer IR Services Business Address 13315 14 Well Services Type of Contribution: Direct Loan from a person Fund Raiser)3	
3 Contribution # 4 PAC Receipt? YES 4. Date of Receipt (28)		
Cary Poncelli 19900 Hicks 19900 top we 48005	: 150-	,50
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Construction Employer Rougelli Inc	# P-300 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Business Address 2992 BIC BOVER ROSE 189 Troy MIT 48	X3	
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtot	^{al} 5 50	
Grand Total of All Schedules 1/ (Complete on last page of Schedule	4	
Page O of S	Page.	,



1. Committee I.D. Number	138747	
	11 (200)	
2 Committee Name H	KAHN JULIOLOGIC	

CANDIDATE OUTSIGNT TEL	
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. Currulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt	s 200 s 200 Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4 ID 15 Name & Address Christial Rule SHST Bridle trail MILOR WIT 48381 5. If over \$190.00 cumulative, please provide: Occupation Employer	ss
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3 3 15 Name & Address: PCHOTO School Los #5 School Contribution #3 PAC Receipt? YES 5. If over \$100.00 cumulative, please provide: Cocupation Employer A Contribution	s 555 s 555 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 1, 5915 NChael South S. Mildes NChael Occupation Employer Fund Raiser Fund Raiser Fund Raiser Fund Raiser Fund Raiser	
Grand Total of All Schedules (Complete on last page of Schedules)	1A



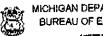
1. Committee I.D. Number	138747	
2 Committee Nam	KAHR SOCIOSKI	

OPATOLONIE OF MINISTER	
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	s 15 s 75 Click Here for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? Pres 4. Date of Receipt 6 10 15 Name & Address RIDE & DVIVOUNCULUS SERVICES PAC LECTION FUNCTION WITH 48 313 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	s 450 s 450 Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 1, 10 15 Name & Address: HOURY Shifted 370 & Maple Sa 200 Bir Mill Minut 4800 5. If over \$100.00 cumulative, please provide: Occupation Horby Employer Canada Address Eusiness Address Type of Contribution: Object Loan from a person Fund Raiser	s 300 s 300 Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 715 Name & Address WAY & Stevents LOT WE USONS 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 Subtot Grand Total of All Schedules 1 (Complete on last page of Schedule) Page 10 of 15	A



1. Committee I.D. Number	138	747	
2. Committee Name LL	Kerk	SOC	WOSKI

CARDIDATE OF MAINTIES	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 6 7 15 Name & Address: HEHH Stratter Door Part of Pack Pack Pack Pack Pack Pack Pack Pack	Click Here for Memo Itemization
Business Address 437 2. 14 My Pd Wrreb wit 480/3 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 1 315 Name & Address: DD TEMPOUSK! 3000 9 HOVER D 5. If over \$100.00 cumulative, please provide: Occupation DD Ner Employer Tem TOWS Funderal Home Business Address Sel More	s 150 s 150 Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt / ID S Name & Address Contribution Contributio	s
Page Subtote Grand Total of All Schedules 14 (Complete on last page of Schedule) Page	



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1 Committee I.D. Number	1387	41
2 Committee Name Je	Koth	Socialoski

CANDIDATE COMMITTEE 2. Committee Name 2.1	17.111	
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? LYES 4. Date of Receipt 1155 Name & Address: NATTEN POLCE OFFICE 11304 L4 WILL NATTEN MT 4 103 5. If over \$100,00 cumulative, please provide: Occupation Employer Business Address	s 150° Click Here f	s 150- or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1015 Name & Address SONN GARY WIKINSON 39100 AKR HOVE OV HARVISON WIKINSON 5. If over \$100.00 cumulative, please provide: OccupationEmployer	s 75 Click Here t	s 75 for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt LOADS Name & Address: + Character PAC Receipt? YES 4. Date of Receipt LOADS S. If over \$100.00 cumulative, please provide: Occupation DODE Employer Fund Query Part LOADS Businesse Address DUGO OP North Warren Interest Loan from a person Fund Raiser	s <u>375</u> Click Here	s 375 for Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt LILLIS Name & Address CLOCK CONTRIBUTION	± √75 — Click Here	s 75
Occupation Employer	•	
Business Address		
Type of Contribution: Loan from a person Fund Raiser Page Subto Grand Total of All Schedules (Complete on last page of Schedules) Page 14 of 15	IA	



