MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 10-21-15 to 7-17-16

1. Committee I.D. Number: 136-102

2. Committee Name: FRIENDS OF MARV SAUGER

4. Candidate Last Name: SAUGER First Name: MARVIN M.I.: E

4a. Office Sought Including District # or Community Served (If applicable): DISTRICT #2 COUNTY COMMISSIONER

4b. County of Residence

5. Committee's Mailing Address: 7290 HELEN CENTERLINE, MICH 48015

Area Code and Phone: 313 505 6501

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address: SAME AS COMMITTE

Area Code & Phone: 313 505 65

FILED
16 JUL 20 AM 10:23
CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

7. Treasurer's Business Address: SAME

Area Code and Phone

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper): NA

Area Code and Phone

9. **TYPE OF STATEMENT**

9a. [X] Pre-Election **OR** 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [X] Primary
- [ ] General
- [ ] Convention
- [ ] Special
- [ ] School
- [ ] Caucus

Date of Election, Convention or Caucus: 8-2-16

Required ONLY if candidate is not on the ballot for the current year:

- [ ] July Quarterly
- [ ] October Quarterly

9c. [ ] Annual Statement (_____) Coverage Year

9d. [ ] Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. **Dissolution of Candidate Committee**

[ ] 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 oustanding assets, owes no lates fees or has any oustanding 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: MARVIN EDWARD SAUGER (Type or Print Name) Marvin Edward Sauger (Signature) Date: 7-27-16

Candidate: MARVIN EDWARD SAUGER (Type or Print Name) Marvin Edward Sauger (Signature) Date: 7-27-16

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 136-102

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name Friends of Mary Sawyer

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) $ 0	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $ 0	(18.) $
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $ 0	(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $ 0	(20.) $
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $ 550	(21.) $
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $ 0	(22.) $
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) $ 0	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $ 0	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $ 0	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $ 0	(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.) $ 2191.10	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $ 563.25
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $ 0
15. SUBTOTAL Add lines 13 and 14	(15.) = $ 563.25
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $ 0
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ 563.25 *

BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 136-102

2. Committee Name Friends of Mary Sayger

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? ☐ Yes

Name & Address:
Mary Sayger
7290 Helen
Center Line, MI 48015

If over $100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:
Macomb County
1 Main - 9th Floor
Mt. Clemens, MI 48043

☒ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan
☐ Goods Donated or Loaned ☐ Services Donated
☐ Goods or Services Purchased by Candidate or Others
☒ Goods or Services Purchased by Candidate or Others- **LOAN**

$ 100 $

Description Fundraiser Ticket

5. Date Of Receipt: 6-9-16

6. **Vendor Name & Address:**
CTE Kristi Pozzi
47394 Rockwood
Macomb Twp. MI 48044

Click Here for Memo Itemization

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address
Mary Sayger
7290 Helen
Center Line, MI 48015

If over $100.00 cumulative, please provide:
Occupation:

Employer Name & Address:
Macomb County
1 Main - 9th Floor
Mt. Clemens, MI 48015

☒ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan
☐ Goods Donated or Loaned ☐ Services Donated
☐ Goods or Services Purchased by Candidate or Others
☒ Goods or Services Purchased by Candidate or Others- **LOAN**

$ 100 $

Description Fundraiser Ticket

5. Date Of Receipt: 4-7-16

6. **Vendor Name & Address:**
Friends of Pat Green
3929 Marlene
Warren, MI 48093

Click Here for Memo Itemization

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:
Mary Sayger
7290 Helen
Center Line, MI 48015

If over $100.00 cumulative, please provide:
Occupation:

Employer Name & Address:
Macomb County
1 Main - 9th Floor
Mt. Clemens, MI 48015

☒ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan
☐ Goods Donated or Loaned ☐ Services Donated
☐ Goods or Services Purchased by Candidate or Others
☒ Goods or Services Purchased by Candidate or Others- **LOAN**

$ 100 $

Description Fundraiser Ticket

5. Date Of Receipt: 5-24-16

6. **Vendor Name & Address:**
Paul Wojno for Macomb County Clerk
32025 Margaret Ct.
Warren, MI 48093

Click Here for Memo Itemization

Page Subtotal	300
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	

Enter this total on line 6 of Summary Page

BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 136-102

2. Committee Name Friends of Mary Sauger

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? ☐ Yes

Name & Address:
Mary Sauger
7290 Helen
Center Line, MI 48015

If over $100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:
Macomb County
1 MAIN - 9th Floor
Mt. Clemens, MI 48043

☒ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan
☐ Goods Donated or Loaned ☐ Services Donated
☐ Goods or Services Purchased by Candidate or Others
☒ Goods or Services Purchased by Candidate or Others- **LOAN**

$ 100 $

Description Fundraiser Ticket

5. Date Of Receipt: 7-1-16

6. **Vendor Name & Address:**
CTE Kevin Hertel
22848 Poplar Beach
St. Clair Shores, MI 48081

Click Here for Memo Itemization

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address
Mary Sauger
7290 Helen
Center Line, MI 48015

