



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

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CARMELLA SABLAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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CANDIDATE COMMITTEE
COVER PAGE

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 138559-5		3. This Statement covers: from <u>11/24/14</u> to <u>07/20/15</u>	
2. Committee Name Friends of Fred Miller		4. Candidate Last Name Miller First Name Frederick M.I.	
5. Committee's Mailing Address PO Box 46274 Mount Clemens, MI 48046 Area Code and Phone _____ 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.		4a. Office Sought Including District # or Community Served (if applicable) County Commissioner, 9th District 4b. County of Residence MACOMB	
7. Treasurer's Business Address None Area Code and Phone _____		6. Treasurer's Name & Residential Address Michelle DeBeaussaert 39856 Brylor Court Clinton Township, MI 48038 Area Code & Phone (586) 228-3222	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input 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 _____		8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone _____ 9c. <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) 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 hereby 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>Michelle DeBeaussaert</u> Type or Print Name		<u>Michelle DeBeaussaert</u> Date <u>7/24/15</u> Signature	
Candidate <u>Frederick Miller</u> Type or Print Name		<u>Frederick Miller</u> Date <u>7/23/15</u> Signature	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138559

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Friends of Fred Miller

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>25,880.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$25,880.00</u>	(18.) \$ <u>\$81,255.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$42.82</u>	(19.) \$ <u>\$142.82</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$25,922.82</u>	(20.) \$ <u>\$81,397.82</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$1,643.50</u>	(21.) \$ <u>\$3,051.58</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>\$5,701.22</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>\$150.68</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$5,851.90</u>	(23.) \$ <u>\$34,794.13</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. TOTAL 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. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$6,625.54</u>	
b. Owed 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>\$60,068.44</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$25,922.82</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$85,991.26</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$5,851.90</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$80,139.36</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/30/2014</u> Name: Jane Gabler Address: 35611 Grayfield Sterling Heights MI 48312 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	50.00	50.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/20/2015</u> Name: Joyce Lalonde Address: 24801 Rosalind Eastpointe MI 48021 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	100.00	100.00
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/21/2015</u> Name: Mark Brewer Address: 37414 Stonegate Circle Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Goodman & Acker</u> Business Address <u>17000 W. 10 Mile Road Southfield MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	330.00	330.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/21/2015</u> Name: Michelle DeBeaussaert Address: 39856 Brylor Ct. Clinton Twp MI 48038 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	50.00	50.00
Page Subtotal	530.00	
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 138559-5
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/26/2015</u> Name: <u>Joyce Lalonde</u> Address: <u>24801 Rosalind</u> <u>Eastpointe MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>Retired</u> Business <u>Same as home</u> Address <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/26/2015</u> Name: <u>Rosa Lee Walker</u> Address: <u>34 Park Street</u> <u>Mount Clemens MI 48043</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	35.00	35.00
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/03/2015</u> Name: <u>Sarah Roberts for State Rep</u> Address: <u>PO Box 643</u> <u>St Clair Shores MI 48080</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	100.00	100.00
3. Contribution # <u>8</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/09/2015</u> Name: <u>Debra Dorosh</u> Address: <u>44188 Rina Lane</u> <u>Clinton Twp. MI 48038</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	50.00	50.00
Page Subtotal	285.00	
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 138559-5
2. Committee Name Friends of Fred Miller

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3. Contribution # <u>9</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/09/2015</u> Name: Julie Wright Address: 3342 Aquinas Rochester Hills MI 48309 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	75.00	75.00
3. Contribution # <u>10</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/19/2015</u> Name: Dianne Byrum Address: 4933 Bellevue Road Onondaga MI 49264 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	1000.00	1000.00
3. Contribution # <u>11</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/27/2015</u> Name: Debra Dorosh Address: 44188 Rina Lane Clinton Twp. MI 48038 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	50.00	100.00
3. Contribution # <u>12</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/01/2015</u> Name: Joyce Lalonde Address: 24801 Rosalind Eastpointe MI 48021 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>Retired</u> Business Address <u>Same as home</u> Home MI <u>00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	300.00
Page Subtotal	1225.00	
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 138559-5
2. Committee Name Friends of Fred Miller

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3. Contribution # <u>13</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/03/2015</u> Name: <u>Judith Bonior</u> Address: <u>1000 New Jersey Ave SE</u> <u>Washington DC 20003</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>RETIRED</u> Business Same as Home Address <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>14</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: <u>Victoria Barrows</u> Address: <u>20401 Erben</u> <u>St. Clair Shores MI 48081</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	30.00	30.00
3. Contribution # <u>15</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: <u>Clara Brnjac</u> Address: <u>2375 Maplecrest</u> <u>Sterling Heights MI 48310</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	30.00	30.00
3. Contribution # <u>16</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: <u>Ron Campbell</u> Address: <u>44 Lodewyck</u> <u>Mt. Clemens MI 48043</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	30.00	30.00
Page Subtotal	590.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

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3. Contribution # <u>17</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: Philip Cangemi Address: 11235 Hemlock Sterling Heights MI 48312 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	100.00	100.00
3. Contribution # <u>18</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: Irene Courtney Address: 17747 N. Nunneley Clinton Township MI 48036 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	30.00	30.00
3. Contribution # <u>19</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: Gary Cynowa Address: 45451 Fielding St Macomb MI 48042 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	60.00	60.00
3. Contribution # <u>20</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: Nancy Donahue Address: 80 Eastman Street Mount Clemens MI 48043 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	30.00	30.00
Page Subtotal	220.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>25</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: Cheryl Krysiak Address: 65 Kendrick St Mt. Clemens MI 48043 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	15.00	15.00
3. Contribution # <u>26</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: Michael Labuhn Address: 57248 White Oaks Washington MI 48094 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	30.00	30.00
3. Contribution # <u>27</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: Pamela Lavers Address: 27870 Lauren St E Harrison Township MI 48045 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	30.00	30.00
3. Contribution # <u>28</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: Kevin Marvin Address: 17474 Doleen Macomb Township MI 48044 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	30.00	30.00
Page Subtotal	105.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>29</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: <u>James O'Brien</u> Address: <u>42041 Little Road</u> <u>Clinton Township MI 48036</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	50.00	50.00
3. Contribution # <u>30</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: <u>Dolora Paull</u> Address: <u>38831 Townhill</u> <u>Harrison Township MI 48045</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	30.00	30.00
3. Contribution # <u>31</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: <u>Jon Pettyes</u> Address: <u>23646 Kim Drive</u> <u>Clinton Twp MI 48035</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	25.00	25.00
3. Contribution # <u>32</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: <u>Pipefitter's Loc 636 PAC St</u> Address: <u>30100 Northwestern</u> <u>Farmington Hills MI 48334</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	500.00	500.00
Page Subtotal	605.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
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3. Contribution # <u>33</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: <u>Terry Pritchett</u> Address: <u>62823 Tournament Dr</u> <u>Washington Twp MI 48094</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	30.00	30.00
3. Contribution # <u>34</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: <u>Marcia Relyea</u> Address: <u>79 South Wilson</u> <u>Mt. Clemens MI 48043</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	60.00	60.00
3. Contribution # <u>35</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: <u>Elaine Shinnaberry</u> Address: <u>35844 Rutherford Dr</u> <u>Clinton Township MI 48035</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	30.00	30.00
3. Contribution # <u>36</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: <u>Theodora Skinner</u> Address: <u>22424 Milner</u> <u>St. Clair Shores MI 48081</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	30.00	30.00
Page Subtotal	150.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

