





MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 139276		3. This Statement covers From: <u>12/16/15</u> to <u>7/17/16</u>	
2. Committee Name Friends of Mike Keys		4. Candidate Last Name Keys First Name Mike M.I. V 4a. Office Sought Including District # or Community Served (If applicable) Clinton Twp. Trustee 4b. County of Residence MACOMB	
5. Committee's Mailing Address P.O. Box 381284, Clinton Twp., MI 58038 Area Code and Phone (586) 925-9797 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 Annette Russell 20943 Lantz Clinton Twp., MI 48035 Area Code & Phone (586) 209-6592	
7. Treasurer's Business Address Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" 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 08/2/16		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) 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. <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Annette Russell Type or Print Name		Signature  Date 7/28/2016	
Candidate Mike Keys Type or Print Name		Signature  Date 7/28/2016	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139276

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Friends of Mike Keys

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>10,747.12</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>10,747.12</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>10,747.12</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,421.58</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>5,697.50</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>5,697.50</u>	(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.) \$ <u>1,421.58</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>10,747.12</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>10,747.12</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,697.50</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5,049.62</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

139276

1. Committee I.D. Number

Friends of Mike Keys

2. Committee Name

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>1/20/16</u> Name & Address: Denise Mentzer 1399 Kingsley Street, Mount Clemens, MI 48043		100.00 \$ _____	\$ _____
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	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/29/16</u> Name & Address: Lauren Rose 37446 Fiore Trail, Clinton Township, MI 48036		70.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/1/16</u> Name & Address: Annette Russell 20943 Lantz, Clinton Township, MI 48035		200.00 \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Child Care Giver</u> Employer <u>Annette's Day Care</u> Business Address <u>20943 Lantz, Clinton Township, MI 48035</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/1/16</u> Name & Address: Lorraine Ballor 29324 Burwick, Harrison Township, MI 48045		70.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal

440.00

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 139276
2. Committee Name Friends of Mike Keys

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>3/1/16</u> Name & Address: Gary Cynowa 45451 Fielding St, Macomb MI 48042		35.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/2/16</u> Name & Address: Nancy Ventimiglia 20141 Woodward St, Clinton Township, MI 48035-4739		35.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/2/16</u> Name & Address: David Flynn 2957 Parkway Circle, Sterling Heights, MI 48310		100.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>3/2/16</u> Name & Address: Friends of Macomb 39856 Brylor Ct, Clinton Township, MI 48038		250.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal **420.00**

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 139276
2. Committee Name Friends of Mike Keys

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>3/3/16</u> Name & Address: Candace Myers 18002 North Wind Dr., Fraser, MI 48026		40.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/4/16</u> Name & Address: Debra Dorosh 44188 Rina Ln, Clinton Township, MI 48038-4476		35.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/4/16</u> Name & Address: Steven White 72 Millstone Drive, Waterford, MI 48328		100.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/4/16</u> Name & Address: Russell Holtslander 23140 Wellington Cres. Apt. #104, Clinton Township, MI 48036		100.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal **275.00**

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 139276
2. Committee Name Friends of Mike Keys

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>3/4/2016</u> Name & Address: Scott VanAssche 28441 Waverly Street, Roseville, MI 48066		25.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/5/16</u> Name & Address: Julie Sommerville 30741 Dawson Street, Garden City, MI 48135		50.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/5/16</u> Name & Address: Sara Frey 29898 Sugar Creek Drive, Chesterfield, MI 48047		40.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/6/16</u> Name & Address: B.C. Backman 1190 Harvard Drive, Rochester Hills, MI 48307		25.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal **140.00**

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 139276
2. Committee Name Friends of Mike Keys

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>3/6/16</u> Name & Address: John Cafagna 41943 Montroy Drive, Sterling Heights, MI 48313		100.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/7/16</u> Name & Address: Shelley Rowan 18056 Cedarlawn Drive, Clinton Township, MI 48035		100.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/7/16</u> Name & Address: Linda Pidutti 37649 Charter Oaks Blvd., Clinton Township, MI 48036		35.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/7/16</u> Name & Address: Margarette Elizabeth Cafagna 722 Sunset Lane, East Lansing, MI 48823		40.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal **275.00**

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 139276
2. Committee Name Friends of Mike Keys

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>3/7/16</u>	
Name & Address: Nancy Entwistle 37733 Ladue St, Clinton Township, MI 48036		100.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/8/16</u>	
Name & Address: Shannon Sommerville 35081 Concord Ct, Clinton Township, MI 48035-3125		100.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/8/16</u>	
Name & Address: Frances Boczkowski 30955 Ferntree, Roseville, MI 48066		70.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/8/16</u>	
Name & Address: Edward Bruley 38157 Radde St, Clinton Township, MI 48036-2947		200.00 \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Retired 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		Click Here for Memo Itemization	

Page Subtotal **470.00**

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 139276
2. Committee Name Friends of Mike Keys

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>3/8/16</u> Name & Address: John Myers III 42563 Park Cresent Drive, Sterling Heights, MI 48313	100.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Victoria Gearhart 29312 Gilbert Drive, Warren, MI 48093-6419	35.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Fred Miller 162 Riverside Drive, Mount Clemens, MI 48043	100.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: C.E. Bannister 18877 Highlite Drive S, Clinton Township, MI 48035-2545	50.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		

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 139276
2. Committee Name Friends of Mike Keys

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>3/9/16</u> Name & Address: Valerie Ruffino 43306 Cove Ct, Sterling Heights, MI 48313	50.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Roger Heller 24082 Meadowbridge Dr, Clinton Township, MI 48035-3007	35.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Leo Lalonde 24801 Rosalind, Eastpointe, MI 48021-1313	100.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Paul Strong 20054 15 Mile Road, Clinton Township, MI 48035	100.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		

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 139276
2. Committee Name Friends of Mike Keys

