#### CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	I signed by andidate.	3. This Statement co	vers From	10/21/15	to	07/17/16			
Committee I.D. Number		4. Candidate Last I	Vame		First Name		М	.1.	-
37492		West		Jeni	fer		J		
		4a. Office Sought Inc	luding Dis	trict # or Comr	nunity Serve	d (If applicable)			
Committee Name		Trustee, Chart	er TWP	of Clinton					▼
loie West for Truste	e 	4b. County of Reside	nce MA	COMB	▼	(3)			
Committee's Mailing Address 0752 Aldo Court linton Township, MI 48038		6. Treasurer's Name Jenifer Jo We 20752 Aldo C Clinton Towns	st ourt			CARMELLA SÁ HACOMB COUNT MT. CLEMENS. M	16 JUL 20 PI	FILED	
Area Code and Phone (586) 465-9709 the address in this box is different from the commailing address on the Statement of Organization, sent to this address by the filing official.	ittee mail may	Area Code & Phone	(586) 4	65-9709		BAUGE Y CLER ICHIGAI	∓ -: 3	•	
Treasurer's Business Address 0752 Aldo Court linton Township< mi 48938		8. Designated Reco Designated Record Jenifer WEst Clinton Towns	keeper) 20	152 Aus	-	ss (If the commi	tee has	а	
Area Code and Phone (586) 465-8789		Area Code and Pho	ne	586 -	465-	9709	_		
9. TYPE OF STATEMENT	Described Of	II V if appdidate		9e. Dissolut	ion of Cand	idate Committe	96		
a. X Pre-Election OR 9b. Post-Election	is not on the	NLY if candidate ballot for the				I/We certify any			
e-Election or Post-Election Statement relates to:	current year	:		by discharged	and forgiver	indidate or his on, and no longe nittee has no ou	r collect	ible fro	m
]Primary	July Quart	terly				any oustanding		9 40001	•
General	October C	Quarterly		Eurlber if the	dissolution o	annot be grante	d that	this ba	
Convention				considered a	request for th	e Reporting Wa	aiver.	uns be	
Special	9c. [								
3school	9c. Annua	al Statement (	_) Year	Effe	ective date of	dissolution			
]Caucus	(Com	idment to Campaign Siplete Item 9a, 9b, 9c of te which Statement is	tatement r 9e to			esidual funds mu	ust be re	eported	i on
Date of Election, Convention or Caucus	amend	ded.)		Schedule 1B	and the Sum	mary Page.			
. Verification: I\We certify that all reasonable dilig-	ence was used accurate and co	in the preparation of the complete.	nis stateme	ent and attache	ed schedules	(if any) and to t	ne best	of	
errent Treasurer or signated Record keeper	Est	, James	El (	JIVE	Date	7/19/	2016	3	
Type or Print Name		Signature	1.	4.1	) 1				
andidate Jenifer Jo West		, Jen	ful	18 WG	Date	7/19/	201	6	
Type or Print Name		(Signature	U						

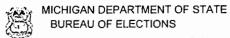


1. Committee I.D. Number 137492

### SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Joie West for Trustee

RECEIPTS	This Period	Cumulative this election cycle
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 7,400.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$7,400.00	(18.) \$ \$8,525.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$7,400.00	(20.) \$ \$8,525.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$1,000.00	(21.) \$ \$1,000.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$1,000.00	(22.) \$ \$1,000.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _\$4,989.85	
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.) \$ \$4,989.85	(23.) \$ \$5,034.85
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	(11.) \$	(24.) \$
12. Debts and Obligations	(12a.) \$ \$4,987.77	
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ \$1,127.18	
14. Amount received during reporting period	(14.) + \$ \$7,400.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$8,527.18	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$4,989.85	
17. ENDING BALANCÉ (Subtract line 16 from line 15)	(17.) \$ \$3,537.33	*