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Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>37</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: <u>Thomas Stanton</u> Address: <u>50945 Ashley St.</u> <u>New Baltimore MI 48047</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	50.00	50.00
3. Contribution # <u>38</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/2015</u> Name: <u>Nancy Ventimiglia</u> Address: <u>20141 Woodward</u> <u>Clinton Township MI 48035</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	30.00	30.00
3. Contribution # <u>39</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/06/2015</u> Name: <u>CTE Laura Cardamone</u> Address: <u>17187 Canvasback</u> <u>Clinton Township MI 48038</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	100.00	100.00
3. Contribution # <u>40</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/09/2015</u> Name: <u>Leo Lalonde</u> Address: <u>24801 Rosalind</u> <u>Eastpointe MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>Retired</u> Business Address <u>Same as home</u> Address <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
Page Subtotal	680.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>41</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/09/2015</u> Name: Eileen McMichael Address: 18139 Fleur de Lis Clinton Twp. MI 48038 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	100.00	100.00
3. Contribution # <u>42</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/09/2015</u> Name: Donald Ritzenheim Address: 45546 Limerick Macomb MI 48044 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	100.00	100.00
3. Contribution # <u>43</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/09/2015</u> Name: Ronald Robinson Address: 39801 Moravian Clinton Township MI 48036 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	30.00	30.00
3. Contribution # <u>44</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/09/2015</u> Name: Judy Timpner Address: 28811 Glenbrook Farmington Hills MI 48331 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	100.00	100.00
Page Subtotal	330.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>45</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/09/2015</u> Name: <u>Mark Wojdynski</u> Address: <u>20255 Nicke</u> <u>Clinton Township MI 48035</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	30.00	30.00
3. Contribution # <u>46</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>John Axe</u> Address: <u>21 Kercheval, Suite 360</u> <u>Grosse Pointe Farms MI 48236</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	100.00	100.00
3. Contribution # <u>47</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Bricklayers Local 1 MI Pac</u> Address: <u>21031 Ryan Road</u> <u>Warren MI 48091</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	100.00	100.00
3. Contribution # <u>48</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Jack Dolan</u> Address: <u>42850 Garfield</u> <u>Clinton Township MI 48038</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	100.00	100.00
Page Subtotal	330.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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3. Contribution # <u>49</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Jonathon Fielbrandt</u> Address: <u>5929 Misty Hill Court</u> <u>Clarkston MI 48346</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	100.00	100.00
3. Contribution # <u>50</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>David Joseph Flynn</u> Address: <u>2957 Parkway Circle</u> <u>Apt F</u> <u>Sterling Heights MI 48310</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	100.00	100.00
3. Contribution # <u>51</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Eugene Gargaro, Jr.</u> Address: <u>22 Renaud Road</u> <u>Grosse Pointe Shores MI 48236</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	100.00	100.00
3. Contribution # <u>52</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>James Jacobs</u> Address: <u>1017 Balfour</u> <u>Grosse Pointe MI 48230</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	100.00	100.00
Page Subtotal	400.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>53</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Joyce Lalonde</u> Address: <u>24801 Rosalind</u> <u>Eastpointe MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>Retired</u> Business Same as home Address <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	400.00
3. Contribution # <u>54</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Robert Leonetti</u> Address: <u>47 Crocker</u> <u>Mt. Clemens MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Robert Leonetti</u> Business <u>47 Crocker</u> Address <u>Mt Clemens MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>55</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Marguerite Moore</u> Address: <u>41037 Court</u> <u>Clinton Township MI 48038</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	30.00	30.00
3. Contribution # <u>56</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Norrine Neville</u> Address: <u>22464 Virginia</u> <u>Eastpointe MI 48021</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	30.00	30.00
Page Subtotal	660.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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3. Contribution # <u>57</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Eliza Parkinson</u> Address: <u>406 Waverley Ave</u> <u>Royal Oak MI 48067</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	100.00	100.00
3. Contribution # <u>58</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Judith Payton</u> Address: <u>4732 Barcroft</u> <u>Sterling Heights MI 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address <u>Same as home</u> <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>59</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Plumber's Local 98</u> Address: <u>531 E SEVEN MILE RD</u> <u>Detroit MI 48203</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	100.00	100.00
3. Contribution # <u>60</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Barbara Rossman</u> Address: <u>54311 Queensborough</u> <u>Shelby Township MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Henry Ford Macomb Hospital</u> Business Address <u>15855 19 Mile Road</u> <u>Clinton Twp MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250.00	250.00
Page Subtotal	650.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

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3. Contribution # <u>61</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Eleanor Tocco</u> Address: <u>37139 N. Aragona</u> <u>Clinton Twp MI 48036</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	100.00	100.00
3. Contribution # <u>62</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Josh Weston</u> Address: <u>1436 Albany Avenue</u> <u>Ferndale MI 48220</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	30.00	30.00
3. Contribution # <u>63</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/2015</u> Name: <u>Julie Wright</u> Address: <u>3342 Aquinas</u> <u>Rochester Hills MI 48309</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Utica Community Schools</u> Business Address <u>11303 Greendale</u> <u>Sterling Heights MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	150.00	225.00
3. Contribution # <u>64</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>03/13/2015</u> Name: <u>Registrars PAC Local 58 IBEW</u> Address: <u>1358 Abbott St</u> <u>Detroit MI 48226</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	500.00	500.00
Page Subtotal	780.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>65</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/15/2015</u> Name: Rick Flynn Address: 43225 Chardonay Drive Sterling Heights MI 48314 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	100.00	100.00
3. Contribution # <u>66</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/15/2015</u> Name: Dana Gire Address: 37567 Radde Street Clinton Twp MI 48036 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	60.00	60.00
3. Contribution # <u>67</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>03/15/2015</u> Name: Local #1 MEA PAC Address: 38550 Garfield, Suite B Clinton Township MI 48038 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	500.00	500.00
3. Contribution # <u>68</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>03/15/2015</u> Name: Rizzo Enviro. Services PAC Address: 6200 Elmridge Sterling Heights MI 48313 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	500.00	500.00
Page Subtotal	1160.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>69</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/2015</u> Name: <u>John Miller</u> Address: <u>46690 Partridge Creek</u> <u>Clinton Township MI 48038</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	30.00	30.00
3. Contribution # <u>70</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/20/2015</u> Name: <u>Judy Strong</u> Address: <u>20054 15 Mile Road</u> <u>Clinton Twp MI 48035</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	30.00	30.00
3. Contribution # <u>71</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/22/2015</u> Name: <u>Harold Brewer</u> Address: <u>21371 Cass Ave</u> <u>Clinton Township MI 48036</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	30.00	30.00
3. Contribution # <u>72</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/22/2015</u> Name: <u>Margaret DeMuyneck</u> Address: <u>52171 Jacqueline Court</u> <u>Macomb Township MI 48042</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	30.00	30.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		120.00

