

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	¹ 07/21/15 _{to} 1	10/20/15		
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.		
138792	Goodhue	Karen	М			
_		4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name		Macomb Twp. Treasu	rer			
CTE Karen M. Goodhue		4b. County of Residence MACOMB				
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address				
55960 Luchtman Rd		Karen Goodhue				
Macomb, MI 48042		55960 Luchtman Rd.				
		Macomb, Mi 48042				
Area Code and Phone (586) 781-9768 If the address in this box is different from the commit	ittee					
mailing address on the Statement of Organization, r be sent to this address by the filing official.	mail may	Area Code & Phone				
7. Treasurer's Business Address		8. Designated Record keeper	a Name and Mailing Address	//f the committee has a		
7. Treasurer's Business Address		Designated Record keeper)	s Name and Mailing Address	(II the committee has a		
Area Code and Phone		Area Code and Phone				
9. TYPE OF STATEMENT	Peguired ON	ILY if candidate	9e. Dissolution of Candid	ate Committee		
9a. Pre-Election OR 9b. Post-Election	is not on the	ballot for the By checking this item I/We certify any outstar				
Pre-Election or Post-Election Statement relates to:	current year:		by discharged and forgiven.	didate or his or her spouse is here and no longer collectible from		
	July Quart	erly	the committee. The committee owes no lates fees or has an	tee has no oustanding assets,		
Primary	X October Q	wartady		,		
General	CCTODE! C	uarterry	Further, if the dissolution car considered a request for the	not be granted, that this be		
Convention			considered a request for the	Reporting vvalver.		
Special	9c. Annua	l Statement (2015)				
School		Coverage Year	Effective date of d	issolution		
☐Caucus		dment to Campaign Statement	**			
	(Comp	blete Item 9a, 9b, 9c or 9e to the which Statement is being	Note: The disposition of resi	idual funds must be reported on		
	ameno	•	Schedule 1B and the Summ	ary Page.		
Date of Election, Convention or Caucus						
10. Verification: I\We certify that all reasonable dilige	ence was used	in the preparation of this stateme	lent and attached schedules (i	f any) and to the best of		
my\our knowledge and belief the contents are true, a			1.	,,		
Current Treasurer or Karen Goodhi	IE.	La. Mend	1.02	10/22/2015		
Designated Record keeper Type or Print Name		1 / May / William	Date Date	TUIZZIZUTJ		
ype of Fint Name		M A	3 11			
_{Candidate} Karen M. Goodhue		Kaux 1 (/	withe Date	10/22/2015		
Type or Print Name		Signature	Date			

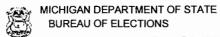


1. Committee I.D. Number 138792

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Karen M. Goodhue

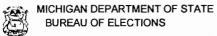
RECEIPTS	Column I	Column II Cumulative this election cycle
3. Contributions	This Period	Cultidative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2,020.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$2,020.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$70.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$1,888.36	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$2,020.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$3,908.36	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$70.00	
17. ÈNDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$3,838.36	•
	•	



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138792

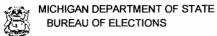
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.					6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
Contribution # 1 Name & Address:	PAC Receipt?	√ Y	'ES 4. Date of	Receipt	09/11/15		
Flagstar Michiga 5151 Corporate Troy, MI 48098	DR					_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cum						Click Here fo	r Memo Itemization
Occupation		_ En	nployer				
Business Address				-			
Type of Contribution:	Direct		oan from a person	✓	Fund Raiser		-
Contribution #2 Name & Address	PAC Receipt?	√ Y	ES 4. Date of	Receipt	09/11/15		
Huntington Asso 801 W. Big Bea Troy, MI 48084		erme	ent Fund			§ 300.00	_{\$} 300.00
5. If over \$100.00 cum	ulative, please pro	vide:				Click Here for	Memo Itemization
Occupation		_ Emp	loyer	-			
Business Address							
Type of Contribution:	Direct	L.	oan from a person	✓	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	√	YES 4. Date o	f Receip	t 09/11/15		
Plante Moran 19176 Hall Rd Clinton Twp., M	I 48038					<u>\$ 105.00</u>	_{\$} 105.00
5. If over \$100.00 cum		vide:				Click Here for	Memo Itemization
_		-	nployer				
Business Address	-						
Type of Contribution:	Direct		oan from a person	✓	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of	of Receip	ot 09/11/15		
Roger Krzemins 47635 Chrys Rd Macomb, MI 480						_{\$} 35.00	_{\$} 35.00
5. If over \$100.00 cum		vide:				Oliale Hara for	Mama Itamization
Occupation		_	Employer			Click Here lor	Memo Itemization
Business Address	. '						
Type of Contribution:	Direct		oan from a person	V	Fund Raiser		
				-	Page Subtotal	\$690.00	
4 5					nd Total of All Schedules 1A te on last page of Schedule)	Enter this total on line 3a of Summary	
_{Page} 1 _{of} 5						Page.	