1 Committee I.D. Number	138747
2. Committee Name	Keth Sociososki
Collitiintee Manio ∴ → ∴ → ∴ → ∴ → ∴ → ∴ → ∴ → ∴ → ← ∴ → ← ∴ → ← ← ∴ → ←	The state of the s

CANDIDATE COMMITTEE 2, Committee Name 1	7-1717	<u> </u>
nter contributor's name and address. If contribution is from an individual, enter last name, first name, inddie initial. Check box to indicate if contribution is from a Political Committee or an Independent ommittee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt).
Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/13/15 Me & Address: Claran V Naye Doran D Webber PL D Webber PL MT 48536	<u> </u>	. 150
if over \$100.00 cumulative, please provide; cupation President Employer MetCO Servicos siness Address 1374 Liberty Notroit mit 48336 upper of Contribution: Voirect Loan from a person Fund Raiser	Click Here f	or Memo Itemization
Contribution #2 PAC Receipt? YES 4. Date of Receipt 17715 The & Address Letter between the Court of the Cou	s DOO	s SOO
recupation DLDD L Employer		
ame & Address: 5, If over \$100.00 cumulative, please provide:	\$ Click Here	sfor Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	· · · · · · · · · · · · · · · · · · ·	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	<u> </u>
5. If over \$100,00 cumulative, please provide:	Click Here	e for Memo Itemization
Occupation Employer	_	
Business Address Type of Contribution: Thirty Loan from a person Fund Raiser		
Type of Contribution: Loan from a person Page Subt Grand Total of All Schedules (Complete on last page of Schedules)	14 8400	

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Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

2. Committee Name	COMMITTEE TO ELECT KEITH SADOWSKI
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CANDIDATE COMMITTEE	4. Purpose (Describe specific purpose and you	5. Date	6. Amount
3. Name and Address of person or vendor to whom paid	may assign an Expenditure Code)		
Expenditure # 1	Purpose:	04/21/2015	9,99
Name: CITIZENS BANK Address:	Expenditure Code BK		
Tund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement.		
Expenditure # 2	Purpose:	05/29/2015	11,99
Name: CITIZENS BANK Address:	Expenditure Code BK		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement.		
Expenditure # 3	Purpose: STAMPS	06/03/2015	29,40
Name: POST OFFICE Address: 28401 MOUND RD WARREN, MI, 48092	Expenditure Code MA		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement.		
Expenditure # 4	Purpose: FUNDRAISER	06/10/2015	600.00
Name: THE GAZEBO Address: 31104 MOUND RD	Expenditure Code FE		
WARREN, MI 48092	Chack box if this expenditure is payment of debt or obligation reported on previous statement.		
Expenditure # 5	Purpose: TICKETS	06/11/2015	604.00
Name: REM PRINTING COMPANY Address: 10631 HARPER AVE	Expenditure Code PA		
DETROIT Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement.		
		otal this page	1,255.38
	Grand Total of All (Complete on last	Schedules 1B page of Schedule)	