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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3. Contribution # <u>73</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/22/2015</u> Name: Patrick Maceroni Address: 105 S. Wilson Mount Clemens MI 48043 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	50.00	50.00
3. Contribution # <u>74</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/22/2015</u> Name: Andrew Patzert Address: 21175 Harrington Clinton Township MI 48036 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	100.00	100.00
3. Contribution # <u>75</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/22/2015</u> Name: John Rauchman Address: 525 E. Woodland St. Apt. D Ferndale MI 48220 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	30.00	30.00
3. Contribution # <u>76</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/22/2015</u> Name: Michael Smith Address: 33006 Slocum St Farmington MI 48336 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	30.00	30.00
Page Subtotal	210.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>77</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/22/2015</u> Name: <u>Grozda Swetech</u> Address: <u>44370 Cadbury Drive</u> <u>Clinton Township MI 48038</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	30.00	30.00
3. Contribution # <u>78</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/22/2015</u> Name: <u>Ronald Syme</u> Address: <u>38690 Long</u> <u>Harrison Township MI 48045</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	30.00	30.00
3. Contribution # <u>79</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/22/2015</u> Name: <u>Jill Zech</u> Address: <u>19292 Scenic Harbor</u> <u>Macomb Township MI 48044</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	30.00	30.00
3. Contribution # <u>80</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/25/2015</u> Name: <u>Loretta Brownlee</u> Address: <u>240 Clinton River Drive</u> <u>Mt. Clemens MI 48043</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	15.00	15.00
Page Subtotal	105.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>81</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Dominic Abbate</u> Address: <u>2500 Royal View Drive</u> <u>Oakland MI 48363</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	30.00	30.00
3. Contribution # <u>82</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>John Bierbusse</u> Address: <u>77147 N. Mary Grace Court</u> <u>Romeo MI 48065</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	30.00	30.00
3. Contribution # <u>83</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Dennis Bruck</u> Address: <u>19637 LLOYD</u> <u>Clinton Twp MI 48038</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	30.00	30.00
3. Contribution # <u>84</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Nick Ciaramitaro</u> Address: <u>19473 Candlelight</u> <u>Roseville MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Legislative Director</u> Employer <u>AFSCME Council 25</u> Business Address <u>600 Lafayette</u> <u>Detroit MI 48235</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250.00	250.00
Page Subtotal	340.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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3. Contribution # <u>85</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: CTE Denise Mentzer Address: 1399 Kingsley Mount Clemens MI 48043 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	100.00	100.00
3. Contribution # <u>86</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: Michelle DeBeaussaert Address: 39856 Brylor Ct. Clinton Twp MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address <u>Same as home</u> Home MI 00000 Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	150.00
3. Contribution # <u>87</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: Cardi DeMonaco Address: 23225 Oakwood Eastpointe MI 48021 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	30.00	30.00
3. Contribution # <u>88</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: Debra Dorosh Address: 44188 Rina Lane Clinton Twp. MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>Same as Home</u> Home MI 00000 Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00	150.00
Page Subtotal	280.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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3. Contribution # <u>89</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Nancy Falcone</u> Address: <u>63308 Ashbury Drive</u> <u>Washington MI 48095</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	30.00	30.00
3. Contribution # <u>90</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>John Foster</u> Address: <u>38567 Riverside Drive</u> <u>Clinton Twp MI 48036</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	100.00	100.00
3. Contribution # <u>91</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Sara Gielegthem</u> Address: <u>37905 Horseshoe Drive</u> <u>Clinton Township MI 48036</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	60.00	60.00
3. Contribution # <u>92</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Barb Gotz</u> Address: <u>4626 County Road 489</u> <u>Onaway MI 49765</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	75.00	75.00
Page Subtotal	265.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>93</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Barry Gross</u> Address: <u>9838 Dixie Hwy</u> <u>Fair Haven MI 48023</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	30.00	30.00
3. Contribution # <u>94</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Thomas Guastello</u> Address: <u>34120 Woodward</u> <u>Birmingham MI 48009</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	100.00	100.00
3. Contribution # <u>95</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Paula Herbart</u> Address: <u>21163 Hale</u> <u>Clinton Township MI 48036</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	100.00	100.00
3. Contribution # <u>96</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Thomas Hill</u> Address: <u>15 S. Highland</u> <u>Mt. Clemens MI 48043</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	100.00	100.00
Page Subtotal	330.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>97</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Laura Kropp</u> Address: <u>15 Belleview</u> <u>Mt. Clemens MI 48043</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	100.00	100.00
3. Contribution # <u>98</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>John MacArthur</u> Address: <u>40 W. Breitmeyer Place</u> <u>Mount Clemens MI 48043</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	30.00	30.00
3. Contribution # <u>99</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>James Maceroni</u> Address: <u>22954 Allen Road</u> <u>St. Clair Shores MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Judge</u> Employer <u>16th Circuit Court</u> Business Address <u>40 N. Main Street</u> <u>Mount Clemens MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>100</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Beverly Miller</u> Address: <u>11499 Stewart Beach Road</u> <u>Onaway MI 49765</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>Same as Home</u> <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
Page Subtotal	1130.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>101</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Cindy Miller</u> Address: <u>46690 Partridge Creek</u> <u>Macomb MI 48044</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	30.00	30.00
3. Contribution # <u>102</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>MRCC MI Reg Coun of Carpenters</u> Address: <u>400 Tower, Ren Cen</u> <u>Suite 1010</u> <u>Detroit MI 48243</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	1000.00	1000.00
3. Contribution # <u>103</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Colleen Orr</u> Address: <u>54637 Marissa Way</u> <u>Shelby Township MI 48316</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	30.00	30.00
3. Contribution # <u>104</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Ken Pearl</u> Address: <u>38316 Santa Barbara</u> <u>Clinton Twp MI 48036</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	30.00	30.00
Page Subtotal	1090.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>105</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: Elizabeth Pugh Address: 22641 Katzman Clinton Township MI 48035 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	30.00	30.00
3. Contribution # <u>106</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: William Putney Address: 8151 Division Casco MI 48064 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	30.00	30.00
3. Contribution # <u>107</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: Catherine Reed Address: 150 S. Wilson Mount Clemens MI 48043 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	50.00	50.00
3. Contribution # <u>108</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: Stephen Saph Address: 44 Macomb Place Mount Clemens MI 48046 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	100.00	100.00
Page Subtotal	210.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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3. Contribution # <u>109</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Sheet Metal Worker's Loc 80</u> Address: <u>17255 W 10 Mile</u> <u>Southfield MI 48075</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	100.00	100.00
3. Contribution # <u>110</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Joe Slabbinck</u> Address: <u>7012 Amberwick Way</u> <u>Citrus Heights CA 95621</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	30.00	30.00
3. Contribution # <u>111</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>William Sowerby</u> Address: <u>37860 Saddle Lane</u> <u>Clinton Twp MI 48036</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	100.00	100.00
3. Contribution # <u>112</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Matthew Switalski</u> Address: <u>43838 Pintail</u> <u>Clinton Township MI 48038</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	30.00	30.00
Page Subtotal	260.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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3. Contribution # <u>113</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Mary Vandermaas</u> Address: <u>14351 Pernell</u> <u>Sterling Heights MI 48313</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	50.00	50.00
3. Contribution # <u>114</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Jennifer Jo West</u> Address: <u>20752 Aldo Ct</u> <u>Clinton Twp MI 48038</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	30.00	30.00
3. Contribution # <u>115</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/2015</u> Name: <u>Paul Wojno</u> Address: <u>32025 Margaret Court</u> <u>Warren MI 48093</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	100.00	100.00
3. Contribution # <u>116</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2015</u> Name: <u>Robert Fetter</u> Address: <u>22028 Englehardt</u> <u>St. Clair Shores MI 48080</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	100.00	100.00
Page Subtotal	280.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