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>3/9/16</u> Name & Address: Joseph Ferrara 29312 Gilbert Dr, Warren, MI 48093-6419	70.00 \$ _____	\$ _____
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		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Paul for Treasurer 37905 E. Horseshoe Dr, Clinton Township, MI 48036	100.00 \$ _____	\$ _____
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		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Sara Gielegghem 37905 E. Horseshoe Dr, Clinton Township, MI 48036	150.00 \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Chippewa Valley Schools</u> Business Address <u>19120 Cass Ave, Clinton Township, MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Kenneth Debeaussaert 39856 Brylor Ct, Clinton Township, MI 48038	100.00 \$ _____	\$ _____
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		

Page Subtotal **420.00**

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 139276
2. Committee Name Friends of Mike Keys

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>3/9/16</u> Name & Address: Kyrstie Jaskowski 13337 Wessel Ct, Sterling Heights, MI 48313	35.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Lori Marie Convery 14196 Lakeside Blvd N, Shelby Township, MI 48315	100.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Shery Cotton 15324 Windmill Pointe Dr, Gross Pointe Woods, MI 48230	500.00 \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>COO Emeritus</u> Employer <u>Meridian Health Care</u> Business Address <u>1 Camus Martius # 700 Detroit, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Audrey Cox 21630 Edmunton St, Saint Clair Shores, MI 48080	35.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		

Page Subtotal **670.00**

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 139276
2. Committee Name Friends of Mike Keys

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>3/9/16</u> Name & Address: Cardi A Demonaco Jr 23225 Oakwood, Easpointe, 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	70.00 \$ _____	 \$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Lauren Hardman 23703 15 Mile Rd, 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	35.00 \$ _____	 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Nancy Early 24271 Grange St, 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	35.00 \$ _____	 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Judy Hartwell 25921 Maritime Cir S, Harrison Township, 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	35.00 \$ _____	 \$ _____ Click Here for Memo Itemization

Page Subtotal **175.00**

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**

139276

1. Committee I.D. Number

Friends of Mike Keys

2. Committee Name

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>3/9/16</u> Name & Address: Gary Sommerville 28532 Hennepin St., Garden City, MI 48135		100.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Michael Omeara 31415 Gay St, Roseville, MI 48066		70.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Kathleen Tocco 31669 Kendall, Fraser, MI 48026		100.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: Clifford Terry Jr. 33196 Priehs Ct, Sterling Heights, MI 48312-6656		250.00 \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Human Resources</u> Employer <u>Chrysler</u> Business Address <u>22800 Mound Rd., Warren, MI 48091</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

520.00

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 139276
2. Committee Name Friends of Mike Keys

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>3/9/16</u> Name & Address: <u>Richard Prentiss</u> <u>35785 Bal Clair St, New Baltimore, MI 48047</u> 5. If over \$100.00 cumulative, please provide: <u>Retired</u> Click Here for Memo Itemization 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 \$ _____	\$ _____
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: <u>George Sobah</u> <u>37737 Santa Barbara, Clinton Township, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization 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 \$ _____	\$ _____
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: <u>William Sowerby</u> <u>37860 Saddle Ln, Clinton Township, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation <u>Treasurer</u> Employer <u>Clinton Twp</u> Business Address <u>40700 Romeo Plank Rd., 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	200.00 \$ _____	\$ _____
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: <u>Dana Camphous-Peterson</u> <u>39925 Southpointe Ave, Harrison Township, MI 48045</u> 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization 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 \$ _____	\$ _____

Page Subtotal **470.00**

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 139276
2. Committee Name Friends of Mike Keys

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>3/9/16</u> Name & Address: <u>Jennifer Ruffino</u> <u>6069 Marsh Rd, Cottrellville, MI 48039-1312</u>		<u>110.00</u> \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Dietician</u> Employer <u>Medilodge</u> Business Address <u>4220 S. Hospital Dr., East China, MI 48054</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: <u>Robert E Boyd</u> <u>6849 Boulder Pointe Dr, Washington Township, MI 48094</u>		<u>100.00</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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/9/16</u> Name & Address: <u>Denise Mentzer</u> <u>1399 Kingsley Street, Mount Clemens, MI 48043</u>		<u>35.00</u> \$ _____	<u>135.00</u> \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>IT</u> Employer <u>Macomb County</u> Business Address <u>1 S. Main St. 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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/10/16</u> Name & Address: <u>Robert Mijac</u> <u>43710 Via Antinio, Sterling Heights, MI 48314</u>		<u>100.00</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		Click Here for Memo Itemization	

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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139276
2. Committee Name Friends of Mike Keys

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 3/10/16

Name & Address:
David Tirrell

292 Jones Street, Mount Clemens, MI 48043

60.00

\$ _____ \$ _____

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 3/10/16

Name & Address

Vanessa Moase

36571 Payne, Clinton Township, MI 48035

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 3/10/16

Name & Address:

Sarah Roberts

P.O. Box 643, Saint Clair Shores, MI 48080

100.00

\$ _____ \$ _____

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 3/13/10

Name & Address

Nancy M Duemling

20776 Moxon Drive, Clinton Township, MI 480363

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 **230**

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**

139276

1. Committee I.D. Number

Friends of Mike Keys

2. Committee Name

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	3/15/16
Name & Address: Ken Boczkowski 30955 Ferntree, Roseville, MI 48066		\$200.00	\$200.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Laborer</u> Employer <u>Ford Motor Company</u> Business Address <u>39000 Mound Rd, Sterling Heights, MI 48310</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	3/15/16
Name & Address: Jeffery Oldham 11840 Wheaton Drive, Sterling Heights, MI 48313		70.00	70.00
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		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	3/15/16
Name & Address: Dominic Cafagna 1271 North Oxford Rd, Gross Pointe Woods, MI 48236		\$40.00	\$40.00
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		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	5/18/16
Name & Address: Devin Farthing 18524 Davidson, Fraser, MI 48026		\$235.00	\$235.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Laborer</u> Employer <u>City of Roseville</u> Business Address <u>29700 Gratiot, Roseville, MI 48066</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 545.00

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 139276
2. Committee Name Friends of Mike Keys

