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**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

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

<b>1. Committee I.D. Number</b> 137967		<b>3. This Statement covers From:</b> 01/01/15 to 10/18/15	
<b>2. Committee Name</b> CTE Colleen MCCartney for Roseville City Council		<b>4. Candidate Last Name</b> McCartney <b>First Name</b> Colleen <b>M.I.</b> M <b>4a. Office Sought Including District # or Community Served (If applicable)</b> Roseville City Council <b>4b. County of Residence</b> MACOMB	
<b>5. Committee's Mailing Address</b> 27861 Brinker Roseville Mi. 48066  Area Code and Phone (586) 776-1776 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.		<b>6. Treasurer's Name &amp; Residential Address</b> Matthew McCartney 27861 Brinker Roseville Mi 48066  Area Code & Phone (586) 776-1776	
<b>7. Treasurer's Business Address</b>  Area Code and Phone		<b>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</b>  Area Code and Phone	
<b>9. TYPE OF STATEMENT</b> 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus		<b>9e. Dissolution of Candidate Committee</b> <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
<b>10. Verification:</b> 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 Matthew McCartney Type or Print Name		Matthew McCartney Signature	
Date 10-18-15		Date 10-18-15	
Candidate Colleen McCartney Type or Print Name		Colleen McCartney Signature	
Date 10-18-15		Date 10-18-15	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137967

2. Committee Name CTE Colleen McCartney for Roseville City Council

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2,575.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$2,575.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>\$2,575.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	_____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	_____	(22.) \$ _____
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$736.60</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	_____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$736.60</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	_____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	_____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	_____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	_____	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	_____	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$2,575.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$2,575.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$736.60</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$1,838.40</u>	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137967  
2. Committee Name CTE Colleen McCartney for Roseville

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 09/23/15

Name & Address:

John Dolan  
42850 Garfield Ste 101  
Clinton Twnp. Mi. 48038

\$ 500

\$ 500

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

Occupation Attorney Employer self

[Click Here for Memo Itemization](#)

Business Address

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/23/15

Name & Address

Tim Tomlinson  
42850 Garfield Ste 101  
Clinton Twnp. MI 48038

\$ 500

\$ 1000

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

Occupation Attorney Employer Self

[Click Here for Memo Itemization](#)

Business Address

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/24/15

Name & Address:

Lisa DeFilice  
15437 Curtis  
Roseville MI 48066

\$ 200

\$ 1200

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

Occupation Teacher Employer Roseville Community Schools

[Click Here for Memo Itemization](#)

Business Address

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/24/15

Name & Address

Dennis Moier  
23636 West Lake Circle  
Brownstown MI 48183

\$ 500

\$ 1700

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

Occupation Insurance Agent Employer Self

[Click Here for Memo Itemization](#)

Business Address

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

Page Subtotal **\$1,700.00**

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 137967  
2. Committee Name CTE Colleen McCartney for Roseville

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 09/22/15

Name & Address:

Harold Haugh  
19464 Candlelight  
Roseville MI 48066

\$ 200 \$ 1900

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

Occupation Retired Employer n/a

Click Here for Memo Itemization

Business Address

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address

Ruth Geeen  
17812 Oakdale  
Roseville MI 48066

\$ 50 \$ 1950

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

Occupation Employer

Business Address

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

Click Here for Memo Itemization

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/05/15

Name & Address:

Stephen Saph  
44 Macomb PL  
Mt Clemens MI 48046-6907

\$ 250 \$ 2200

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

Occupation Insurance Employer Self

Business Address

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

Click Here for Memo Itemization

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/15

Name & Address

Michael Batke  
19090 Rosegarden  
Roseville MI 48066

\$ 25 \$ 2225

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

Occupation Employer

Business Address

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

Click Here for Memo Itemization

Page Subtotal **\$525.00**

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 137967  
2. Committee Name CTE Colleen McCartney for Roseville

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/02/15</u> Name & Address: <b>Douglas Dinning</b> <b>3770 Lake Forest Drive</b> <b>Sterking Heights MI 48314</b>		\$ <u>100</u>	\$ <u>2325</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/09/15</u> Name & Address: <b>Roy Rose</b> <b>55620 Woodbridge</b> <b>Shelby Twnp. MI 48316</b>		\$ <u>75</u>	\$ <u>2400</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/06/15</u> Name & Address: <b>Scott Lockwood</b> <b>950 Southdown</b> <b>Bloomfield MI 48304</b>		\$ <u>75</u>	\$ <u>2475</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/15/15</u> Name & Address: <b>Eric Moase</b> <b>16551 Kingston Ave</b> <b>Fraser MI 48026</b>		\$ <u>100</u>	\$ <u>2574</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	

Page Subtotal **\$350.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **\$2,575.00**

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number **137967**  
2. Committee Name **CTE Colleen McCartney for Roseville City Council**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Costco</b>  Address <b>27118 Gratiot Roseville MI 48066</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Office Supplies</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/20/15</b> Date	<b>\$ 45</b>
Expenditure #2 Name <b>Roseville Post Office</b>  Address <b>30550 Gratiot Roseville MI 48066</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Postage</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/20/15</b> Date	<b>\$ 19.60</b>
Expenditure #3 Name <b>C and G News</b>  Address <b>13650 East 11 Mile Warren MI 48089</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Eastsider Advertisement</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/23/15</b> Date	<b>\$ 258.00</b>
Expenditure #4 Name <b>C and G News</b>  Address <b>13650 East 11 MI Warren MI 48089</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Eastsider Advertisement</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/08/15</b> Date	<b>\$ 258.00</b>
Expenditure #5 Name <b>Costco</b>  Address <b>27118 Gratiot Roseville MI 48066</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Print Cartridges</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/23/15</b> Date	<b>\$ 106.00</b>

Subtotal this page **\$686.60**

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 **137967**  
2. Committee Name **CTE Colleen McCartney for Roseville City Council**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>RHS Booster Club</b>  Address <b>Roseville High School 17855 Common Road Roseville MI 48066</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>donation to booster club</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/08/15</b> Date	<b>\$ 50</b>
Expenditure #2 Name  Address  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name  Address  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name  Address  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name  Address  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$50.00**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$736.60**

Enter this total  
on line 8a of  
Summary Page