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3. Contribution # <u>117</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2015</u> Name: <u>Joan Flynn</u> Address: <u>13810 Trafalga</u> <u>Warren MI 48088</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	20.00	20.00
3. Contribution # <u>118</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2015</u> Name: <u>Mary Jane Howard</u> Address: <u>17751 Edloyton Way</u> <u>Clinton Twp MI 48038</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	25.00	25.00
3. Contribution # <u>119</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2015</u> Name: <u>Michael R Kramer</u> Address: <u>2600 Big Beaver Road</u> <u>Suite 300</u> <u>Troy MI 48084</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	100.00	100.00
3. Contribution # <u>120</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2015</u> Name: <u>Anne Lilla</u> Address: <u>153 South Highland</u> <u>Mt. Clemens MI 48043</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	60.00	60.00
Page Subtotal	205.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>121</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2015</u> Name: <u>Carolee Schmid</u> Address: <u>165 Floral Avenue</u> <u>Mt. Clemens MI 48043</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	10.00	10.00
3. Contribution # <u>122</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/2015</u> Name: <u>Clemmie Swoope</u> Address: <u>17200 Dove Street, Unit 324</u> <u>Clinton Township MI 48038</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	20.00	20.00
3. Contribution # <u>123</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/06/2015</u> Name: <u>Lori Richards</u> Address: <u>364 Harrington</u> <u>Mt. Clemens MI 48043</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	100.00	100.00
3. Contribution # <u>124</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/11/2015</u> Name: <u>Debra Dorosh</u> Address: <u>44188 Rina Lane</u> <u>Clinton Twp. MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>Same as Home</u> Address <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00	200.00
Page Subtotal	180.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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3. Contribution # <u>125</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/16/2015</u> Name: Sarah Stovall Address: 23628 Marlborough Clinton Twp MI 48036 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	50.00	50.00
3. Contribution # <u>126</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/20/2015</u> Name: Carole Bannister Address: 18877 Highlite Drive S. Clinton Township MI 48035 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	30.00	30.00
3. Contribution # <u>127</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/20/2015</u> Name: Marilyn Grosteffon Address: 1984 Lockmoor Blvd Grosse Pointe Woods MI 48236 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	30.00	30.00
3. Contribution # <u>128</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/20/2015</u> Name: Brian Jackson Address: 5049 Lakeshore Road Lot 1 Lexington MI 48450 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	20.00	20.00
Page Subtotal	130.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>129</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/2015</u> Name: Julie Wright Address: 3342 Aquinas Rochester Hills MI 48309 5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Utica Community Schools</u> Business 11303 Greendale Address <u>Sterling Heights MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	325.00
3. Contribution # <u>130</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/07/2015</u> Name: Freya Weberman Address: 10144 Ludlow Huntington Woods MI 48070 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	50.00	50.00
3. Contribution # <u>131</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/12/2015</u> Name: Dominic Abbate Address: 2500 Royal View Drive Oakland MI 48363 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	30.00	60.00
3. Contribution # <u>132</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/2015</u> Name: Edward Bruley Address: 38157 Radde Clinton Township MI 48036 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>Retired</u> Business Same as home Address <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	400.00	400.00
Page Subtotal	580.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>133</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/2015</u> Name: <u>Joyce Lalonde</u> Address: <u>24801 Rosalind</u> <u>Eastpointe MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>Retired</u> Business <u>Same as home</u> Address <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	500.00
3. Contribution # <u>134</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/15/2015</u> Name: <u>Evelyn Baron</u> Address: <u>24061 Majestic Blvd</u> <u>Oak Park MI 48237</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	20.00	20.00
3. Contribution # <u>135</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/15/2015</u> Name: <u>Michelle DeBeaussaert</u> Address: <u>39856 Brylor Ct.</u> <u>Clinton Twp MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business <u>Same as home</u> Address <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	150.00	300.00
3. Contribution # <u>136</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/21/2015</u> Name: <u>Rick Flynn</u> Address: <u>43225 Chardonay Drive</u> <u>Sterling Heights MI 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Uniserve Director</u> Employer <u>MEA Local 1</u> Business <u>38550 Garfield</u> Address <u>Clinton Township MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	200.00
Page Subtotal	370.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>137</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/21/2015</u> Name: <u>Michael R Kramer</u> Address: <u>2600 Big Beaver Road</u> <u>Suite 300</u> <u>Troy MI 48084</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Crestmark Bank</u> Business <u>5480 Corporate Drive</u> Address <u>Troy MI 48098</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # <u>138</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/24/2015</u> Name: <u>Judy Timpner</u> Address: <u>28811 Glenbrook</u> <u>Farmington Hills MI 48331</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Court Administrator</u> Employer <u>17th District Court</u> Business <u>15111 Beech Daly</u> Address <u>Redford MI 48239</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	130.00
3. Contribution # <u>139</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>05/27/2015</u> Name: <u>MRCC MI Reg Coun of Carpenters</u> Address: <u>400 Tower, Ren Cen</u> <u>Suite 1010</u> <u>Detroit MI 48243</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	1000.00	2000.00
3. Contribution # <u>140</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2015</u> Name: <u>John Axe</u> Address: <u>21 Kercheval, Suite 360</u> <u>Grosse Pointe Farms MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Axe & Eckland</u> Business <u>21 Kercheval</u> Address <u>Grosse Pointe Farms MI 48236</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00
Page Subtotal	1230.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>141</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2015</u> Name: <u>Brian Brdak</u> Address: <u>51696 Promenade Circle</u> <u>New Baltimore MI 48047</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	100.00	100.00
3. Contribution # <u>142</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2015</u> Name: <u>Nancy Duemling</u> Address: <u>20776 Moxon Drive</u> <u>Clinton Township MI 48036</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	30.00	30.00
3. Contribution # <u>143</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2015</u> Name: <u>Eugene Gargaro, Jr.</u> Address: <u>22 Renaud Road</u> <u>Grosse Pointe Shores MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>Masco Tech</u> Business Address <u>10769 Plaza Drive</u> <u>Whitmore Lake MI 48189</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # <u>144</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>05/28/2015</u> Name: <u>Local #1 MEA PAC</u> Address: <u>38550 Garfield, Suite B</u> <u>Clinton Township MI 48038</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	200.00	700.00
Page Subtotal	430.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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3. Contribution # <u>145</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>05/28/2015</u> Name: Pipefitter's Loc 636 PAC St Address: 30100 Northwestern Farmington Hills MI 48334 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	500.00	1000.00
3. Contribution # <u>146</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>05/28/2015</u> Name: Plumber's Local 98 Address: 531 E SEVEN MILE RD Detroit MI 48203 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	100.00	200.00
3. Contribution # <u>147</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>05/28/2015</u> Name: Sheet Metal Worker's Loc 80 Address: 17255 W 10 Mile Southfield MI 48075 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	100.00	200.00
3. Contribution # <u>148</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2015</u> Name: Michelle DeBeaussiaert Address: 39856 Brylor Ct. Clinton Twp MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address <u>Same as home</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00	350.00
Page Subtotal	750.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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3. Contribution # <u>149</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2015</u> Name: <u>Debra Dorosh</u> Address: <u>44188 Rina Lane</u> <u>Clinton Twp. MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business <u>Same as Home</u> Address <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00	250.00
3. Contribution # <u>150</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2015</u> Name: <u>Jennifer McKernan</u> Address: <u>19750 E. Kings Court</u> <u>Grosse Pointe Woods MI 48236</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	100.00	100.00
3. Contribution # <u>151</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Robert Allison</u> Address: <u>2445 Cummings</u> <u>Apt B20</u> <u>Berkley MI 48072</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>SEIU Michigan State Council</u> Business <u>201 N. Washington</u> Address <u>Lansing MI 48909</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	210.00	210.00
3. Contribution # <u>152</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Millicent Berry</u> Address: <u>25435 Wareham</u> <u>Huntington Woods MI 48070</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	25.00	25.00
Page Subtotal	385.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