#### CANDIDATE COMMITTEE

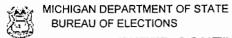
1. Committee I.D. Number 137492

2. Committee Name Joie West forTrustee

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 05/11/16  Name & Address:  Marie Bristow  1291 Grosvenor Court  Rochester Hills, MI 48307	<sub>\$</sub> 75	<sub>\$</sub> 75
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer	Click Here	TOT WELLO RETILZATION
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
2001 Monte porcess	<del></del>	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/11/16  Name & Address		
Ernest Hornung 15663 Stockton Drive Clinton Township, MI 48038	<sub>\$</sub> 50	<sub>\$</sub> 50
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 05/11/16 Name & Address:		
Marietta R. Bojanowski 41794 Alden Drive Clinton Township, MI 48038	s 75	\$_75
5. If over \$100.00 cumulative, please provide:	Olick Field F	or wemo temzadon
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/11/16 Name & Address	_	
Jerry C. West 17253 Pond Drive Clinton Township, MI 48038	<sub>\$</sub> 75	<sub>\$</sub> 75
5. If over \$100.00 cumulative, please provide:	Cliak Have f	or Memo Itemization
Occupation Employer	Click Here t	or Memo Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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#### CANDIDATE COMMITTEE

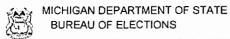
1. Committee I.D. Number \_\_\_137492

2. Committee Name Joie West for Trustee

Enter contributor's name and address. If contribution is from an individual, enter last name, first na 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.	ime, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/11/16  Name & Address: Tim Tomlinson	
42850 Garfield Road Clinton Township, MI 48038	<sub>\$</sub> 250 <sub>\$</sub> 250
5. If over \$100.00 cumulative, please provide:  Occupation Attorney Employer York, Dolan & Tomlinson, P	Click Here for Memo Itemization
Business Address 42850 Garfield Road, Clinton Township, MI	_
Type of Contribution: Direct Loan from a person Fund Raiser	_
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/11/16 Name & Address	
Jack Dolan 42850 Garfield Road Clinton Township, MI 48038	<sub>\$</sub> 250 <sub>\$</sub> 250
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Attorney Employer York Dolan & Tomlinson, PC	
Business Address 42850 Garfield Road, Clinton Township, MI	_
Type of Contribution: Direct Loan from a person V Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/11/16  Name & Address:	
Stephen C. Charron 37760 Charter Oaks Blvd. Clinton Township,MI 48036	<sub>\$</sub> 75 <sub>\$</sub> 75
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 V Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/11/16 Name & Address Cathy Hare	
2887 Whipple Road Delaware, OH 43015	<sub>\$</sub> 75 <sub>\$</sub> 75
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 S	\$650.00
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line 3a of Summary



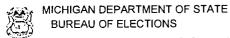
1. Committee I.D. Number \_\_\_137492

CANDIDATE COMMITTEE

2. Committee Name Joie West forTrustee

Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
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.		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/11/16 Name & Address:		
Anthony Pype		
39887 Coalport Dr.	200	, 200
Clinton Township, MI 48038	<sub>\$</sub> 200	\$ <b>200</b>
5. If over \$100.00 cumulative, please provide:  Occupation Owner Employer Garfield Canal Station	Click Here f	or Memo Itemization
Business Address 16933 Canal, Clinton Township, 48038		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/11/16  Name & Address		
Ronald Wood		
28225 Lake Park Drive	<sub>s</sub> 75	, 75
Farmington Hills, MI 48331	T	- V
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/11/16  Name & Address:		
Jeff Campbell	75	<b></b> -
8867 Woodlore South Drive Plymouth, MI 48170	<sub>\$</sub> 75	<sub>. §</sub> 75
Flymouth, Wit 40170	Clieb Here fo	a Mana Haminalian
5. If over \$100.00 cumulative, please provide:	Click Here to	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/11/16 Name & Address		
John F. Kazmierski, DO		
2690 W. Long Lake Road Troy, MI 48098	<sub>s</sub> 75	<sup>2</sup> 75
Troy, IIII 10000	Ψ	Φ
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Enter this total on line 3a of Summary Page.



#### CANDIDATE COMMITTEE

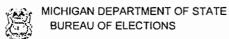
1. Committee I.D. Number \_\_\_\_\_137492

2. Committee Name Joie West forTrustee

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 05/11/16  Name & Address:  James George 19634 Westchester Clinton Township, MI 48038	<sub>\$</sub> 150	<sub>\$</sub> 150
5. If over \$100.00 cumulative, please provide:  Occupation Developer Employer Self  Business Address 19634 Westchester, Clinton Township,MI 48038  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 05/11/16  Name & Address  Renee Arrington Johnson 40830 Windemere Drive ClintonTownship, MI 48038  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$50 Click Here	\$ 50 for Memo Itemization
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/11/16  Name & Address:  Barbara Rossmann 54311 Queensborough Dr. Shelby Township, MI 48315  5. If over \$100.00 cumulative, please provide:  Occupation President & CEO Employer Henry Ford Macomb Hospital  Business Address 19 Mile Road, Clinton Township, MI 48038  Type of Contribution: Direct Loan from a person Fund Raiser	_ § 150 Click Here f	s 150 for Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$Click Here 1	\$ for Memo Itemization
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Page 4 . 13