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page 1 of 3

Authority granted under P.A. 388 of 1976

CFR Rev7/1999c-1b



ITEMIZED EXPENDITURES

1	Committee	LD.	Number	138747	4 . 44
	C-0111111111				

SCHEDULE 1B	2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI			
CANDIDATE COMMITTEE	A Purpose (Describe specific purpose and you	5, Date	6. Amount	
3. Name and Address of person or vendor to whom paid	may assign an Expenditure Code)			
Expenditure # 6	Purpose:	06/16/2015	108.00	
Name: PAW GRAPHICS Address: PO BOX 1208	Expenditure Code PA			
MT CLEMENS, MI 48046	Check box if this expenditure is payment of debt or obligation reported on previous statement.			
Expenditure # 7	Purpose:	06/17/2015	50.00	
Name: BEN PUSHECH Address:	Expenditure Code PA			
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement.			
Expenditure # 8	Purpose: WALKING LIT	06/25/2015	378.42	
Name: MANHATTAN MAILER Address: 51132 MILANO DR	Expenditure Code PA			
WARREN, MI 48042	Check box if this expenditure is payment of debt or obligation reported on previous statement.			
Expenditure # 9	Purpose:	06/30/2015	2.00	
Name: CITIZENS BANK Addrese:	Expenditure Code BK	,		
☐ Fund Relser	Check box if this expenditure is payment of debt or obligation reported on previous statement.			
Expenditure # 10	Purpose:	07/01/2015	90.00	
Name: PAW GRAPHICS Address: PO BOX 1208 MT CLEMENS, MI 48046	Expenditure Code PA			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement.			
	Subt	otal this page	628.4	
	Grand Total of All (Complete on les	Schedules 1B page of Schedule)		

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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Authority granted under P.A. 388 of 1976

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ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I.D. Number_	138747	

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

CANDIDATE COMMITTEE	4. Purpose (Describe specific purpose and you	5. Date	6. Amount
3. Name and Address of person or vendor to whom paid	may assign an Expenditure Code)		
Expenditure # 11	Purpose: AV MAILING	07/01/2015	1,080.88
Name: MANHATTAN MAILER Address: 51132 MILANO DR WARREN, MI 48042	Expenditure Code PA		
VVARREIA, IMI →00+2	Check box if this expenditure is payment		
Fund Raiser	of debt or obligation reported on previous statement.		
Expenditure # 12	Purpose:	07/16/2015	56.97
Name: GFS STORE Address:	Expenditure Code FE		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement.		
Expenditure # 13	Purpose:		0.00
Name: Address:	Expenditure Code		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement.		
Expenditure # 14	Purpose:		0.00
Name: Address:	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement.		
Expenditure # 15	Purpose:		0.00
Name: Address:	Expenditure Code		
Fund Relser	Check box if this expenditure is payment of debt or obligation reported on previous statement.		
	Subt	otal this page	1,137.8
	Grand Total of All (Complete on last	Schedules 1B page of Schedule)	3,021.6
			Foter this total

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page 3 of 3 Authority granted under P.A. 388 of 1976

CFR Rev7/1999c-1b



DEBTS AND OBLIGATIONS SCHEDULE 1E CANDIDATE COMMITTEE

1. Continues I.D. Nones	1. C	Committee I.D. Number	138747
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2.	Committee Name	COMMITTEE TO ELECT KEITH SADOWSKI

This Schedule itemizes: a. Debts and obligations owed by or forgiven the	e committee OR b.	Debts and obligations ow	red to ar forgiven by th	e committee
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 minuse Item 8)
Debt #1 Corp? Yes Owed to or by: KEITH SADOWSKI	4. Type: LOAN Code: OE 5. <u>Date Debt Was Incurred:</u> 1/4/2011 6. <u>Original Amount of Debt:</u> \$ 200.00		\$ 200.00 Amount Endorsed: \$	\$ 0.00
If bank loan, name of endorser or guarantor: Debt #2 Corp? Yes Qwed 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	FORGIVEN
If bank loan, name of endorser or guarantor: 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		Amount Endorsed: 3	
PLEASE REFER TO INSTRUCTIONS FOR LIST O Adebt or obligation must be shown on this Sche Campaign Statement or it was forgiven during the	Jula if thara was an outstanding	Grand Total e showing amounts owed by amount owed on it at the c		Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Pag
Page 1 of 5 Authority granted under P.A		/7/1999⇔1e		