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3. Contribution # <u>153</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Mark Brewer</u> Address: <u>37414 Stonegate Circle</u> <u>Clinton Township MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Goodman & Acker</u> Business <u>17000 W. 10 Mile Road</u> Address <u>Southfield MI 48075</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	430.00
3. Contribution # <u>154</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Lisa Brown</u> Address: <u>4480 Strathdale Lane</u> <u>West Bloomfield MI 48323</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	30.00	30.00
3. Contribution # <u>155</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Daniel Cherrin</u> Address: <u>3786 Tyler Ave</u> <u>Berkley MI 48072</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	30.00	30.00
3. Contribution # <u>156</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Nick Ciaramitaro</u> Address: <u>19473 Candlelight</u> <u>Roseville MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Legislative Director</u> Employer <u>AFSCME Council 25</u> Business <u>600 Lafayette</u> Address <u>Detroit MI 48235</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	350.00
Page Subtotal	260.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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3. Contribution # <u>157</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Nancy Falcone</u> Address: <u>63308 Ashbury Drive</u> <u>Washington MI 48095</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	30.00	60.00
3. Contribution # <u>158</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>John Freeman</u> Address: <u>28342 Dartmouth</u> <u>Madison Heights MI 48071</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	100.00	100.00
3. Contribution # <u>159</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>August Gitschlag</u> Address: <u>22101 Francis Street</u> <u>St. Clair Shores MI 48082</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	40.00	40.00
3. Contribution # <u>160</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Charles Goedert</u> Address: <u>821 W. Breckenridge</u> <u>Ferndale MI 48220</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	30.00	30.00
Page Subtotal	200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>161</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>David Green</u> Address: <u>28282 Harwich</u> <u>Farmington Hills MI 48334</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	50.00	50.00
3. Contribution # <u>162</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Tim Greimel</u> Address: <u>2640 Greenstone Blvd.</u> <u>Apt. 1704</u> <u>Auburn Hills MI 48326</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	100.00	100.00
3. Contribution # <u>163</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Richard Herbst</u> Address: <u>15509 Birwood</u> <u>Beverly Hills MI 48025</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	30.00	30.00
3. Contribution # <u>164</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Kevin Hrit</u> Address: <u>2937 Wakefield</u> <u>Berkley MI 48072</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	30.00	30.00
Page Subtotal	210.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>165</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Liz Lenhard</u> Address: <u>208 S. Minerva</u> <u>Royal Oak MI 48067</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	30.00	30.00
3. Contribution # <u>166</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Barry Lepler</u> Address: <u>13159 Nadine</u> <u>Huntington Woods MI 48070</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	50.00	50.00
3. Contribution # <u>167</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Hugh Madden</u> Address: <u>2650 Edgemont</u> <u>Trenton MI 48183</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	60.00	60.00
3. Contribution # <u>168</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Jeremy Mahrle</u> Address: <u>3905 Devon Road</u> <u>Apt. 5</u> <u>Royal Oak MI 48073</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	25.00	25.00
Page Subtotal	165.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>169</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Marian McClellan</u> Address: <u>14100 Balfour</u> <u>Oak Park MI 48237</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	50.00	50.00
3. Contribution # <u>170</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>James Miller</u> Address: <u>26105 LaMuera</u> <u>Farmington Hills MI 48334</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>James Miller</u> Business Address <u>26105 LaMuera</u> <u>Farmington Hills MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>171</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Miller Canfield PAC</u> Address: <u>150 W Jefferson</u> <u>Detroit MI 48226</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	500.00	1500.00
3. Contribution # <u>172</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Kay D Nowaczok</u> Address: <u>40430 Pritts</u> <u>Clinton Township MI 48038</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	100.00	100.00
Page Subtotal	1150.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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3. Contribution # <u>173</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Eliza Parkinson</u> Address: <u>406 Waverley Ave</u> <u>Royal Oak MI 48067</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Utica Education Assoc</u> Business <u>13969 Plumbrook</u> Address <u>Sterling Heights MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # <u>174</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Cynthia Reid</u> Address: <u>6050 Shappie Road</u> <u>Clarkston MI 48348</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	30.00	30.00
3. Contribution # <u>175</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Ronald Robinson</u> Address: <u>39801 Moravian</u> <u>Clinton Township MI 48036</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	50.00	80.00
3. Contribution # <u>176</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Patrick Rorai</u> Address: <u>357 McKinley</u> <u>Grosse Pointe Farms MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>McKnight et.al. PLLP</u> Business <u>400 Galleria</u> Address <u>Southfield MI 48034</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
Page Subtotal	680.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>177</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Graham Shullman</u> Address: <u>17138 Kirkshire</u> <u>Beverly Hills MI 48025</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	100.00	100.00
3. Contribution # <u>178</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Michael Wasielewski</u> Address: <u>801 W. Long Lake Road, D2</u> <u>Bloomfield Hills MI 48302</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	30.00	30.00
3. Contribution # <u>179</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Jody Weissler DeFoe</u> Address: <u>23470 Riverview</u> <u>Southfield MI 48034</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	100.00	100.00
3. Contribution # <u>180</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/2015</u> Name: <u>Eric Woody</u> Address: <u>43139 Coralbean Court</u> <u>Sterling Heights MI 48314</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	30.00	30.00
Page Subtotal	260.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>181</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/01/2015</u> Name: <u>Friends of Macomb</u> Address: <u>39856 Brylor Court</u> <u>Clinton Township MI 48038</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	250.00	250.00
3. Contribution # <u>182</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/02/2015</u> Name: <u>Robert Wittenberg</u> Address: <u>26131 Harding</u> <u>Oak Park MI 48237</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	50.00	50.00
3. Contribution # <u>183</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/09/2015</u> Name: <u>Michael Labuhn</u> Address: <u>57248 White Oaks</u> <u>Washington MI 48094</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	60.00	90.00
3. Contribution # <u>184</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/2015</u> Name: <u>Andy Meisner for Treasurer</u> Address: <u>PO Box 2197</u> <u>Royal Oak MI 48068</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	100.00	100.00
Page Subtotal	460.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>185</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/2015</u> Name: <u>Evelyn Baran</u> Address: <u>One Beach Drive SE</u> <u>#1809</u> <u>St. Petersburg FL 33701</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	100.00	100.00
3. Contribution # <u>186</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/2015</u> Name: <u>Bruce Burton</u> Address: <u>3513 Lady Anne Court</u> <u>Alexandria VA 22310</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	100.00	100.00
3. Contribution # <u>187</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/2015</u> Name: <u>Michael Hacker</u> Address: <u>924 P Street NW</u> <u>Washington DC 20001</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Policy Analyst</u> Employer <u>Quinn, Gillespie & Assoc</u> Business Address <u>1133 Connecticut Ave NW</u> <u>Washington DC 20036</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	250.00	250.00
3. Contribution # <u>188</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/2015</u> Name: <u>Dean Pettipren</u> Address: <u>415 Lake Shore Drivew</u> <u>Grosse Pointe Farms MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Pettipren Distributors</u> Business Address <u>44500 Groesbeck</u> <u>Clinton Twp MI 48036</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
Page Subtotal	1450.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>189</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/2015</u> Name: <u>Diane Petitpren</u> Address: <u>415 Lake Shore</u> <u>Grosse Pointe Farms MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>RETIRED</u> Business <u>Same as Home</u> Address <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>190</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/2015</u> Name: <u>John Quinn</u> Address: <u>19 1/2 Robin Road</u> <u>Richmond VA 23226</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Instruction</u> Employer <u>St. Catherine's School</u> Business <u>6001 Grove</u> Address <u>Richmond VA 23226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	150.00	150.00
3. Contribution # <u>191</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/17/2015</u> Name: <u>Andrew Meisner</u> Address: <u>12786 Talbot Lane</u> <u>Huntington Woods MI 48070</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	100.00	100.00
3. Contribution # <u>192</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/26/2015</u> Name: <u>Ind MI PAC Council Teachers</u> Address: <u>13969 Plumbrook Road</u> <u>Suite B</u> <u>Sterling Heights MI 48312</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	1500.00	1500.00
Page Subtotal	2750.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