Enter this total on line 3a of Summary Page



1. Committee I.D. Number \_\_\_\_137492

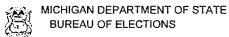
CANDIDATE COMMITTEE

2. Committee Name Joie West forTrustee

CANDIDATE COMMITTEE		
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 05/11/16  Name & Address:  Jennifer Taylor		
20696 Aldo Court Clinton Township, MI 48038	<sub>\$</sub> 75	<sub>\$</sub> 75
5. If over \$100.00 cumulative, please provide:	Olista I Issue	for Marcon March allo
Occupation Employer	Click Here	for Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/11/16 Name & Address		
David Mahlmeister 20682 Aldo Court Clinton Township, MI	<sub>\$</sub> 75	<sub>\$</sub> 75
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 05/11/16  Name & Address:		
Joseph Vicari 37523 Hidden Valley Court Clinton Township, MI 48036	<sub>\$</sub> 75	<sub>\$</sub> 75
5. If over \$100.00 cumulative, please provide:	Click Here f	or 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 05/11/16  Name & Address		
Stephen Saph PO Box 46907	7-	7-5
Mount Clemens, MI 48046	<sub>\$</sub> 75	<sub>_ \$</sub> 75
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here f	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A		
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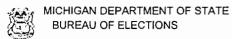


#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_\_137492

2. Committee Name Joie West forTrustee

	ox to indicate if con	tribu	ribution is from an individual, e ution is from a Political Commi ardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Rizzo Environm 6200 Elmridge	PAC Receipt? nental Service	L	J	ot 05/11/16	000	
Sterling Heights	s, MI 48313				<sub>\$</sub> 600	<sub>\$</sub> 600
5. If over \$100.00 cun	nulative, please pr	vic	e:		Click Horo fe	or Memo Itemization
Occupation			Employer		Click Here it	or wemo nemization
Business Address						
Type of Contribution:	Direct		Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Receip	ot		
					\$	\$
5. If over \$100.00 cum					Click Here fo	r Memo Itemization
Occupation		_ E	mployer			
Business Address						
Type of Contribution:	Direct		Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	L	YES 4. Date of Recei	pt		
					\$	\$
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Occupation	T-0-7-0-1	_	Employer			
Business Address						
Type of Contribution:	Direct	Ļ	Loan from a person	Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?	L	YES 4. Date of Rece	ipt		
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Business Address						
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### CANDIDATE COMMITTEE

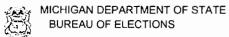
1. Committee I.D. Number \_\_\_\_137492

2. Committee Name Joie West for Trustee

middle initial. Check box to indicate if Committee (PAC) Report <u>all</u> contribut		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Rece Name & Address: Daniel Spatafora 20007 Blackfoot Drive Clinton Township, MI 4803	<u> </u>	<sub>s</sub> 75	<sub>\$</sub> 75
5. If over \$100.00 cumulative, please	provide:	Oli ala I I a a a	For Marine Hamiltonia
Occupation	Employer	Click Here	for Memo Itemization
Business Address			
Type of Contribution: Direct	Loan from a person Fund Raiser		
3. Contribution #2 PAC Recei Name & Address	ot? YES 4. Date of Receipt 05/11/16		
James D. Carlone 37247 Moravian Driuve Clinton Township, MI 480	36	<sub>\$</sub> 75	<sub>\$</sub> 75
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 Recei	ot? YES 4. Date of Receipt 05/11/16		
Kirkanne G. Moseley 42392 Clinton Place Drive Clinton Township, MI 4803		<sub>\$</sub> 75	<sub>\$</sub> 75
5. If over \$100.00 cumulative, please	provide:	Click Here f	or Memo Itemization
Occupation	Employer		
Business Address			
Business Address Direct	Loan from a person  Fund Raiser		
3. Contribution # 4 PAC Rece Name & Address Stephen Swetech 43868 Scoter Lane Clinton Township, MI 4803		<sub>\$</sub> 75	<sub>\$_</sub> 75
5. If over \$100.00 cumulative, please			
Occupation		Click Here for	or Memo Itemization
Ossapation			
Business Address	Company Compan		
Type of Contribution: Direct	Loan from a person Fund Raiser		
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#### CANDIDATE COMMITTEE