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>3/15/16</u> Name & Address: <u>Sharon Garcia</u> <u>22618 Phelps, Clinton Township, MI 48036</u>		\$ <u>40.00</u>	\$ <u>40.00</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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/15/16</u> Name & Address: <u>Ryan Prentiss</u> <u>22721 Pleasant, Saint Clair Shores, MI 48080</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Chef</u> Employer <u>Townhouse</u> Business Address <u>180 Pierce St, Birmingham, MI 48009</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/15/16</u> Name & Address: <u>Holly Wiseman</u> <u>36500 Woodingham, Clinton Township, MI 48036</u>		\$ <u>100.00</u>	\$ <u>100.00</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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/15/16</u> Name & Address: <u>Lynn Lusk-Cafagram</u> <u>41722 Merrimac, Clinton Township, MI 48035</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Cat Scan Technologis</u> Employer <u>Henry Ford Health System</u> Business Address <u>1 Ford Pl, Detroit, Michigan 48202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **540.00**

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 139276
2. Committee Name Friends of Mike Keys

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>3/15/16</u>	
Name & Address: Sandy Marello 53042 Rill Creek Dr, Chesterfield, MI 48047		\$ <u>35.00</u>	\$ <u>35.00</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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/15/16</u>	
Name & Address: Val Dusty 56380 Meddowlawn, Macomb, MI 48042		\$ <u>\$300.00</u>	\$ <u>\$300.00</u>
5. If over \$100.00 cumulative, please provide: Disabled 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		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/15/16</u>	
Name & Address: Michael Ruffino 7457 Sandgrass, Washington, MI 48094		\$ <u>\$50.00</u>	\$ <u>\$50.00</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		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/15/16</u>	
Name & Address: James Dehaan 8647 Carriage Hill Dr., Shelby Twp., MI 48047		\$ <u>\$35.00</u>	\$ <u>\$35.00</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		Click Here for Memo Itemization	

Page Subtotal **420.00**

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 139276
2. Committee Name Friends of Mike Keys

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>3/27/16</u> Name & Address: Kris Ruffino 5603 Bradbury Run, Washington, MI 48094		100.00 \$ _____	100.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/31/16</u> Name & Address: John Kuffer Jr. 24276 Brittany Ave, Eastpointe, MI 48021		\$50.00 \$ _____	\$50.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/18/16</u> Name & Address: Diana Weir 36232 Suffolk, Clinton Township, MI 48035-1643		\$25.00 \$ _____	\$25.00 \$ _____
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	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/28/16</u> Name & Address: Albert Gladysck 42724 Royal Ln, Clinton Township, MI 48038		\$25.00 \$ _____	\$25.00 \$ _____
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	

Page Subtotal **200.00**

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**

139276

1. Committee I.D. Number

Friends of Mike Keys

2. Committee Name

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 5/6/16

Name & Address:
Jenifer West

20752 Aldo Ct, Clinton Township, MI 48038

\$ \$50.00

\$ \$50.00

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 5/9/16

Name & Address

Linda Flynn

43225 Chardonay Dr, Sterling Heights, MI 48314-1857

\$ \$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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 5/13/16

Name & Address:

Nancy Ventimiglia

20141 Woodward St, Clinton Township, MI 48035-4739

\$ \$35.00

\$ \$70.00

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 5/13/16

Name & Address

Edward Bruley

38157 Radde St, Clinton Township, MI 48036-2947

\$ \$100.00

\$ \$300.00

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

[Click Here for Memo Itemization](#)

Retired

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

260.00

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**

139276

1. Committee I.D. Number

Friends of Mike Keys

2. Committee Name

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>5/14/16</u> Name & Address: Lynne Bucciarelli 29345 Milton Ave, Madison Heights, MI 48071		35.00 \$ _____	35.00 \$ _____
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	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/15/16</u> Name & Address: Cathy Ventimiglia 52488 Westcreek Dr, Macomb Township, MI 48042		\$50.00 \$ _____	\$50.00 \$ _____
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	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/16/16</u> Name & Address: Patricia Germain 25912 Salem St, Roseville, MI 48066		\$35.00 \$ _____	\$35.00 \$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/17/16</u> Name & Address: Mary Mocher 17536 Doris Ave, Fraser, MI 48026		\$70.00 \$ _____	\$70.00 \$ _____
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		Click Here for Memo Itemization	

Page Subtotal

190.00

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 139276
2. Committee Name Friends of Mike Keys

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>5/17/16</u> Name & Address: Robert Garcia 863 Manderly Dr, Milford, MI 48381-1312		\$ <u>35.00</u>	\$ <u>35.00</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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/18/16</u> Name & Address: C.E. Bannister 18877 Highlite Dr (S), Clinton Township, MI 48035-2545		\$ <u>35.00</u>	\$ <u>85.00</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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/18/16</u> Name & Address: Roger Heller 24082 Meadowbridge Dr, Clinton Township, MI 48035		\$ <u>70.00</u>	\$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide: Retired 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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/18/16</u> Name & Address: Steven White 72 Millstone Drive, Waterford, MI 48328		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Parts Manager Morrison Industries Occupation _____ Employer _____ Business Address <u>211 Progress Blvd, Morrison, TN 37357</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **240.00**

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 139276
2. Committee Name Friends of Mike Keys

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 5/19/16

Name & Address:
Keith Nelson

34907 Wellington Ct, Chesterfield, MI 48047-3177

\$ \$35.00

\$ \$35.00

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 5/19/16

Name & Address

Debra Dorosh

44188 Rina Ln, Clinton Township, MI 48038-4476

\$ \$35.00

\$ \$70.00

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 5/20/16

Name & Address:

Nancy Entwistle

37733 Ladue St, Clinton Township, MI 48036-2922

\$ \$70.00

\$ \$170.00

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

Occupation Retired Employer _____

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 5/21/16

Name & Address

Dana Gire

37567 Radde St, Clinton Township, MI 48036

\$ \$50.00

\$ \$50.00

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 **190.00**

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**

139276

1. Committee I.D. Number

Friends of Mike Keys

2. Committee Name

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	5/21/16
Name & Address: Victoria Gearhart 29312 Gilbert Dr, Warren, MI 48093-6419		\$20.00	\$55.00
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	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	5/23/16
Name & Address: Duncan McGuffie 3066 Middlebelt Rd, West Bloomfield, MI 48323-1932		\$500.00	\$500.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Divisional VP</u> Employer <u>Prudential</u> Business Address <u>P.O. Box 7960 Philadelphia, PA 19176</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	5/23/16
Name & Address: Russell Holtslander 23140 Wellington Cres Apt 104, Clinton Township, MI 48036-3577		\$100.00	\$200.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Disabled</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	5/25/16
Name & Address: Dennis Bruck 19637 Lloyd, Clinton Township, MI 48038-3059		\$35.00	\$35.00
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		Click Here for Memo Itemization	

Page Subtotal 655.00

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 139276
2. Committee Name Friends of Mike Keys

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>5/25/16</u> Name & Address: <u>Shannon Sommerville</u> <u>35081 Concord Ct, Clinton Township, MI 48035-3125</u>		\$ <u>40.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Laborer</u> Employer <u>Ford Motor Company</u> Business Address <u>39000 Mound Rd, Sterling Heights, MI 48310</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/26/16</u> Name & Address: <u>Judith Strong</u> <u>20054 15 Mile Road, Clinton Township, MI 48035</u>		\$ <u>35.00</u>	\$ <u>35.00</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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/26/16</u> Name & Address: <u>Sara Gielegghem Jr.</u> <u>37905 E. Horseshoe Dr, Clinton Township, MI 48036</u>		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Chippewa Valley Schools</u> Business Address <u>19120 Cass Ave, 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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/26/16</u> Name & Address: <u>Roger Cardamone</u> <u>17187 Canvasback, Clinton Township, MI 48038</u>		\$ <u>70.00</u>	\$ <u>70.00</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		Click Here for Memo Itemization	

Page Subtotal **295.00**

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 139276
2. Committee Name Friends of Mike Keys

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 5/26/16

Name & Address:
Elizabeth Pugh

22641 Katzman, Clinton Township, MI 48035

35.00

70.00

\$

\$

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 5/26/16

Name & Address

Kenneth Pearl

38316 Santa Barbara St, Clinton Township, MI 48036

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 5/26/16

Name & Address:

Fred Miller

162 Riverside Dr, Mount Clemens, MI 48043

35.00

\$135.00

\$

\$

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

[Click Here for Memo Itemization](#)

Occupation **Commissioner** Employer **Macomb County**

Business Address **1 S Main St #9, Mt Clemens, MI 48043**

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 5/26/16

Name & Address

Shelley Rowan

18056 Cedarlawn Dr, Clinton Township, MI 48035

\$35.00

\$135.00

\$

\$

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

[Click Here for Memo Itemization](#)

Occupation **Unemployed** Employer _____

Business Address _____

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

Page Subtotal **140.00**

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 139276
2. Committee Name Friends of Mike Keys

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>5/26/16</u> Name & Address: <u>Valerie Ruffino</u> <u>43306 Cove Ct, Sterling Heights, MI 48313</u>		\$ <u>35.00</u>	\$ <u>85.00</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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/26/16</u> Name & Address: <u>Frances Boczkowski</u> <u>30955 Ferntree, Roseville, MI 48066</u>		\$ <u>70.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Laborer</u> Employer <u>Chrysler</u> Business Address <u>2101 Conner St, Detroit, MI 48215</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/26/16</u> Name & Address: <u>David Flynn</u> <u>2957 Parkway Circle, Sterling Heights, MI 48310</u>		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Commissioner</u> Employer <u>Macomb County</u> Business Address <u>1 S Main, 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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/26/16</u> Name & Address: <u>Leo Lalonde</u> <u>24801 Rosalind, Eastpointe, MI 48021-1313</u>		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 305.00

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 139276
2. Committee Name Friends of Mike Keys

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>5/26/16</u> Name & Address: Brenda Miskokomon 21109 Sharkey Street, Clinton Township, MI 48035		\$200.00	200.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Under Writer</u> Employer <u>Congressional Bank</u> Business Address <u>150 Elden St #170, Herndon, VA 20170</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/27/16</u> Name & Address: Maryann Ruffino 7457 Sawgrass Dr, Washington, MI 48094-1479		\$35.00	\$35.00
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/27/16</u> Name & Address: Robert Mijac 43710 Via Antinio, Sterling Heights, MI 48314		35.00	\$135.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Commissioner</u> Employer <u>Macomb County</u> Business Address <u>1 S Main St #9, 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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/30/16</u> Name & Address: Lisa Sahadi 790 Hampton, Gross Pointe Woods, MI 48236		\$35.00	\$35.00
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		Click Here for Memo Itemization	

Page Subtotal **305.00**

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**

139276

1. Committee I.D. Number

Friends of Mike Keys

2. Committee Name

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	7/14/16
Name & Address: Ronald Robinson 39801 Moravian, Clinton Township, MI 48036		\$ 35.00	\$ 35.00
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	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	6/16/16
Name & Address: Charley Jackson 23510 Dale Ave., Eastpointe, MI 48021		\$ 50.00	\$ 50.00
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	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	5/13/16
Name & Address: Linda Pidutti 37649 Charter Oaks Blvd, Clinton Township, MI 48036-2417		\$ 35.00	\$ 70.00
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	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	3/15/16
Name & Address: Luke Miskokomon 21109 Sharkey Street, Clinton Township, MI 48035		\$ 200.00	\$ 200.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Bartender</u> Employer <u>C.J. Barrymore's</u> Business Address <u>21750 Hall Rd, Charter Twp of Clinton, MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 320.00