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3. Contribution # <u>193</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/29/2015</u> Name: <u>Pamela Kellar</u> Address: <u>60426 Miriam</u> <u>Washington Township MI 48094</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	100.00	100.00
3. Contribution # <u>194</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2015</u> Name: <u>Debra Dorosh</u> Address: <u>44188 Rina Lane</u> <u>Clinton Twp. MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>Same as Home</u> <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	350.00
3. Contribution # <u>195</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2015</u> Name: <u>Joyce Lalonde</u> Address: <u>24801 Rosalind</u> <u>Eastpointe MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>Retired</u> Business Address <u>Same as home</u> <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	600.00
3. Contribution # <u>196</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/09/2015</u> Name: <u>Leo Lalonde</u> Address: <u>24801 Rosalind</u> <u>Eastpointe MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>Retired</u> Business Address <u>Same as home</u> <u>Home MI 00000</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	600.00
Page Subtotal	400.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # <u>197</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/10/2015</u></p> <p>Name: <u>Michelle DeBeaüssaert</u> Address: <u>39856 Brylor Ct.</u> <u>Clinton Twp MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u></p> <p>Business <u>Same as home</u> Address <u>Home MI 00000</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	210.00	560.00

Page Subtotal

210.00

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

25880.00

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line 3a of
Summary Page



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt # 1 Name: Talmer Bank and Trust Address: 2301 West Big Beaver Troy MI 48084 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>11/25/2014</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest	4.55
Receipt # 2 Name: Talmer Bank and Trust Address: 2301 West Big Beaver Troy MI 48084 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>12/24/2014</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest	4.50
Receipt # 3 Name: Talmer Bank and Trust Address: 2301 West Big Beaver Troy MI 48084 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>01/23/2015</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest	4.91
Receipt # 4 Name: Talmer Bank and Trust Address: 2301 West Big Beaver Troy MI 48084 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>02/25/2015</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest	5.43
Receipt # 5 Name: Talmer Bank and Trust Address: 2301 West Big Beaver Troy MI 48084 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>03/25/2015</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest	4.91
Receipt # 6 Name: Talmer Bank and Trust Address: 2301 West Big Beaver Troy MI 48084 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>04/24/2015</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest	5.76
Receipt # 7 Name: Talmer Bank and Trust Address: 2301 West Big Beaver Troy MI 48084 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>05/22/2015</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest	5.42
Page Subtotal			35.48
Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			

Enter this total on
line 4 of Summary
Page



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt # 8 Name: Talmer Bank and Trust Address: 2301 West Big Beaver Troy MI 48084 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>06/25/2015</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Interest	6.98

Page Subtotal

6.98

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

42.46

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line 4 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138559-5

CANDIDATE COMMITTEE

2. Committee Name Friends of Fred Miller

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 Name & Address: Barbara Pyden Clinton Township, MI 48036 If over \$100.00 cumulative, please provide: Occupation: Retired Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food</u> 5. Date Of Receipt: <u>03/21/15</u> 6. Vendor Name & Address: Frank's Meats 3405 Russell Street Detroit, MI 48207	\$ 29.87	\$ 1437.95
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 Name & Address: Barbara Pyden Clinton Township, MI 48036 If over \$100.00 cumulative, please provide: Occupation: Retired Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food</u> 5. Date Of Receipt: <u>11/02/14</u> 6. Vendor Name & Address: Value Center Marketplace 37155 Harper Clinton Township, MI 48036	\$ 14.60	\$ 1452.55
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution #3 Name & Address: Fred Miller 162 Riverside Mount Clemens If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Refreshments</u> 5. Date Of Receipt: <u>03/21/15</u> 6. Vendor Name & Address: Gordon Food Service 34300 Gratiot Clinton Township, MI 48035	\$ 51.95	\$ 1504.50
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Page Subtotal		\$96.42	

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

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138559-5

CANDIDATE COMMITTEE

2. Committee Name Friends of Fred Miller

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Business Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description Fundraiser Refreshments 5. Date Of Receipt: 03/21/05 6. Vendor Name & Address: Marquee Marque Pastries 43261 Garfield Clinton Township, MI 48038	\$ 115.15	\$ 1619.65
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description Fundraiser Food 5. Date Of Receipt: 03/21/15 6. Vendor Name & Address: Andrea's Fish Marker 38937 Harper Clinton Township, MI 48036	\$ 29.34	\$ 1648.99
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Mount Clemens If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description Fundraiser Supplies 5. Date Of Receipt: 05/31/15 6. Vendor Name & Address: Nino Salvaggio 17496 Hall Road Clinton Township, MI 48038	\$ 79.32	\$ 1728.31