If over $100.00 cumulative, please provide:
Occupation:

Employer Name & Address:
Macomb County
1 MAIN - 9th Floor
Mt. Clemens, MI 48043

☒ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan
☐ Goods Donated or Loaned ☐ Services Donated
☐ Goods or Services Purchased by Candidate or Others
☒ Goods or Services Purchased by Candidate or Others- **LOAN**

$ 50 $

Description Fundraiser Ticket

5. Date Of Receipt: 5-5-16

6. **Vendor Name & Address:**
CTE Veronica Klinefelt
16143 Wilson
Eastpointe, MI 48021

Click Here for Memo Itemization

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:
Warren Senior Connection
31698 Mound
Warren, MI 48092

If over $100.00 cumulative, please provide:
Occupation:

Employer Name & Address:
Macomb County
1 MAIN - 9th Floor
MT. Clemens, MI 48043

☐ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan
☐ Goods Donated or Loaned ☐ Services Donated
☐ Goods or Services Purchased by Candidate or Others
☒ Goods or Services Purchased by Candidate or Others- **LOAN**

$ 100 $

Description Donation

5. Date Of Receipt: 5-9-16

6. **Vendor Name & Address:**

Click Here for Memo Itemization

Page Subtotal	250
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	550

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 136-102

2. Committee Name Friends of Mary Sawyer

This Schedule itemizes:

a. [X] 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 clo: of this period (Item 6 minus Item 8)
Debt #1 Corp? [ ] Yes Owed to or by: Mary Sawyer 7290 Helen Center Line, MI 48015	4. Type: LOAN 5. Date Debt Was Incurred: 6-5-09 6. Original Amount of Debt: $ 125	7-10-11 $ 68.90 $ $ $ $	$ 68.90	$ 56.10 [ ] FORGIVI
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? [ ] Yes Owed to or by: Mary Sawyer 7290 Helen Center Line, MI 48015	4. Type: LOAN 5. Date Debt Was Incurred: 12-28-09 6. Original Amount of Debt: $ 100	$ $ $ $ $	$ 0	$ 100 [ ] FORGIVE
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #3 Corp? [ ] Yes Owed to or by: Mary Sawyer 7290 Helen Center Line, MI 48015	4. Type: LOAN 5. Date Debt Was Incurred: 1-10-11 6. Original Amount of Debt: $ 800	$ $ $ $ $	$ 0	$ 800 [ ] FORGIV
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 956.10

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

Enter this tot
on line 12a "
by"" or line 1
"owed to" of
Summary Pa

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 136-102

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Debt #1 Corp? [ ] Yes Owed (to) or by: Mary Sawyer 7290 Helen Center Line, MI 48015	4. Type: LOAN 5. Date Debt Was Incurred: 6-18-12 6. Original Amount of Debt: $ 685	$	$ 0	$ 685 [ ] FORGIVE
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? [ ] Yes Owed (to) or by: Mary Sawyer 7290 Helen Center Line, MI 48015	4. Type: LOAN 5. Date Debt Was Incurred: 6-9-16 6. Original Amount of Debt: $ 100	$	$ 0	$ 100 [ ] FORGIVE
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #3 Corp? [ ] Yes Owed (to) or by: Mary Sawyer 7290 Helen Center Line, MI 48015	4. Type: LOAN 5. Date Debt Was Incurred: 4-7-16 6. Original Amount of Debt: $ 100	$	$ 0	$ 100 [ ] FORGIVI
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 885

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

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"owed to" of th
Summary Pag

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MICHIGAN DEPARTMENT OF STATE
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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 136-102

2. Committee Name Friends of Marv Sawyer

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Debt #1 Corp? [ ] Yes Owed (to) or by: Marv Sawyer 7290 Helen Centerline, MI 48015	4. Type: LOAN 5. **Date Debt Was Incurred**: 5-24-16 6. **Original Amount of Debt**: $ 100	$ $ $ $ $	$ 0	$ 100 [ ] FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? [ ] Yes Owed (to) or by: Marv Sawyer 7290 Helen Centerline, MI 48015	4. Type: LOAN 5. **Date Debt Was Incurred**: 7-1-16 6. **Original Amount of Debt**: $ 100	$ $ $ $ $	$ 0	$ 100 [ ] FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #3 Corp? [ ] Yes Owed (to) or by: Marv Sawyer 7290 Helen Centerline, MI 48015	4. Type: LOAN 5. **Date Debt Was Incurred**: 5-5-16 6. **Original Amount of Debt**: $ 50	$ $ $ $ $	$ 0	$ 50 [ ] FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 250

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 136-102

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Debt #1 Corp? [ ] Yes Owed to or by: Maru Sawyer 7290 Helen Center Line, MI 48015	4. Type: LOAN 5. Date Debt Was Incurred: 5-9-16 6. Original Amount of Debt: $100	$	$ 0	$ 100 [ ] FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? [ ] Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: $ _____	$	$	$ [ ] FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #3 Corp? [ ] Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: $ _____	$	$	$ [ ] FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 100

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 2191.10

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.