1. Committee I.D. Number 137492

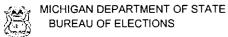
2 Committee Name

Joie West for Trustee

CANDIDATE COMMITTEE 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. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/11/16  Name & Address: Sandra Sgroi 20674 Gaberty Clinton Township, MI 48038	_ <sub>s</sub> 150	<sub>\$</sub> 150
5. If over \$100.00 cumulative, please provide:  Occupation Retired Employer	Click Here	for Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/11/16 Name & Address  Paul Gieleghem, Jr. 37905 E. Horseshoe Dr. Clinton Township, MI 48036	<sub>\$</sub> 50	<sub>\$</sub> 50
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer  Business Address  Type of Contribution: Direct		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/11/16  Bryan Roberts 20725 Aldo Court Clinton Township, MI 48038  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	s 75 Click Here f	\$ <mark>75</mark> for Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/11/16 Name & Address Cheryl Roberts 20725 Aldo Court Clinton Township, MI 48038	<sub>\$</sub> 75	<sub>\$</sub> 75
5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	Click Here f	or Memo Itemization
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#### CANDIDATE COMMITTEE

1. Committee I.D. Number <u>1374</u>92

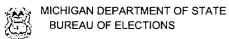
Committee Name	Joie	West	for	Trustee

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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 05/11/16  Name & Address: Vito K. Strolis 205 N. Gratiot Mt. Clemens, MI 48043	<sub>s</sub> 150	<sub>\$</sub> 150
5. If over \$100.00 cumulative, please provide:		
Occupation Owner Employer Ruehles Towing	Click Here to	or Memo Itemization
Business Address Gration, Mt. Clemens, MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/11/16  Name & Address		
Alexandra Lavinio 18341 Nardy Clinton Township, MI 48036	<sub>\$</sub> _100	<sub>\$</sub> 100
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/11/16  Name & Address:		
Scott Chabot 41605 Lexington Clinton Township, MI 48038	<sub>\$</sub> 150	<sub>\$</sub> 150
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Engineer Employer Giffels Webster		
Business Address Romeo Michigan		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/11/16 Name & Address  John H. Johnson 44315 Gratiot Ave  Clinton Township, MI 48036	<sub>\$</sub> 200	<sub>\$_</sub> 200
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Chairperson Employer GABA	Click Here IO	i Memo Remization
Business Address Gratiot Avenue, Clinton Township, MI 48036		
Type of Contribution: Direct Loan from a person Fund Raiser		-
Page Subtotal	\$600.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
(complete on last page of contease)	Enter this total on	

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#### CANDIDATE COMMITTEE

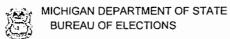
1. Committee I.D. Number \_\_\_\_\_137492

2. Committee Name Joie West for Trustee

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 05/11/16  Name & Address: Vinay Shenoy 6045 Sims Dr. Sterling Heights, MI 48313	<sub>§</sub> 150	<sub>\$</sub> 150	
5. If over \$100.00 cumulative, please provide:  Occupation Project Manager Employer DVM Utilities, Inc	Click Here for Memo Itemization		
Business Address  Type of Contribution:  Direct  Loan from a person  Fund Raiser			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/11/16 Name & Address			
Roger Panella 682 Eckford Dr. Troy, MI 48085	<sub>\$</sub> 75	<sub>\$</sub> 75	
5. If over \$100.00 cumulative, please provide:	Click Here for	or 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 05/11/16  Name & Address:			
William Sowerby 37860 Saddle Lane Clinton Township, MI 48036	<u>\$ 100</u>	<u>\$ 100</u>	
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization	
Occupation Employer			
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/11/16  Name & Address  Terra Birsen			
46774 Scotch Pine Lane Macomb Township, MI 48042	<sub>\$</sub> 75	<sub>\$_</sub> 75	
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization	
Occupation Employer		Wome normalism	
Business Address			
Type of Contribution: Direct Loan from a person Fund Raiser			
Page Subtotal	\$400.00		
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total an		
	Enter this total on		

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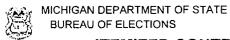