Page Subtotal **\$223.81**

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

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138559-5

CANDIDATE COMMITTEE

2. Committee Name Friends of Fred Miller

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 Name & Address: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Business Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Refreshments</u> 5. Date Of Receipt: <u>03/21/05</u> 6. Vendor Name & Address: The Cheesecake Shoppe 23409 Greater Mack St. Clair Shores, MI 48080 Click for Memo Itemization Type	\$ 49.50	\$ 1777.81
Contribution # 2 Name & Address: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Food</u> 5. Date Of Receipt: <u>03/21/15</u> 6. Vendor Name & Address: Kroger 37187 Groesbeck Clinton Township, MI 48035 Click Here for Memo Itemization	\$ 8.27	\$ 1786.08
Contribution #3 Name & Address: Fred Miller 162 Riverside Mount Clemens If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Supplies</u> 5. Date Of Receipt: <u>03/21/15</u> 6. Vendor Name & Address: Conner Park FLorist 21480 Greater Mack St. Clair Shores, MI 48080 Click Here for Memo Itemization	\$ 86.92	\$ 1873.00

Page Subtotal **\$144.69**

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

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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138559-5

CANDIDATE COMMITTEE

2. Committee Name Friends of Fred Miller

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Business Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Office Supplies</u> 5. Date Of Receipt: <u>06/05/15</u> 6. Vendor Name & Address: Office Max 33840 S. Gratiot Clinton Township, MI 48035	\$ 33.90	\$ 1906.90
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Volunteer Meeting Refreshments</u> 5. Date Of Receipt: <u>01/10/15</u> 6. Vendor Name & Address: Nino Salvaggio 17496 Hall Road Clinton Township, MI 48038	\$ 160.23	\$ 2067.13
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Mount Clemens If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Postage</u> 5. Date Of Receipt: <u>11/26/14</u> 6. Vendor Name & Address: Postmaster Mount Clemens, MI 48046	\$ 490.00	\$ 2557.13

Page Subtotal **\$684.13**

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

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138559-5

CANDIDATE COMMITTEE

2. Committee Name Friends of Fred Miller

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Business Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Supplies</u> 5. Date Of Receipt: <u>01/31/15</u> 6. Vendor Name & Address: Party City 12220 Hal Road Sterling Heights, MI 48313 Click for Memo Itemization Type	\$ <u>31.46</u>	\$ <u>2588.59</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Volunteer Meeting Refreshments</u> 5. Date Of Receipt: <u>04/11/15</u> 6. Vendor Name & Address: Tim Hortons 1085 S. Gratiot Mount Clemens, MI 48043 Click Here for Memo Itemization	\$ <u>24.44</u>	\$ <u>2613.03</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Mount Clemens If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Supplies</u> 5. Date Of Receipt: <u>05/29/15</u> 6. Vendor Name & Address: Gordon Food Service 34300 Gratiot Clinton Township, MI 48035 Click Here for Memo Itemization	\$ <u>94.95</u>	\$ <u>2707.98</u>

Page Subtotal **\$150.85**

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

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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138559-5

2. Committee Name Friends of Fred Miller

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Business Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Supplies</u> 5. Date Of Receipt: <u>05/31/15</u> 6. Vendor Name & Address: Al Walaem Restaurant 36862 Ryan Road Sterling Heights, MI 48310 Click for Memo Itemization Type	\$ <u>126.67</u>	\$ <u>2834.64</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Refreshments</u> 5. Date Of Receipt: <u>05/29/15</u> 6. Vendor Name & Address: Babylon Fruit Market 36886 Ryan Road Sterling Heights, MI 48310 Click Here for Memo Itemization	\$ <u>3.96</u>	\$ <u>2838.61</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Mount Clemens If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Supplies</u> 5. Date Of Receipt: <u>03/21/15</u> 6. Vendor Name & Address: Party City 32469 Gratiot Roseville, MI 48066 Click Here for Memo Itemization	\$ <u>21.18</u>	\$ <u>2859.79</u>

Page Subtotal **\$151.81**

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

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138559-5

CANDIDATE COMMITTEE

2. Committee Name Friends of Fred Miller

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Business Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description Fundraiser Supplies 5. Date Of Receipt: 05/31/15 6. Vendor Name & Address: Palm Sweets 3605 15 Mile Road Sterling Heights, MI 48310	\$ 52.00	\$ 2911.79
Contribution #2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description Fundraiser Food 5. Date Of Receipt: 05/31/15 6. Vendor Name & Address: Nino Salvaggio 17496 Hall Road Clinton Township, MI 48038	\$ 10.59	\$ 2922.38
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043 If over \$100.00 cumulative, please provide: Occupation: County Commissioner Employer Name & Address: Macomb County Board of Commissioners 10 S. Main Street Mount Clemens, MI 48043 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description Fundraiser Food 5. Date Of Receipt: 05/30/15 6. Vendor Name & Address: Steve's Backroom 24317 Jefferson St. Clair Shores, MI 48080	\$ 129.20	\$ 3051.58
Page Subtotal		\$ 191.79	\$ 3,051.58

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

\$ **1,643.50**

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

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: New Baltimore Goodfellows Address: PO Box New Baltimore MI 48047 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad Book</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/26/2014	90.00
Expenditure # 2 Name: Chad Cyrowski Address: 29768 Citation Circle Apt. 32102 Farmington Hills MI 48331 <input type="checkbox"/> Fund Raiser	Purpose: <u>Website Design</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/03/2014	484.00
Expenditure # 3 Name: Jonathon Switalski Address: 11364 Hanover Warren MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>Returned Contribution</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/11/2014	100.00
Expenditure # 4 Name: Mt. Clemens DDA Address: 49 Macomb Place Mount Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Event Sponsor</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/18/2014	250.00
Expenditure # 5 Name: Postmaster Address: Mount Clemens MPO Mount Clemens MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: <u>Post Office Box Fee</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/15/2015	56.00
Subtotal this page			980.00
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 138559-5
2. Committee Name Friends of Fred Miller

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: Mini Maxi Storage Address: 43 S. Rose Moun Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Storage</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/01/2015	90.00
Expenditure # 7 Name: AT&T Address: 20 Main Mount Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Phone Service</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/05/2015	98.10
Expenditure # 8 Name: Mark Hemelsberg Address: 34540 Utica Road Fraser MI 48026 <input type="checkbox"/> Fund Raiser	Purpose: <u>Hall Rental Fee</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/18/2015	150.00
Expenditure # 9 Name: American Graphics Printing Co. Address: 34895 Groesbeck Clinton Township MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Letterhead/Envelopes</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/25/2015	1586.82
Expenditure # 10 Name: AT&T Address: 20 Main Mount Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Phone Service</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/25/2015	66.93
Subtotal this page			1991.85
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 138559-5