CANDIDATE COMMITTEE

1. Committee 1.D. Number _____138792

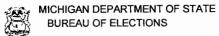
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.					6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?		YES 4. Date of Receipt	09/11/15		
Carol Rafferty						
572 Bucknell Ct.					25.00	35.00
Rochester Hills, I	MI 48309				_{\$} 35.00	_{\$} 35.00
5. If over \$100.00 cumu	ılative, please pro	vid	e:		Oliale I I and fa	- Mana - Handard
Occupation			Employer		Click Here to	r Memo Itemization
Business Address						
Type of Contribution:	Direct		Loan from a person	und Raiser	·	
Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Receipt (09/11/15		
Elizabeth Freitas 48251 Village Dr Macomb, MI 480					_{\$} 35.00	_{\$} _35.00
5. If over \$100.00 cumu		vid	9:		Click Here for	r Memo Itemization
Occupation			mployer			
Business Address						
Type of Contribution:	Direct		Loan from a person	Fund Raiser		İ
3. Contribution # 3	PAC Receipt?	Г	,			
Name & Address:	1 Ao Neceipt:	L	YES 4. Date of Receipt	09/11/15		
C. Toni Koss					_s 35.00	, 35.00
1975 Axtell Dr Troy, MI 48084						\$
5. If over \$100.00 cumu	lative nlease nm	vid	. .		Click Here for	Memo Itemization
	auto, piedeo pie					
Occupation		- '	Employer			
Business Address Type of Contribution:	Direct		Loan from a person	Fund Raiser		
	PAC Receipt?	_	7			
3. Contribution # 4 Name & Address	PAC Receipt?	L	YES 4. Date of Receipt	09/11/15		
Steven Fortney					25.00	25.00
2399 Ethel Dr.	MI 40200				_{\$} 35.00	_{\$} 35.00
Wolverine Lake, I 5. If over \$100.00 cumu		wid	۵۰			
Occupation	iauve, piease pic	Viu			Click Here for	Memo Itemization
Occupation		-	Employer			
Business Address		_				
Type of Contribution:	Direct	<u>L</u>	Loan from a person	und Raiser		
				Page Subtotal	\$140.00	
				Total of All Schedules 1A		
_			(Complete	on last page of Schedule)	Enter this total on	_
2 , 5					line 3a of Summary	



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138792

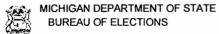
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 09/11/15 Name & Address:		
Gregory Prost 336 E Hurst Dr Troy, MI 48085	_s 35.00	_{\$} 35.00
5. If over \$100.00 cumulative, please provide:	*	
Occupation Employer	Click Here fo	r Memo Itemization
Business Address		
Type of Contribution: □ Direct □ Loan from a person		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/11/15 Name & Address		
Beth Case 525 Sheldon Rd Grosse Pointe, MI 48236	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation President Employer BPI		
Business Address 23875 Northwestern Hwy		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/11/15 Name & Address:		
Angela Freeman 5792 Harlowe Dr Shelby Twp. MI 48316	_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser	· · · · · · · · · · · · · · · · · · ·	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/11/15 Name & Address		
Diane Penzien 55940 Luchtman Macomb, MI 48042	§35.00	_{\$_} 35.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$345.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page of	Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number	138792
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Enter contributor's name and address. If contribution is from an middle initial. Check box to indicate if contribution is from a Polit Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Da Name & Address:	e of Receipt 09/11/15		
Patrick Meagher			
51278 Caroline Dr		_s 50.00	_a 50.00
Chesterfield, MI 48047		\$ 00.00	\$
5. If over \$100.00 cumulative, please provide:		Click Here fo	or Memo Itemization
Occupation Employer		Ollok Horo K	
Business Address			
Type of Contribution: Direct Loan from a pers	n 🗸 Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Da Name & Address	e of Receipt 09/11/15		
Daniel Hickey		25.00	
20749 Vesper		_{\$} 35.00	\$
Macomb, MI 48044			
5. If over \$100.00 cumulative, please provide:		Click Here fo	or Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a pers	n ✓ Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Dane & Address:	e of Receipt 09/11/15	-	
Albert Addis		150.00	450.00
38069 Woodcrest St		_{\$} 150.00	_{\$} 150.00
Clinton Twp. MI 48036			
5. If over \$100.00 cumulative, please provide:		Click Here to	r Memo Itemization
OccupationEmployer			
Business Address			
Type of Contribution: Direct Loan from a pers	n		
Contribution # 4 PAC Receipt? YES 4. D Name & Address	te of Receipt 09/11/15		
Thomas Esordi		05.00	05.00
8633 Sarah Ln		_{\$} 35.00	_s 35.00
Grosse Isle, MI 48138			√
5. If over \$100.00 cumulative, please provide:		Click Here fo	or Memo Itemization
Occupation Employer		2	
Business Address			
Type of Contribution: Direct Loan from a per	on Fund Raiser		
	Page Subtota	\$270.00	
	Grand Total of All Schedules 1A		_
	(Complete on last page of Schedule)	
4 6		Enter this total on line 3a of Summar	у
Page 4 of 6		Page.	