#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_137492

2. Committee Name Joie West for Trustee

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 Name & Address: Teresa Choate	PAC Receipt?		YES 4. Date of Rec	eipt	05/11/16		
43153 Chardon	•					<sub>s</sub> 200	<sub>200</sub>
Sterling Heights	s, MI 48314					<u>\$ 200</u>	§ 200
5. If over \$100.00 cur					1 5110	Click Here fo	or Memo Itemization
Occupation Directo	<u>r</u>	_	Employer Greater Ma	acc	omb PHO	Chick Flore	
Business Address Ga	arfield Dr, Clin	to	n Township, MI 48	03	8		
Type of Contribution:	Direct		Loan from a person	1	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Reco	eipt	05/11/16		
Sandra McClell	an					0.5	<b>~</b> =
68051 Stoecke						<sub>\$</sub> 25	<sub>\$</sub> 25
Richmond, MI 4	8062						
5. If over \$100.00 cun						Click Here fo	r Memo Itemization
Occupation		. Ei	mployer				
Business Address							
Type of Contribution:	Direct		Loan from a person	<u> </u>	Fund Raiser		
3. Contribution # 3	PAC Receipt?		YES 4. Date of Rec	ceipt	05/11/16		
Name & Address: Elizabeth Maso	n						
2225 Ferncliff	"					<sub>s</sub> 25	ءِ 25
Royal Oak, MI	<b>1</b> 8073						\$
5. If over \$100.00 cun	nulative, please pro	vid	е:			Click Here for	Memo Itemization
Occupation		. (	Employer				
Business Address							
Type of Contribution:	Direct		Loan from a person	_	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of Re	ceip	05/11/16		
Frederick Miller	\_					<b>5</b> 0	=0
162 Riverside E Mount Clemens						<sub>\$</sub> 50	<sub>s</sub> 50
5. If over \$100.00 cur		vid	e:			Click Here for	Memo Itemization
Occupation		_	Employer			Onck Fiche for	Wello Remization
Business Address							
Type of Contribution:	Direct		Loan from a person	7	Fund Raiser		
					Page Subtotal	\$300.00	
			(	Gran	d Total of All Schedules 1A		
					te on last page of Schedule)	Enter this total on	J
_ 11 / 3						line 3a of Summary	



#### CANDIDATE COMMITTEE

1. Committee I.D. Number 137492

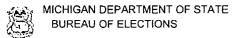
Joie West for Trustee

C,	ANDIDATE	JUN	ANNITEE		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 Name & Address: Laurie Arora 1169 Devonshire			YES 4. Date of R	leceip	t_05/11/16	<sub>s</sub> 100	. 100
Grosse Pointe P	·					\$ <u></u>	\$
5. If over \$100.00 cum						Click Here	for Memo Itemization
Occupation		_ E	mployer				
Business Address							
Type of Contribution:	Direct		Loan from a person	~	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	∐ <sup>y</sup>	'ES 4. Date of R	eceip	t		
						\$	\$
5. If over \$100.00 cum	•					Click Here f	for Memo Itemization
Occupation		_ Em	ployer				
Business Address			· up aparament				
Type of Contribution:	Direct		oan from a person	Ш	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of F	Recei	ot		
Name & Address.							
						\$	_ \$
						Cliek Horo fe	or Memo Itemization
5. If over \$100.00 cum	ulative, please pro	vide:				Click nere it	or Memo Remization
Occupation		_ E	mployer				
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
<ol><li>Contribution # 4</li><li>Name &amp; Address</li></ol>	PAC Receipt?		YES 4. Date of	Recei	pt		
						\$	_ \$
5. If over \$100.00 cum	ulativa nlassa nr	ovida					
						Click Here for	or Memo Itemization
Occupation		_	Employer				
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
					Page Subtotal	\$100.00	_
				Gra	and Total of All Schedules 1A		

12 of 13

(Complete on last page of Schedule)