2. Committee Name Friends of Fred Miller

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: Chaldean American Chamber Address: 30850 Telegraph Road Suite 200 Bingham Farms MI 48025 <input type="checkbox"/> Fund Raiser	Purpose: <u>Annual Membership</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/25/2015	100.00
Expenditure # 12 Name: ICRJ-MLK Celebration Address: 28640 Campbell Warren MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>Annual Dinner Ticket/Ad</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/25/2015	400.00
Expenditure # 13 Name: Postmaster Address: Mount Clemens MPO Mount Clemens MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/2015	340.00
Expenditure # 14 Name: Jennifer Miller Address: 162 Riverside Mt. Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/02/2015	292.25 Memo - itemization below
Expenditure # 15 Name: United States Flag Store Address: 10000 Westinghouse Suite 1 New Stanton PA 15672 <input type="checkbox"/> Fund Raiser	Purpose: <u>American Flags</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/20/2015	(292.25) Memo - itemization
Subtotal this page			1132.25
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 138559-5

2. Committee Name Friends of Fred Miller

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 # 16 Name: NCNW Address: PO Box 463066 Mount Clemens MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: <u>Dinner Ticket/Ad Book</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/02/2015	165.00
Expenditure # 17 Name: American Graphics Printing Co. Address: 34895 Groesbeck Clinton Township MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postcards</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/09/2015	527.88
Expenditure # 18 Name: CTE Kenneth Pearl Address: 38316 Santa Barbara Clinton Twp MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Ticket</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/09/2015	40.00
Expenditure # 19 Name: Jennifer Miller Address: 162 Riverside Mt. Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/19/2015	65.00 Memo - itemization below
Expenditure # 20 Name: American Flags 4 Less Address: PO Box 813 Robinson IL 62454 <input type="checkbox"/> Fund Raiser	Purpose: <u>American Flags</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/2015	(65.00) Memo - itemization
Subtotal this page			797.88
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 138559-5

2. Committee Name Friends of Fred Miller

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 # 21 Name: American Graphics Printing Co. Address: 34895 Groesbeck Clinton Township MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Brochure</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/09/2015	799.24

Subtotal this page

799.24

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

5701.22

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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 information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 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? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Paper Products</u> 5. <u>Date Debt Was Incurred:</u> <u>02/03/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 94.85</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 94.85 <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Food</u> 5. <u>Date Debt Was Incurred:</u> <u>3/7/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 24.75</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 24.75 <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Food</u> 5. <u>Date Debt Was Incurred:</u> <u>3/8/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 90.98</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 90.98 <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$210.58

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.

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



DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 1138559-5

2. Committee Name Friends of Fred Miller

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven by 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 information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 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? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Food</u> 5. <u>Date Debt Was Incurred:</u> <u>03/08/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>42.75</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>42.75</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Food</u> 5. <u>Date Debt Was Incurred:</u> <u>3/8/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>14.25</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>14.25</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Decorations</u> 5. <u>Date Debt Was Incurred:</u> <u>3/8/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>74.20</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>74.20</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$131.20

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

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

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.
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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 information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 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? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Postage</u> 5. <u>Date Debt Was Incurred:</u> <u>04/24/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>47.04</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>47.04</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Computer</u> 5. <u>Date Debt Was Incurred:</u> <u>3/8/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>265.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>265.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Food</u> 5. <u>Date Debt Was Incurred:</u> <u>8/1/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>32.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>32.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$344.04

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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.
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Expenses</u> 5. <u>Date Debt Was Incurred:</u> <u>08/01/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 30.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 30.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Expenses</u> 5. <u>Date Debt Was Incurred:</u> <u>8/1/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 30.20</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 30.20</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Food</u> 5. <u>Date Debt Was Incurred:</u> <u>8/1/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 18.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 18.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$78.20

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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.
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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 information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 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? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Expenses</u> 5. <u>Date Debt Was Incurred:</u> <u>08/01/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>32.86</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>32.86</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Expenses</u> 5. <u>Date Debt Was Incurred:</u> <u>8/1/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>123.46</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>123.46</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Food</u> 5. <u>Date Debt Was Incurred:</u> <u>8/1/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>66.01</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>66.01</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$222.33

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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.
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Expenses</u> 5. <u>Date Debt Was Incurred:</u> <u>08/01/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 80.79</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 80.79 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Election Day Food</u> 5. <u>Date Debt Was Incurred:</u> <u>11/4/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 78.50</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 78.50 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Office Supplies</u> 5. <u>Date Debt Was Incurred:</u> <u>11/1/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 42.40</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 42.40 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$201.69**

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

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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.
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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 information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 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? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Volunteer Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>11/02/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>37.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>37.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Office Supplies</u> 5. <u>Date Debt Was Incurred:</u> <u>11/11/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>51.47</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>51.47</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 418043	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/3/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>3,750.00</u>	\$ \$ \$ \$ \$	\$ _____	\$ <u>3,750.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$3,838.47

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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 information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 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? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>03/21/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 51.95</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>51.95</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>3/21/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 115.15</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>115.15</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 418043	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>3/21/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 29.34</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>29.34</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$196.44

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138559-5
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>03/21/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 8.27</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 8.27 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>3/21/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 86.92</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 86.92 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 418043	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>3/21/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 21.18</u>	\$ \$ \$ \$ \$	\$	\$ 21.18 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$116.37**

Grand Total of all Schedules 1E
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>03/21/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 49.50</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>49.50</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Office Supplies</u> 5. <u>Date Debt Was Incurred:</u> <u>6/5/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 33.90</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>33.90</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 418043	4. Type: <u>Volunteer Meeting Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>1/10/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 160.23</u>	\$ \$ \$ \$ \$	\$ _____	\$ <u>160.23</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$243.63

Grand Total of all Schedules 1E
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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138559-5

2. Committee Name Friends of Fred Miller

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Postage</u> 5. <u>Date Debt Was Incurred:</u> <u>11/26/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 490.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 490.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Supplies</u> 5. <u>Date Debt Was Incurred:</u> <u>4/11/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 24.44</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 24.44 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 418043	4. Type: <u>Volunteer Meeting Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>1/31/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 31.46</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 31.46 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$545.90**

Grand Total of all Schedules 1E
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138559-5
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>05/29/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 94.95</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 94.95 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>5/31/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 126.67</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 126.67 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 418043	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>5/29/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3.96</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 3.96 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$225.58

Grand Total of all Schedules 1E
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>05/29/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 52.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>52.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>5/31/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10.59</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10.59</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>5/30/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 129.20</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>129.20</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$191.79

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138559-5
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Fred Miller 162 Riverside Drive Mount Clemens, MI 48043	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> <u>05/31/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 79.32</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>79.32</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: <u>Fundraiser Refreshments</u> 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

\$79.32

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$6,625.54

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>03/17/15</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>130</u>	5. Type of Fund Raising Activity <u>2015 Macomb Brunch</u>	6. Address and Name (If any) of the place where the activity was held. Home of Elizabeth Pyden 37504 Camellia Lane Clinton Township, MI 48036 <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions \$10,550.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$10,550.00
10. Total Cost of Event \$438.24
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

- 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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138559-5
2. Committee Name Friends of Fred Miller

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>05/31/15</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u>	5. Type of Fund Raising Activity <u>Spring Luncheon</u>	6. Address and Name (If any) of the place where the activity was held. <u>Home of L. Canada and D. Radke</u> <u>25455 Dundee</u> <u>Royal Oak, MI 48072</u> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions \$4,950.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$4,950.00
10. Total Cost of Event \$496.69
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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