



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

16 JUL 25 AM 8:03

**CANDIDATE COMMITTEE
COVER PAGE**

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

CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From:

10/20/15 to 7/17/16

| | | | |
|---|--|--|--|
| 1. Committee I.D. Number <u>138959</u> | | 4. Candidate Last Name <u>Wit</u> First Name <u>Adam</u> M.I. <u>M</u> | |
| 2. Committee Name <u>CTE Adam Wit</u> | | 4a. Office Sought Including District # or Community Served (If applicable) <u>Harrison Township Clerk</u> | |
| 5. Committee's Mailing Address <u>29356 Stonecroft</u> <u>Harrison Twp MI 48045</u> Area Code and Phone <u>586 246 0551</u> 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. | | 4b. County of Residence <u>Macomb</u> | |
| 6. Treasurer's Name & Residential Address <u>Adam Wit</u> <u>29356 Stonecroft</u> <u>Harrison Twp MI 48045</u> Area Code & Phone <u>586 246 0551</u> | | 7. Treasurer's Business Address <u>38151 LAnse Creuse</u> <u>Harrison Twp MI 48045</u> Area Code and Phone <u>586 466 1458</u> | |
| 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 <u>August 2, 2016</u> | | 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. Dissolution of Candidate Committee <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 Type or Print Name _____ Signature _____ Date _____ | | | |
| Candidate Type or Print Name _____ Signature _____ Date <u>7-22-16</u> | | | |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1234567 138959
2. Committee Name Committee To Elect Adam Wit John Smith

| RECEIPTS | | Column I This Period | Column II Cumulative this election cycle |
|--|------------|-------------------------|---|
| 3. Contributions | | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ | <u>3275</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ | <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ | <u>3275</u> | (18.) \$ <u>3275</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | <u>0</u> | (19.) \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ | <u>3275</u> | (20.) \$ <u>3275</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | <u>300</u> | (21.) \$ <u>300</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | <u>0</u> | (22.) \$ <u>0</u> |
| EXPENDITURES | | | |
| 8. Expenditures | | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ | <u>139.55</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ | <u>0</u> | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ | <u>0</u> | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ | <u>139.55</u> | (23.) \$ <u>139.55</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | | |
| 10. Disbursements | | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ | <u>0</u> | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ | <u>0</u> | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ | <u>0</u> | (24.) \$ <u>0</u> |
| DEBTS AND OBLIGATIONS | | | |
| 12. Debts and Obligations | | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ | <u>4200.00</u> | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ | <u>0</u> | |
| BALANCE STATEMENT | | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ | <u>20.13</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ | <u>3275.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ | <u>3295.13</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ | <u>139.55</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ | <u>3155.58</u> | |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

138959

2. Committee Name

Committee To Elect John Smith

Adm.
W.T.

| 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 checked="" type="checkbox"/> YES | 4. Date of Receipt | 5/11/16 |
| Name & Address: Rizzo Environmental PAC 6200 Elmridge Sterling Heights MI 48313 | | \$ 300 | \$ 300 |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | |
| Business Address _____ | | | |
| Type of Contribution: <input 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 | 5/11/16 |
| Name & Address: Nicholas Lomako 20154 Edgewood Livonia MI 48152 | | \$ 100 | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | |
| Business Address _____ | | | |
| Type of Contribution: <input 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 | 5/11/16 |
| Name & Address: Shawn Keough 8222 Webster Dexter, MI 48130 | | \$ 100 | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | |
| Business Address _____ | | | |
| Type of Contribution: <input 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 | 5/11/16 |
| Name & Address: Robert Fellmy 173 Smith Mt Clemens, MI 48043 | | \$ 100 | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | |
| Business Address _____ | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal

600

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138957

2. Committee Name

Committee To Elect John Smith

Adrian
C.F.