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**

139276

1. Committee I.D. Number _____
2. Committee Name Friends of Mike Keys

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>6/3/16</u> Name & Address: <u>D.M. Irons</u> <u>18656 Cranbrook, Clinton Township, MI 48038</u>		\$ <u>\$20.00</u>	\$ <u>\$20.00</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	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/16/16</u> Name & Address: <u>Pamela Kellar</u> <u>59987 Carlton N. Apt B, Washington, MI 48094</u>		\$ <u>\$100.00</u>	\$ <u>\$100.00</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	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/26/16</u> Name & Address: <u>Margarette Cafagna</u> <u>722 Sunset Lane, East Lansing, MI 48823</u>		\$ <u>\$40.00</u>	\$ <u>\$80.00</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	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/17/16</u> Name & Address: <u>Russell Holtslander</u> <u>23140 Wellington Cres Apt. 104, Clinton Twp., MI 48036</u>		\$ <u>\$100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: <u>Disabled</u> 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	

Page Subtotal 260.00

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 139276
2. Committee Name Friends of Mike Keys

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>1/29/16</u> Name & Address: Michael Keys 23482 Grandy St. Clinton Twp., MI 48035		10.00 \$	10.00 \$
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	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/25/16</u> Name & Address: Michelle DeBeaussaert 39856 Brylor Ct, Clinton Township, MI 48038		48.25 \$	48.25 \$
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	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/25/16</u> Name & Address: Connor Peshek 1651 Sugarland Rd., Ethridge, TN 38456		\$38.45 \$	\$38.45 \$
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/26/16</u> Name & Address: Amber Bennett 14196 Lakeside Blvd. Shelby Township MI 48315		\$96.80 \$	100.00 \$
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		Click Here for Memo Itemization	

Page Subtotal **193.50**

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**

139276

1. Committee I.D. Number

Friends of Mike Keys

2. Committee Name

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 3/7/16

Name & Address:

Mike Keys

23482 Grandy St., Clinton Township, MI 48035

\$ 100.00

\$ 110.97

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

Special Projects Cool Macomb County

Occupation _____ Employer _____

Business Address 1 S. Main Mt. Clemens, Mi 48043

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 5/12/16

Name & Address

Mike Keys

23482 Grandy St., Clinton Township, MI 48035

\$ 25.00

\$ 135.97

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

Special Projects Cool Macomb County

Occupation _____ Employer _____

Business Address 1 S. Main Mt. Clemens, Mi 48043

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 5/21/16

Name & Address:

Joseph Ferrara

29312 Gilbert Dr, Warren, MI 48093-6419

\$ 50.00

\$ 120.00

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

Retired

Occupation _____ Employer _____

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 3/9/16

Name & Address

Elizabeth Pugh

22641 Katzman, Clinton Township, MI 48035

\$ 35.00

\$ 35.00

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 **210.00**

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**

139276

1. Committee I.D. Number _____
2. Committee Name Friends of Mike Keys

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>6/3/16</u> Name & Address: Baldomero Gonzalez 17459 Henry St., Melvindale, MI 48122		\$ <u>23.97</u>	\$ <u>23.97</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	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/3/16</u> Name & Address: Joseph Fresard 21915 Shady Lane Ave., Saint Clair Shores, MI 48080		\$ <u>33.68</u>	\$ <u>33.68</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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/4/16</u> Name & Address: Mike Keys 23482 Grandy, Clinton Twp., MI 48035		\$ <u>.97</u>	\$ <u>10.97</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	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$58.62**

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

\$10,747.12

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **139276**

2. Committee Name **Friends of Mike Keys**

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: Mike Keys 23482 Grandy Clinton Twp 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordir Employer Name & Business Address: Macomb County 1 S. Main st. Mt. 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 P.O. Box 5. Date Of Receipt: 12/16/15 6. Vendor Name & Address: Clinton Twp Post Office 42383 Garfield Rd. Clinton Twp. Mi 48038	\$ 82.00	\$ 82.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy Clinton twp, MI 48035 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Macomb County Building 1 S. Main st. Mt. 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 Binders, Folio, Tape 5. Date Of Receipt: 01/06/2016 6. Vendor Name & Address: OfficeMax 33840 S. Gratiot Ave Clinton Township, Mi 48035	\$ 59.83	\$ 141.83
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy Clinton twp, MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordir Employer Name & Address: Macomb County Building 1 S. Main st. Mt. 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 Stationary 5. Date Of Receipt: 01/08/16 6. Vendor Name & Address: OfficeMax 33840 S. Gratiot Ave Clinton Twp. MI 48035	\$ 54.83	\$ 196.66

Page Subtotal **196.66**

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

Enter this total
on line 6 of Summary
Page

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-1K

CANDIDATE COMMITTEE

1. Committee I. D. Number 139276

Friends of Mike Keys

2. Committee Name

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.	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: Mike Keys 23482 Grandy Clinton Twp 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordir Employer Name & Business Address: Macomb County 1 S. Main st. Mt. 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 \$ 147.00 \$ 343.66 <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Stamps Description _____ 5. Date Of Receipt: <u>02/27/16</u> 6. Vendor Name & Address: Mount Clemens Post Office 155 S. Main Mt. Clemens, MI 48046 Memo Itemization Below	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy Clinton twp, MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordir Employer Name & Address: Macomb County Building 1 S. Main st. Mt. 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 \$ 49.00 \$ 392.66 <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN stamps Description _____ 5. Date Of Receipt: <u>02/27/16</u> 6. Vendor Name & Address: Mt. Clemens Post Office 155 S. Main st. Mt. Clemens, Mi 48026 Click Here for Memo Itemization	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy Clinton twp, MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordir Employer Name & Address: Macomb County Building 1 S. Main st. Mt. 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 \$ 16.10 \$ 408.76 <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Stationary Description _____ 5. Date Of Receipt: <u>02/29/16</u> 6. Vendor Name & Address: Staples 31900 Gratiot Ave. Roseville, Mi 48066 Click Here for Memo Itemization	
Page Subtotal		212.10
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