Enter this total on line 3a of Summary



#### CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_137492

2. Committee Name Joie West for Trustee

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 Name & Address: Charles Towner 39757 Brylor	PAC Receipt?	YES	4. Date of Rec	eipt 07/12/16		0-0	
Clinton Township	o, MI 48038				<sub>\$</sub> 250	<sub>§</sub> 250	
5. If over \$100.00 cumulative, please provide:  Occupation Attorney Employer Towner & Towner					Click Here for Memo Itemization		
Business Address Ga	rfield Td, Clir	ton Town	ship, 48038	3			
Type of Contribution:	Direct	Loan from	a person	Fund Raiser			
Contribution #2     Name & Address	PAC Receipt?	YES	4. Date of Rec	eipt <u>07/05/16</u>			
Marty West (spo 20752 Aldo Cou Clinton Townshi	rt				<sub>\$</sub> 2500	<sub>\$</sub> 2500	
5. If over \$100.00 cumu					Click Here f	or Memo Itemization	
Occupation CAD/CA							
Business Address Rey	nolds Drive,	Clinton Tv	ир, MI 480	38			
Type of Contribution:	Direct	Loan from	a person	Fund Raiser			
3. Contribution # 3 Name & Address:	PAC Receipt?	YES	4. Date of Red	eeipt	-		
					\$	_ \$	
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here fo	or Memo Itemization	
Оссираtion		Employer					
Business Address Type of Contribution:	Direct	Loan from	a person	Fund Raiser			
Contribution # 4     Name & Address	PAC Receipt?	YES	4. Date of Re	ceipt			
					\$	. \$	
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here fo	or Memo Itemization	
Occupation		_ Employe	Г				
Business Address							
Type of Contribution:	Direct	Loan from	a person	Fund Raiser			
		-		Page Subtota	\$2,750.00		
				Brand Total of All Schedules 1A aplete on last page of Schedule	17400.00	7	

<sub>□000</sub> 13 , |<

Enter this total on line 3a of Summary Pane



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#### ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number

137492

2. Committee Name Joie West for Trustee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Inland Press		06/24/16	\$ 1503.08
Address	Purpose: Printed materials	Date	
2001 W. Lafayette		lere for Memo	Itemization Type
Detroit, MI		icic ioi memo	normzation Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Sawicki & Sons		07/05/16	\$ 523.38
Address	Purpose: signs	Date	<u> </u>
1521 W. Lafayette	Purpose.		
Detroit, MI 48216	Click H	lere for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name Mass Mailing		07/04/40	
Mass Mailing		07/01/16	\$ <u>1626.36</u>
Address	Purpose: mailing-postage & fees	Date	
35468 MoundRd Sterling Hts, MI 48310	Click H	ere for Memo l	temization Type
Oterming Tito, Will 40010	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Mass Mailing		07/11/16	
mass mannig		Date	\$ <u>236.04</u>
Address	Purpose: mailing & fees		
35468 Mound Road Sterling Hrts, MI 48310	Click H	ere for Memo I	temization Type
Sterling Fitts, Wil 400 TO	Check box if this expenditure is payment of		,
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Mass Mailing		07/16/16	
Address	Purpose: mailing & fees	Date	\$ <u>1092.99</u>
35468 Mound Rd			
Sterling Hts., MI 48310		tere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subtot	tai this nage I	\$4 QQ1 QK

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



#### ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

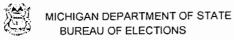
137492

1. Committee I. D. Number

2. Committee Name Joie West for Trustee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Fifth Third Bank		07/16/16	\$ 8.00
Address	Purpose: bank fees	Date	
Hall Road			No. 1 of St.
Clinton Township, MI	Click	Here for Memo	Itemization Type
<u> </u>	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name			
		Date	\$
Address	Purpose:	24.0	
	Click H	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name			\$
Address	Purpose:	Date	
Addisor	ruipose.		
	Click F	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
		D-4-	\$
Address	Purpose:	Date	
	<b>-</b>		
		tere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
		Deta	\$
Address	Purpose:	Date	
	Click H	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		-
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	\$8.00

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



#### ITEMIZED IN-KIND EXPENDITURES

## SCHEDULE 1B – IK CANDIDATE COMMITTEE

137492

1. Committee I. D. Number

2. Committee Name	Joie	West t	for	Trustee
In-Kind Expenditure		5.	Date:	6. Fair M

Name and Address of person to whom goods of services were donated or transferred.	(Check appropriate box and fill in description)	5. Date:	Value
Expenditure #1 Name & Address: Marty West 20752 Aldo Court Clinton Township,MI 48038	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable Institution Donation of assets to Political Party Committee  V Other	Date	\$
	Description Support of Fundraiser	_	
Expenditure #2 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date	\$nization Type
Expenditure #3 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click Here for Memo Ite	\$mization Type
Expenditure #4 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click Here for Memo Ite	\$mization Type
Expenditure #5 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date	\$emization Type
		Page Subtotal	\$1,000.00