| 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? <input type="checkbox"/> YES | 4. Date of Receipt | | |
| Name & Address: | | 5/11/16 | | |
| Dean Olsiat 19983 Blackfoot Clinton Twp MI 48038 | | | \$ 100 | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: | | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | | |
| Business Address _____ | | | | |
| Type of Contribution: <input 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 | | |
| Name & Address: | | 5/11/16 | | |
| Steve Marino 37884 Lakeshore Harrison Twp MI 48045 | | | \$ 100 | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: | | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | | |
| Business Address _____ | | | | |
| Type of Contribution: <input 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 | | |
| Name & Address: | | 5/11/16 | | |
| Bernard Aude 3842 Topview Bloomfield MI 48304 | | | \$ 100 | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: | | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | | |
| Business Address _____ | | | | |
| Type of Contribution: <input 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 | | |
| Name & Address: | | 5/11/16 | | |
| James Garvin 37829 Mast Harrison Twp MI 48045 | | | \$ 50 | \$ 50 |
| 5. If over \$100.00 cumulative, please provide: | | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | | |
| Business Address _____ | | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | | |

Page Subtotal

350

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1389592. Committee Name Committee To Elect John Smith *Adrian W.F.*

| 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: <u>Lionda Page</u> <u>25139 Anchorage</u> <u>Harrison Twp MI 48045</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/16</u> | \$ <u>50</u> | \$ <u>50</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 Name & Address: <u>Rob Huth</u> <u>2486 Hawthorne Dr S</u> <u>Shelby Twp MI 48316</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/16</u> | \$ <u>250</u> | \$ <u>250</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk & Huth</u> Business Address <u>19500 Hall Clinton Twp MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #3 Name & Address: <u>Bob Kirk</u> <u>37539 Hidden Valley</u> <u>Clinton Twp MI 48036</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/16</u> | \$ <u>250</u> | \$ <u>250</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk & Huth</u> Business Address <u>19500 Hall Clinton Twp MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #4 Name & Address: <u>Anthony Forlini</u> <u>39273 Chart</u> <u>Harrison Twp MI 48045</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/16</u> | \$ <u>250</u> | \$ <u>250</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Legislator</u> Employer <u>Michigan</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal

800Grand Total of All Schedules 1A
(Complete on last page of Schedule)Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138459
2. Committee Name Committee To Elect ~~John Smith~~ Adam Wit

| 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: <u>Bob Siebert</u> <u>5056 Woodbine</u> <u>Shelby Twp MI 48316</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/16</u> | \$ <u>100</u> | \$ <u>100</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 Name & Address: <u>Julius Crachini</u> <u>2220 29623 Seaway</u> <u>Harrison Twp MI 48045</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/16</u> | \$ <u>100</u> | \$ <u>100</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #3 Name & Address: <u>Keith Potter</u> <u>12161 LaSalle</u> <u>Huntington Woods, MI 48070</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/16</u> | \$ <u>100</u> | \$ <u>100</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #4 Name & Address: <u>Linda Torp</u> <u>38870 Ryan Ct</u> <u>Harrison Twp MI 48045</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/16</u> | \$ <u>100</u> | \$ <u>100</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal

400

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138959

2. Committee Name

Committee To Elect John Smith

Adams
Wit

| 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? <input checked="" type="checkbox"/> YES | 4. Date of Receipt | 5/11/16 |
| Name & Address: Brandenburg Pk 37596 Huron Pk Harrison Twp MI 48045 | | \$ 250 | \$ 250 |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input 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 | 5/11/16 |
| Name & Address: William Bibani 28626 Norcross Harrison Twp MI 48045 | | \$ 100 | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input 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 | 5/11/16 |
| Name & Address: Maize Lucido 38831 Bellingham Harrison Twp MI 48045 | | \$ 100 | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input 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 | 5/11/16 |
| Name & Address: Susan Wit 37660 Lakeshore Harrison Twp MI 48045 | | \$ 100 | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal

550

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1389592. Committee Name Committee To Elect John SmithAdrian
W.F.