139276

1. Committee I. D. Number

Friends of Mike Keys

2. Committee Name

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: Mike Keys 23482 Grandy Clinton Twp 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordir Employer Name & Business Address: Macomb County 1 S. Main st. Mt. 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 Stationary Description _____ 5. Date Of Receipt: 02/29/16 6. Vendor Name & Address: Staples 31900 Gratiot Ave. Roseville, Mi 48066	\$ 33.90	\$ 442.66
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy Clinton twp, MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordir Employer Name & Address: Macomb County Building 1 S. Main st. Mt. 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 Card reader - Hardware Description _____ 5. Date Of Receipt: 03/04/16 6. Vendor Name & Address: Square Corp. 145 Market st STE.600 San Francisco, CA 94103	\$ 49.00	\$ 491.66
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Michael P. Keys 36458 Suffolk St. Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Executive Chef Employer Name & Address: Red Crown 15301 Kercheval Ave Gross Pointe Park, MI 48230 <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 Reimbursement Description _____ 5. Date Of Receipt: 03/09/16 6. Vendor Name & Address:	\$ 442.24	\$ 442.24

Page Subtotal **525.14**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

139276

1. Committee I. D. Number

Friends of Mike Keys

2. Committee Name

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: Mike Keys 23482 Grandy Clinton Twp 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordir Employer Name & Business Address: Macomb County 1 S. Main st. Mt. 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 PO Box Key 5. Date Of Receipt: 03/16/16 6. Vendor Name & Address: Clinton Twp. Post Office 42383 Garfield Rd. Clinton Twp.,MI 48038	\$ 9.00	\$ 500.66
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy Clinton twp, MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordir Employer Name & Address: Macomb County Building 1 S. Main st. Mt. 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 Crayons 5. Date Of Receipt: 03/17/16 6. Vendor Name & Address: Goldstar Products 21680 Coolidge Hwy Oak Park, Mi 48237	\$ 92.97	\$ 593.63
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy Clinton twp, MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordir Employer Name & Address: Macomb County Building 1 S. Main st. Mt. 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 trash bags gloves 5. Date Of Receipt: 04/02/16 6. Vendor Name & Address: Dollar Tree 31902 Groesbeck Hwy. Fraser, MI 48026	\$ 15.84	\$ 609.47

Page Subtotal **117.81**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139276
2. Committee Name Friends of Mike Keys

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:
Mike Keys
23482 Grandy
Clinton Twp 48035
If over \$100.00 cumulative, please provide:
Occupation: **Special Projects Coordir**
Employer Name & Business Address:
Macomb County
1 S. Main st.
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
Description **cardstock**
5. Date Of Receipt: **04/27/16**
6. Vendor Name & Address:
Staples
31900 Gratiot Ave.
Roseville, MI 48066
Memo Itemization Below

7. Amount or Fair Market Value \$ **28.81**
8. Cumulative for Election Cycle (Through date in Item 5) \$ **638.28**

Contribution # 2 PAC Receipt? ☐ Yes
Name & Address:
Mike Keys
23482 Grandy
Clinton twp, MI 48035
If over \$100.00 cumulative, please provide:
Occupation: **Special Projects Coordir**
Employer Name & Address:
Macomb County Building
1 S. Main st.
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
Description **Flash Drives**
5. Date Of Receipt: **05/09/16**
6. Vendor Name & Address:
Staples Direct
500 Staples Dr.
Framingham, MA 01702
Click Here for Memo Itemization

7. Amount or Fair Market Value \$ **59.35**
8. Cumulative for Election Cycle (Through date in Item 5) \$ **697.63**

Contribution #3 PAC Receipt? ☐ Yes
Name & Address:
Mike Keys
23482 Grandy
Clinton twp, MI 48035
If over \$100.00 cumulative, please provide:
Occupation: **Special Projects Coordir**
Employer Name & Address:
Macomb County Building
1 S. Main st.
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
Description **stamps**
5. Date Of Receipt: **05/20/16**
6. Vendor Name & Address:
Mt. Clemens Post Office
155 S. Main st.
Mt. Clemens, Mi 48026
Click Here for Memo Itemization

7. Amount or Fair Market Value \$ **34.00**
8. Cumulative for Election Cycle (Through date in Item 5) \$ **731.63**

Page Subtotal **122.16**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139276

2. Committee Name Friends of Mike Keys

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: Mike Keys 23482 Grandy Clinton Twp 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordin Employer Name & Business Address: Macomb County 1 S. Main st. Mt. 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 stamps 5. Date Of Receipt: 05/20/16 6. Vendor Name & Address: Mt. Clemens Post Office 155 S. Main st. Mt. Clemens, MI 48026	\$ 34.00	\$ 765.63
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy Clinton twp, MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordin Employer Name & Address: Macomb County Building 1 S. Main st. Mt. 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 Advertising 5. Date Of Receipt: 05/27/16 6. Vendor Name & Address: Facebook 1 Hackers Way Menlo Park, CA 94025	\$ 25.05	\$ 790.68
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy Clinton twp, MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordin Employer Name & Address: Macomb County Building 1 S. Main st. Mt. 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 copies 5. Date Of Receipt: 06/01/16 6. Vendor Name & Address: FedEx Office 41150 Garfield Rd. Clinton Twp., MI 48038	\$ 17.68	\$ 808.36

Page Subtotal **76.73**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139276

2. Committee Name Friends of Mike Keys

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: Mike Keys 23482 Grandy Clinton Twp 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordir Employer Name & Business Address: Macomb County 1 S. Main st. Mt. 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 Advertising Description 06/01/16 5. Date Of Receipt: 6. Vendor Name & Address: Facebook 1 Hackers Way Menlo Park, CA 94025 Memo Itemization Below	\$ 12.31	\$ 820.67
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy Clinton twp, MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordir Employer Name & Address: Macomb County Building 1 S. Main st. Mt. 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 Copies Description 06/01/16 5. Date Of Receipt: 6. Vendor Name & Address: FedEx Office 41150 Garfield Rd. Clinton Twp. MI 48038 Click Here for Memo Itemization	\$.25	\$ 820.92
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy Clinton twp, MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordir Employer Name & Address: Macomb County Building 1 S. Main st. Mt. 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 paper Description 06/06/16 5. Date Of Receipt: 6. Vendor Name & Address: Staples 31900 Gratiot Ave. Roseville, MI 48066 Click Here for Memo Itemization	\$ 15.89	\$ 836.81