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. N	lumber <u>138747</u>	ne the second se
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SCHEDULE 1E CANDIDATE COMMITTEE	2. Com	mittee Name <u>COMMITTEE</u>	TO ELECT KEITH S	ADOWSKI
This Schedule Itemizes: a. Debts and obligations owed by or forgiven the		Debts and obligations ow	ed to or forgiven by the	e committee
(Che	eck either a or b. Use only for the p		a Completion	9. Outstanding
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation. (Indicate type and you may assign an expenditure code)	7. Date and amount of each payment	8. Cumulative payment to date on debt	Balance at close of this period (Item 6
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide guarantors, if any.	Indicate date debt was incurred. Indicate original amount of debt			minuse Item 8)
Deht#4 Corp? Yes	4. Type: LOAN			
Owed to or by:	Code: OE		_	
KEITH SADÓWSKI	5. Date Debt Was Incurred: 7/20/2011		107,88	0.00
4759 HAYMAN DR	6. Original Amount of Debt:		_ \$	\$
WARREN, MI 48092	\$ 107.88		-	FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	
	1	4		
Debt #5 Corp? ☐ Yes	4. Type: LOAN Code: OE			
Owed to or by:	5. Date Debt Was Incurred:		-	
KEITH SADOWSKI	8/4/2011		98,65	0.00
4759 HAYMAN DR	6. Original Amount of Debt;		_ •	*
WARREN, MI 48092	\$ 98.65		-	FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	
Debt #6 Corp? Yes	4, Type: LOAN		_	
Owed to or by:	Code: LO			
KEITH SADOWSKI	5. <u>Date Debt Was Incurred;</u>			
	- 11/6/2011		\$0.00	\$ 930.00
4759 HAYMAN DR	6. Original Amount of Debt: \$ 930.00			
WARREN,MI 48092	- 300,00		_[FORGIVEN
If bank loan, name of endorser or guarantor:	and the same of th		Amount Endorsed:	\$
		Page Subtotal	(Outstanding debt)	930.00
			of all Schedules 1E	
(Complete on last page of Schedule	a showing amounts owed by o	or to the committee)	Enter this total
				on line 12a "owed by" or line 12b "owed

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.

Page 2 of 5 Authority granted under P.A. 388 of 1976 CFR Rev7/1999c-1e to" of the

Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number_	138747	

SCHEDULE 1E CANDIDATE COMMITTEE	2. Comr	nittee Name COMMITTE	E TO ELECT KEITH S	ADOWSKI
This Schedule itemizes: a. Debts and obligations owed by or forgiven to	ne committee OR b. [Debts and obligations ow	ved to or forgiven by the	e committee
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 data debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minuse Item 8)
Debt #7 Corp? Yes Owed to or by: KEITH SADOWSKI 4759 HAYMAN DR WARREN MI 48092 If bank loan, name of endorser or guarantor:	4. Type: LOAN Code: LO 5. <u>Date Debt Was Incurred:</u> 1/24/2012 6. <u>Original Amount of Debt:</u> \$ 100.00		\$ 0.00 Amount Endorsed: \$	\$ 100.00
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
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. <u>Date Debt Was incurred:</u> 4/14/2012 6. <u>Original Amount of Debt:</u> \$ 500.00		s	\$ 500.00
	l		Amount Endorsed:	\$
If bank loan, name of endorser or guarantor:	(Complete on last page of Schedul	Grand Tota	I (Outstanding debt) If of all Schedules 1E or to the committee)	Enter this total on line 12a

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.

