



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number <u>139216</u>		3. This Statement covers From: <u>10/23/2015</u> to <u>11/23/2015</u>	
2. Committee Name <u>CIE CATHERINE S HAUGH</u>		4. Candidate Last Name <u>HAUGH</u> First Name <u>CATHERINE</u> M.I. <u>J</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>ROSEVILLE CITY COUNCILWOMAN #22</u> 4b. County of Residence <u>MACOMB</u>	
5. Committee's Mailing Address <u>19464 CANDLELIGHT</u> <u>ROSEVILLE, MI 48066</u> Area Code and Phone <u>(586) 296-6350</u> 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 & Residential Address <u>HAROLD L HAUGH</u> <u>19464 CANDLELIGHT</u> <u>ROSEVILLE, MI 48066</u> Area Code & Phone <u>(586) 296-6350</u>	
7. Treasurer's Business Address <u>43600 ELIZABETH RD.</u> <u>CLINTON TOWNSHIP, MI 48036</u> Area Code and Phone <u>(586) 466-6188</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11/3/2015</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (<u>2015</u>) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
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 Record keeper <u>HAROLD L. HAUGH</u> Type or Print Name		<u>HAROLD L. HAUGH</u> Signature Date <u>11/30/2015</u>	
Candidate <u>CATHERINE S. HAUGH</u> Type or Print Name		<u>CATHERINE S. HAUGH</u> Signature Date <u>11/30/2015</u>	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139216

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE CATHERINE J HAULEK

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>5885.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>5885.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>250.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>6135.00</u>	(20.) \$ <u>6135.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2985.10</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2985.10</u>	(23.) \$ <u>5046.61</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>3443.72</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>250.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3693.72</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2985.10</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>708.62</u>	*



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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

139216

2. Committee Name

CTE CATHERINE J. HAYGH

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

10/27/15

Name & Address:

LAPIANA LOUIS
208 CATALPA DR.
ROYAL OAK, MI 48067

\$ 250.00 \$ 250.00

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

Occupation

CPA

Employer

SELF

[Click Here for Memo Itemization](#)

Business Address

208 CATALPA DR. ROYAL OAK, MI 48067

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$ \$

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

[Click Here for 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

\$ \$

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

[Click Here for 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

\$ \$

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

[Click Here for Memo Itemization](#)

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

250.00

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

6135.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139216
2. Committee Name CIE CATHERINE J HAUBH

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>GORDON FOOD SERVICE</u> Address <u>34300 GRATIOT</u> <u>CLINTON TWP. MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2015</u> Date	<u>\$ 18.58</u>
Expenditure #2 Name <u>TIM HORTON'S</u> Address <u>30721 GRATIOT</u> <u>ROSEVILLE, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COFFEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/3/2015</u> Date	<u>\$ 33.90</u>
Expenditure #3 Name <u>STAPLES</u> Address <u>31900 GRATIOT AVE</u> <u>ROSEVILLE, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/3/2015</u> Date	<u>\$ 29.65</u>
Expenditure #4 Name <u>DIMMY JOHN'S</u> Address <u>29016 GRATIOT</u> <u>ROSEVILLE, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/3/2015</u> Date	<u>\$ 57.64</u>
Expenditure #5 Name <u>STONEWOOD LOUNGE</u> Address <u>28775 UTICA RD.</u> <u>ROSEVILLE, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FACILITY RENTAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/3/2015</u> Date	<u>\$ 240.00</u>

Subtotal this page

379.77

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139216
2. Committee Name CTE CATHERINE J HAUGH

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>EASTPOINTE-RSYL</u> <u>CHAMBER OF COMMERCE</u> Address <u>23320 GRATIOT</u> <u>ROSEVILLE, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2015</u> Date	<u>\$ 30.00</u>
Expenditure #2 Name <u>REGINA HIGH SCHOOL</u> Address <u>13900 MASONIC BLVD.</u> <u>WARREN, MI 48088</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/2015</u> Date	<u>\$ 100.00</u>
Expenditure #3 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTED MATTER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/9/2015</u> Date	<u>\$ 2,443.54</u>
Expenditure #4 Name <u>SALVATION ARMY</u> Address <u>24140 MOUND</u> <u>WARREN, MI 48091</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/23/2015</u> Date	<u>\$ 31.79</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			<u>2605.33</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>2985.10</u>

Enter this total
on line 8a of
Summary Page