Page Subtotal 28.45

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139276

2. Committee Name Friends of Mike Keys

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: Mike Keys 23482 Grandy Clinton Twp 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordin Employer Name & Business Address: Macomb County 1 S. Main st. Mt. 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 stamps Description _____ 5. Date Of Receipt: <u>07/14/16</u> 6. Vendor Name & Address: Clinton Twp. Post Office 42383 Garfield Rd. Clinton Twp., MI 48038	\$ <u>9.00</u>	\$ <u>845.81</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy Clinton twp, MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordin Employer Name & Address: Macomb County Building 1 S. Main st. Mt. 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 Labels Description _____ 5. Date Of Receipt: <u>07/17/16</u> 6. Vendor Name & Address: Staples 31900 Gratiot Roseville, MI 48066	\$ <u>133.53</u>	\$ <u>979.34</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____

Page Subtotal **142.53**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **1,421.58**

Enter this total
on line 6 of Summary
Page

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

139276

1. Committee I. D. Number _____
 2. Committee Name Friends of Mike Keys

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FreeStar Financial Address 37570 S Gratiot Ave, Charter Twp of Clinton, MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: CHECKING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	1/31/16 Date	\$ 1.00
Expenditure #2 Name FreeStar Financial Address 37570 S Gratiot Ave, Charter Twp of Clinton, MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: STATEMENT FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	2/2/16 Date	\$ 2.00
Expenditure #3 Name FreeStar Financial Address 37570 S Gratiot Ave, Charter Twp of Clinton, MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: CHECKING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	2/29/16 Date	\$ 1.00
Expenditure #4 Name Michele Keys Address 36458 Suffolk Clinton Twp., MI 48035 <input checked="" type="checkbox"/> Fund Raiser	Purpose: REIMBURSEMENT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	3/28/16 Date	\$ 181.04
Expenditure #5 Name Staples Address 31900 Gratiot Ave Roseville, MI 48066 <input checked="" type="checkbox"/> Fund Raiser	Purpose: PAPER & ENVELOPE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	3/15/16 Date	\$ 27.01

Subtotal this page

212.05

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

139276

1. Committee I. D. Number _____
 2. Committee Name Friends of Mike Keys

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Amber Bennett Address 14196 Lakeside Blvd. Shelby Twp., MI 48315 <input checked="" type="checkbox"/> Fund Raiser	Purpose: STAMPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	3/24/16 Date	\$ 68.60
Expenditure #2 Name FreeStar Financial Address 37570 S Gratiot Ave. Clinton Twp., MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: CHECK ORDER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	3/25/16 Date	\$ 17.15
Expenditure #3 Name Michele Keys Address 36458 Suffolk Clinton Twp., MI 48035 <input checked="" type="checkbox"/> Fund Raiser	Purpose: REIMBURSEMENT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	3/25/16 Date	\$ 380.67
Expenditure #4 Name FreeStar Financial Address 37570 S Gratiot Ave. Clinton Twp., MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: CHECKING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	3/31/16 Date	\$ 1.00
Expenditure #5 Name USPS Address 155 S Main St. Mt Clemens, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: Postage <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	4/9/16 Date	\$ 189.00

Subtotal this page

656.42

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**

139276

1. Committee I. D. Number _____
2. Committee Name **Friends of Mike Keys**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 155 S Main St. Mt Clemens, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	4/9/16 Date	\$ 4.90
Expenditure #2 Name Staples Address 17410 Mack Ave. Grosse Pointe, MI 48230 <input type="checkbox"/> Fund Raiser	Purpose: PAPER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	4/25/16 Date	\$ 61.84
Expenditure #3 Name Walgreens Address 1045 S Gratiot Ave, Charter Twp of Clinton, MI 48036 <input checked="" type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	4/26/16 Date	\$ 84.60
Expenditure #4 Name CVS Address 37050 Gratiot Ave, Charter Twp of Clinton, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	4/26/16 Date	\$ 75.20
Expenditure #5 Name FreeStar Financial Address 37570 S Gratiot Ave. Clinton Twp., MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: CHECKING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	4/30/16 Date	\$ 1.00

Subtotal this page

227.54

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

139276

1. Committee I. D. Number _____

2. Committee Name Friends of Mike Keys

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 155 S Main St. Mt Clemens, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5/3/16 Date	\$ 136.00
Expenditure #2 Name Office Max Address 33840 Gratiot Ave, Charter Twp of Clinton, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: PENS & MARKERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5/3/16 Date	\$ 12.50
Expenditure #3 Name Staples Address 31900 Gratiot Ave. Roseville, MI 48066 <input checked="" type="checkbox"/> Fund Raiser	Purpose: PAPER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5/3/16 Date	\$ 58.19
Expenditure #4 Name American Graphics Address 34895 Groesbeck Hwy, Charter Twp of Clinton, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: LETTERHEAD & ENV <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5/3/16 Date	\$ 451.56
Expenditure #5 Name Sunoco Address 1160 Southbound Gratiot Ave, Mt Clemens, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: GAS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5/9/16 Date	\$ 50.00
Subtotal this page			708.25
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**

139276

1. Committee I. D. Number

Friends of Mike Keys

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 155 S Main St. Mt Clemens, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5/12/16 Date	\$ 69.60
Expenditure #2 Name American Graphics Address 34895 Groesbeck Hwy, Charter Twp of Clinton, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: POSTCARDS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5/13/16 Date	\$ 464.28
Expenditure #3 Name USPS Address 155 S Main St. Mt Clemens, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7/15/16 Date	\$ 142.88
Expenditure #4 Name USPS Address 155 S Main St. Mt Clemens, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5/26/16 Date	\$ 102.00
Expenditure #5 Name USPS Address 155 S Main St. Mt Clemens, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5/26/16 Date	\$ 237.11