CFR Rev7/1999c-1e Page 3 of 5 Authority granted under P.A. 388 of 1976

"owed by" or line 12b "owed

Summary Page

to" of the



DEBTS AND OBLIGATIONS SCHEDULE 1E

1, Committee I.D. Number 138747

SCHEDULE 1E CANDIDATE COMMITTEE	2. Comi	mittee NameCOMMITTE	E TO ELECT KEITH S	ADOWSKI
This Schedule itemizes: a. Debts and obligations owed by or forgiven the	e committee OR b.	Debts and obligations ov	ved to or forgiven by th	e committee
3. Name and Malling 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	Cumulative payment to date on debt	Outstanding Balance at close of this period (Item 6 minuse Item 8)
Debt #10 Corp? Yes Owed to or by: KEITH SADOWSKI 4759 HAYMAN DR WARREN MI 48092	4. Type: LOAN Code: LO 5. Date Debt Was Incurred: 1/10/2015 6. Original Amount of Debt: \$ 75.00		\$\$	\$75.00
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	
Debt #11 Corp? Yes Owed to or by: KEITH SADOWSKI 4759 HAYMAN DR WARREN MI 48092	4. Type: LOAN Code: LO 5. Date Debt Was Incurred: 4/16/2015 6. Original Amount of Debt: \$ 100.00		\$ 0.00	\$ 100.00
and the second of all arentor'	1		Amount Endorsed:	
If bank loan, name of endorser or guarantor: Debt #12 Corp? Yes Owed to or by: KEITH SADOWSKI 4759 HAYMAN DR WARREN MI 48092	4. Type: LOAN Code: LO 5. <u>Date Debt Was Incurred:</u> 4/21/2015 6. <u>Original Amount of Debt;</u> \$ 100.00		\$ 0.00	\$ 100.0
	1	ı	Amount Endorsed:	\$
If bank loan, name of endorser or guarantor:		Page Subtotal	(Outstanding debt)	275.0
		Grand Tota	l of all Schedules 1E	
	(Complete on last page of Schedul	e showing amounts owed by	or to the committee)	Enter this total

Page 4 of 5 Authority granted under P.A. 388 of 1976

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

CFR Rev7/1999c-1e

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.

on line 12a "owed by" or line 12b "owed to" of the

Summary Page



DEBTS AND OBLIGATIONS

1. Committee I.D. Number	138747	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE 1E	2. Com	nittee Name _COMMITTE	- IO ELECT KENN S	ADOVASKI
CANDIDATE COMMITTEE		, , , , , , , , , , , , , , , , , , ,		
This Schedule itemizes: a. Debts and obligations owed by or forgiven the	committee OR b. (-	ed to or forgiven by th	e committee
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	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minuse 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		\$	\$300.58
	1	1	Amount Endorsed: \$	
If bank loan, name of endorser or guarantor:				
Debt #14 Corp? Yes Owed to or by:	4. Type: Code: 5. Date Debt Was Incurred:			
	6. Original Amount of Debt:		S	SFORGIVEN
If bank loan, name of endorser or guarantor:	·		Amount Endorsed:	\$
Debt #15 Corp? Yes Owed to or by:	4. Type:		\$	\$FORGIVEN
	I	l	Amount Endorsed	\$
If bank loan, name of endorser or guarantor:		Page Subtotal	(Outstanding debt)	300.58
	Complete on last page of Schedul	Grand Total	of all Schedules 1E	2,105.58
PLEASE REFER TO INSTRUCTIONS FOR LIST Of Adebt or obligation must be shown on this Sche Campaign Statement or it was forgiven during th	F EXPENDITURE CODES	amount owed on it at the c	•	Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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FUND RAISER SCHEDULE 1F

CANDID	ATE	COM	MITTEE

CANDIDAT	E COMMITTEE	2, Committee Name _	COMMITTEE TO ELECT KEITH SADOWSKI
	- USE A SEPARA	TE SHEET FOR EACH EVE	NT -
Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held
6/10/2015	o		GAZEBO
Month/Day/Year			Private Residence
. Total Contributions of \$2	0.00 or less	0.00	
. Total Contributions of \$2		7,975.00	
, SUBTOTAL (Add lines 7	and 8)	7,975.00	
0, Other Receipts		0.00	
1. Gross Receipts (Add iii	nes 9 and 10)	7,975,00	
2. Total Cost of Event		1,204.00	Includes In-Kind Contributions and All Expenditures Made For the Event
		(%)	(%)
			event held during the period covered by the
Campaign Receipts a	Statement. nd expenditures listed on a Fund Raiser ntributions Schedule(1-IK), Itemized Exp	Schedule must also be reported on t enditures Schedule (1B) and the Sur	the Itemized Contributions Schedule (1A), Itemiz rnmary Page.
Campaign Receipts a	Statement. nd expenditures listed on a Fund Raiser intributions Schedule(1-IK), Itemized Exp mittee that participated in a joint fund rais	Schedule must also be reported on t enditures Schedule (1B) and the Sur	the Itemized Contributions Schedule (1A), Itemizemmary Page. for the event.