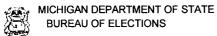


CANDIDATE COMMITTEE

2. Committee Name Committe to Elect Karen M. Goodhue

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Cornmittee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/11/15	_	
Shirley Stallman		
55945 Luchtman	_s 35.00	₂ 35.00
Macomb MI 48042	\$ 00.00	\$ 55.55
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/11/15 Name & Address		
Janet Dunn	25.00	25.00
22615 Pigeon River	_{\$} 35.00	_{\$} 35.00
Macomb, MI 48042		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/11/15 Name & Address:	_	
Jennifer Riddell	_s 35.00	25.00
149 Pleasant St	\$ 33.00	_{\$} 35.00
Romeo, MI 48065	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Here loi	Wellio iternization
Occupation Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/11/15 Name & Address		
Nancy Nevers	05.00	05.00
49699 Lehr	_{\$} 35.00	_{\$_} 35.00
Macomb, MI 48044 5. If over \$100.00 cumulative, please provide:		
3. II OVEL \$100.00 Cultiviative, piease provide.	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtot	al \$140.00	
Grand Total of All Schedules 1/	•	
(Complete on last page of Schedule	Enter this total on	_
<i>x</i> ≤ 5	line 3a of Summary	

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CANDIDATE COMMITTEE

138792 1. Committee I.D. Number

Enter contributor's nammiddle initial. Check b Committee (PAC) Rep	ox to indicate if contr	ribution	is from a Political		nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	√ YE	S 4. Date o	f Receip	t_09/11/15		
Name & Address: Waste Manager	nent Empl. Re	tter (Sovt Fund				
48797 Alpha Dr	nent Empl. Be	ttoi c	JOVET UTIL			250.00	, 250.00
Wixom, MI 4839	3					_{\$} 250.00	\$ 230.00
5. If over \$100.00 cum	ulative, please pro	vide:				Click Here fo	or Memo Itemization
Occupation		_ Emp	oloyer			Click Here it	or Menio Rennzadon
Business Address							
Type of Contribution:	Direct	Lo	an from a person	\checkmark	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YE	S 4. Date o	f Receip	1 09/11/15		
Julie Gust						25.00	05.00
1255 Rugby Cir.						_{\$} 35.00	_{\$_} 35.00
Bloomfield Hills,	MI 48302						
5. If over \$100.00 cum	ulative, please prov	vide:				Click Here fo	r Memo Itemization
Occupation		Emplo	yer	·			
Business Address							
Type of Contribution:	Direct	Loa	in from a person	\checkmark	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	Y	ES 4. Date o	of Receip	ot 09/11/15		
Jason Gelle						100.00	400.00
50517 Murray D	г					_{\$} 100.00	_{\$} 100.00
Macomb, MI 480)44					Click Horo for	Memo Itemization
5. If over \$100.00 cum	ulative, please prov	vide:				Click Here for	Weillo Reilization
Occupation		Emp	loyer				
Business Address							
Type of Contribution:	Direct		an from a person	✓	Fund Raiser	·	
Contribution # 4 Name & Address	PAC Receipt?	Y	ES 4. Date	of Recei	ipt 09/11/15		
Salvatore Dicard						50.00	50.00
16766 Markwoo						_{\$} 50.00	_{\$} 50.00
Macomb, MI 480 5. If over \$100.00 cum		uido:					
5. It over \$100.00 cum	ulative, please pro-	viue.				Click Here for	r Memo Itemization
Occupation		. E	mployer				
Business Address							
Type of Contribution:	Direct	Lo	an from a person	\checkmark	Fund Raiser		
					Page Subtotal	\$435.00	
				Gra	and Total of All Schedules 1A	\$2,020.00	_
				(Compl	ete on last page of Schedule)	Enter this total on	_
Page 6 of 6						line 3a of Summary Page.	



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number

138792

2. Committee Name Committee To Elect Karen Goodhue

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Sam's Club		09/10/15	\$ 70.00
Address	Purpose: food	Date	
Utica MI		lana fan Manna l	temization Tune
Otica IVII	. Click F	tere for Memo	temization Type
√ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name			\$
	_	Date	
Address	Purpose:		
	Click H	lere for Memo l	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name			
Hame		<u></u>	\$
Address	Purpose:	Date	
	Click H	lere for Memo I	temization Type
		iere ior ivierno i	ternization rype
	LCheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			•
Address		Date	—
Addiess	Purpose:		
	Click H	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
Traine			\$
Address	Purpose:	Date	
	Click I	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		otal this page	\$70.00
	Grand Total of all	Schedules 1B	
	(Complete on last page		\$70.00

Enter this total on line 8a of Summary Page





Charles

MEONE COUNTY CLEEK.
40 D MAD S. 1st From.
40 D MAD S. 1st From.
Mr. Clemas, M. 48043

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