Subtotal this page

1,015.87

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

139276

1. Committee I. D. Number _____
 2. Committee Name **Friends of Mike Keys**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FedEx Office Address 41150 Garfield Rd, Charter Twp of Clinton, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: OFFICE SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5/27/16 Date	\$ 37.97
Expenditure #2 Name C.J. Barrymore's Address 21750 Hall Rd, Charter Twp of Clinton, MI 48038 <input checked="" type="checkbox"/> Fund Raiser	Purpose: FUNDRAISER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6/1/16 Date	\$ 844.29
Expenditure #3 Name Speedway Address 18665 15 Mile Rd, Charter Twp of Clinton, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: GAS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6/23/16 Date	\$ 75.00
Expenditure #4 Name FreeStar Financial Address 37570 S Gratiot Ave. Clinton Twp., MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: CHECKING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5/30/16 Date	\$ 1.00
Expenditure #5 Name USPS Address 155 S Main St. Mt Clemens, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6/9/16 Date	\$ 89.90

Subtotal this page

1,048.16

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

139276

1. Committee I. D. Number _____
 2. Committee Name **Friends of Mike Keys**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FreeStar Financial Address 37570 S Gratiot Ave, Charter Twp of Clinton, MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: CHECKING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6/30/16 Date	\$ 1.00
Expenditure #2 Name FedEx Office Address 41150 Garfield Rd, Charter Twp of Clinton, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: COPIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7/1/16 Date	\$ 25.44
Expenditure #3 Name USPS Address 155 S Main St. Mt Clemens, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7/5/16 Date	\$ 1022.00
Expenditure #4 Name USPS Address 155 S Main St. Mt Clemens, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7/12/16 Date	\$ 340.00
Expenditure #5 Name USPS Address 155 S Main St. Mt Clemens, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7/12/16 Date	\$ 440.77

Subtotal this page **\$1,829.21**

Grand Total of all Schedules 1B
 (Complete on last page of Schedule) **\$5,697.50**

Enter this total
 on line 8a of
 Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139276
2. Committee Name Friends of Mike Keys

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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>12/16/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 82.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>82.00</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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>01/06/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 59.83</u>	\$ \$ \$ \$ \$	\$	\$ <u>59.83</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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>01/08/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 54.83</u>	\$ \$ \$ \$ \$	\$	\$ <u>54.83</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

196.66

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 139276
2. Committee Name Friends of Mike Keys

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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>2/27/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 147.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>147.00</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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>2/27/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 49.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>49.00</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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>2/29/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 16.10</u>	\$ \$ \$ \$ \$	\$	\$ <u>16.10</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

212.10

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 139276
2. Committee Name Friends of Mike Keys

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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>2/29/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 33.90</u>	\$ \$ \$ \$ \$	\$	\$ <u>33.90</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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>3/4/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 49.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>49.00</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: Michael P. Keys 36458 suffolk Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>3/9/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 442.24</u>	\$ \$ \$ \$ \$	\$	\$ <u>442.24</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

525.14

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 139276
2. Committee Name Friends of Mike Keys

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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>3/16/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 9.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>9.00</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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>3/17/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 92.97</u>	\$ \$ \$ \$ \$	\$	\$ <u>92.97</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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>4/02/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15.84</u>	\$ \$ \$ \$ \$	\$	\$ <u>15.84</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

117.81

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 139276
2. Committee Name Friends of Mike Keys

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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04/27/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 28.81</u>	\$ \$ \$ \$ \$	\$	\$ <u>28.81</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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/09/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 59.35</u>	\$ \$ \$ \$ \$	\$	\$ <u>59.35</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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>5/20/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 34.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>34.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

122.16

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 139276
2. Committee Name Friends of Mike Keys

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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/20/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 34.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>34.00</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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>5/27/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 25.05</u>	\$ \$ \$ \$ \$	\$	\$ <u>25.05</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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/01/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 17.68</u>	\$ \$ \$ \$ \$	\$	\$ <u>17.68</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

76.73

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 139276
2. Committee Name Friends of Mike Keys

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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/01/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 12.31</u>	\$ \$ \$ \$ \$	\$	\$ <u>12.31</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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/01/16</u> 6. <u>Original Amount of Debt:</u> <u>\$.25</u>	\$ \$ \$ \$ \$	\$	\$ <u>.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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/06/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15.89</u>	\$ \$ \$ \$ \$	\$	\$ <u>15.89</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

28.45

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 139276
2. Committee Name Friends of Mike Keys

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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>7/14/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 9.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>9.00</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: Mike Keys 23482 Grandy Clinton Twp., Mi 48035	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>7/17/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 133.53</u>	\$ \$ \$ \$ \$	\$	\$ <u>133.53</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: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

142.53

Grand Total of all Schedules 1E

1,421.58

(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

139276

1. Committee I.D. Number _____
2. Committee Name Friends of Mike Keys

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>March 9 2016</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>150</u>	5. Type of Fund Raising Activity <u>Spaghetti Dinner</u>	6. Address and Name (If any) of the place where the activity was held. <u>179 S Main St, Mt Clemens, MI 48043</u> <input type="checkbox"/> Private Residence
---	--	---	---

7. Total Contributions 7,100

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) 7,100

10. Total Cost of Event 1,099.56

(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**

139276
1. Committee I.D. Number _____
2. Committee Name Friends of Mike Keys

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>May 26 2016</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u>	5. Type of Fund Raising Activity <u>Family Fun Night</u>	6. Address and Name (If any) of the place where the activity was held. <u>21750 Hall Rd,</u> <u>Charter Twp of</u> <u>Clinton, MI 48038</u> <input type="checkbox"/> Private Residence
--	---	---	---

7. Total Contributions 2518.93

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) 2518.93

10. Total Cost of Event 987.08

(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.