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

1000.00

Enter this total on line 7 of the Summary Page



137492

DEBTS AND OBLIGATIONS  1. Committee I.D. Number					
SCHEDULE 1E CANDIDATE COMMITTEE	2. Committee Name Joie West	t for Trustee			
This Schedule itemizes:  a Debts and obligations owed by or forgiven the	committee OR b. Debt Check either a or b. Use only for the pu	s and obligations owed <u>to</u> o	r forgiven <u>by</u> the cor	nmittee.	
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, plea provide information regarding the endorsers or guarantors, if any.	(Description) 5. Indicate date debt was incurred	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? Yes Owed to or by: Jenifer Jo West 20752 Aldo Court Clinton Township, MI 48038	4. Type: loan  5. Date Debt Was Incurred: 10/05/08  6. Original Amount of Debt: \$ 350.00	\$ \$ \$ \$	\$ <del>350.00</del>	\$_350.00 FORGIVEN	
If bank loan, name of endorser or guarantor:		Ame	ount Endorsed: \$ -		
Debt #2 Corp? Yes Owed to or by: Jenifer Jo West 20752 Aldo Court Clinton Township, MI 48038	4. Type: loan 5. Date Debt Was Incurred: 11/03/2008 6. Original Amount of Debt: \$ 952.77	\$	\$	\$_952.77	
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_		
Debt #3 Corp? Yes Owed to or by: Jenifer Jo West 20752 Aldo Court Clinton Township, MI 48038	4. Type: loan 5. Date Debt Was Incurred: 11/03/2008 6. Original Amount of Debt: \$ 685.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ <del>6000000000000000000000000000000000000</del>	\$_685.00 FORGIVEN	
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_		
		Page Subtotal	(Outstanding debt)	\$1,987.77	
	(Complete on last page of Schedule s		of all Schedules 1E or to the committee)		

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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



### DEBTS AND OBLIGATIONS

1. Committee I.D. Number \_

137492			
	<del></del>	 	

SCHEDULE 1E	Joie West	for Trustee		
CANDIDATE COMMITTEE 2.0	Committee Name	101 1140100		
This Schedule itemizes:				
aDebts and obligations owed by or forgiven the com (Che	nmittee OR b. Debt ock either a or b. Use only for the pu	s and obligations owed <u>to</u> orpose checked.)	or forgiven <u>by</u> the cor	mmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: Jenifer Jo West 20752 Aldo Court Clinton Township, MI 48038	4. Type: loan  5. Date Debt Was Incurred: 11/08/12  6. Original Amount of Debt: 3,000.00	\$ \$ \$ \$	\$	\$_3,000.00
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ -	
Debt #2 Corp? Yes Owed to or by:	4. Type:  5. <u>Date Debt Was Incurred</u> :  6. <u>Original Amount of Debt</u> :  \$	\$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor.		A	mount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:  5. Date Debt Was Incurred:  6. Original Amount of Debt:  \$	\$\$\$\$\$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtota	l (Outstanding debt)	\$3,000.00
(C	Complete on last page of Schedule s	Grand Tota showing amounts owed by	of all Schedules 1E or to the committee)	\$4,987.77 Enter this total

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.

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

Page 2 of 2



### **FUND RAISER SCHEDULE 1F**

137492 1. Committee I.D. Number

CANDIDATE CO	MMITTEE	E 2. Committee Name Joie West for Trustee			
	- USE A S	SEPARATE SH	EET FOR EACH	EVENT -	
3. Date Event Was Held		Individuals Attending g (whichever is	5. Type of Fund Raisi	ng Activity	6. Address and Name (If any) of the place where the activity was held. Sajo's
05/11/16	<i>g.</i> 3. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	45	Food and dr	inks	Moravian Dr. Clinton Township, MI Private Residence
7. Total Contributions	\$	4,650.00			
8. Other Receipts	\$	1,000.00		_	
9. Gross Receipts (Add lines 7	and 8)	5,650.00		_	
10. Total Cost of Event (Total Cost includes In-Kind Co		1,000.00 nd All Expenditures	Made For the Ever	 nt)	
11. Check if event was a jo	int fund raise	r and complete the	following:		
Co-Sponsor(s)		Contribution S (%)	Split		Expenditure Split (%)
	<del>.</del>				
	-	<del></del>			
	<u>.</u>				
	-				
	_				
The committee is require	ed to file a s	enarate Fund Rais	er Schedule for eac	h fund raisin	a 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

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 1 of 1