| 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: <u>Roger W. F</u> <u>3760 Lakeshore</u> <u>Harrison Twp MI 48045</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/16</u> | \$ <u>100</u> | \$ <u>100</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 Name & Address: <u>Denise Schebil</u> <u>3800 Lakeshore</u> <u>Harrison Twp MI 48045</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/16</u> | \$ <u>200</u> | \$ <u>200</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Lab Tech</u> Employer <u>Comprehensive Womens Health</u> Business Address <u>39200 Garfield St B Clinton Twp MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #3 Name & Address: <u>Pat Medlin</u> <u>25640 Waterview</u> <u>Harrison Twp MI 48045</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/16</u> | \$ <u>100</u> | \$ <u>100</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #4 Name & Address: <u>Kathleen Brown-Asker</u> <u>35894 Memory Lane</u> <u>Harrison Twp MI 48045</u> | PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/11/16</u> | \$ <u>100</u> | \$ <u>100</u> |
| 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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal

500Grand Total of All Schedules 1A
(Complete on last page of Schedule)Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138959

2. Committee Name

Committee To Elect ~~John Smith~~

Adam Wif

| 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>5/11/16</u> | |
| Name & Address: <u>Nancy Tompkins</u> <u>38570 Thimewood</u> <u>Harrison Twp MI 48045</u> | | \$ <u>75</u> | \$ <u>75</u> |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | |
| Business Address _____ | | | |
| Type of Contribution: <input 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 _____ | |
| Name & Address _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | |
| Business Address _____ | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____ | |
| Name & Address _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | |
| Business Address _____ | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____ | |
| Name & Address _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for Memo Itemization | |
| Occupation _____ Employer _____ | | | |
| Business Address _____ | | | |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |

Page Subtotal

75

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

3275.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

1234567 138954

2. Committee Name

Committee To Elect John Smith Adam Wit

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
purchased7. Amount or
Fair Market
Value8. Cumulative
for Election
Cycle (Through
date in Item 5)

Contribution # 1

PAC Receipt?

☐ Yes

Name & Address:

Wayne Bubish
121 Bellevue
Mt. Clemens, MI 48043

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

Gowanic
24770 South River
Harrison Twp MI 48045

☒ Fund Raiser Contribution4. ☐ 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- LOANDescription Space & food for fundraiser5. Date Of Receipt: 5/11/16

6. Vendor Name & Address:

Gowanic
24770 South River
Harrison Twp MI 48045

Click Here for Memo Itemization

\$ 300 \$ 300

Contribution # 2

PAC Receipt?

☐ Yes

Name & Address

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

5. Date Of Receipt:

6. Vendor Name & Address:

Click Here for Memo Itemization

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

☐ Fund Raiser Contribution

Contribution #3

PAC Receipt?

☐ Yes

Name & Address:

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

5. Date Of Receipt:

6. Vendor Name & Address:

Click Here for Memo Itemization

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

☐ Fund Raiser Contribution

Page Subtotal

300

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

300

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I, D. Number

~~1204567~~ 138959

2. Committee Name

Committee To Elect ~~John Smith~~ Adam W. K.

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--|---------------------|------------------|
| Expenditure #1 Name: <u>Staples</u> Address: <u>31900 Gratiot</u> <u>Roseville MI 48066</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Fundraiser invites</u> <u>& ink</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>4/25</u> Date | \$ <u>115.00</u> |
| Expenditure #2 Name: <u>Postmaster</u> Address: <u>155 S Main</u> <u>Mt. Clemens, MI 48046</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>4/25</u> Date | \$ <u>24.50</u> |
| Expenditure #3 Name: Address: <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |
| Expenditure #4 Name: Address: <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |
| Expenditure #5 Name: Address: <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |
| Subtotal this page | | | <u>139.55</u> |
| Grand Total of all Schedules 1B (Complete on last page of Schedule) | | | <u>139.55</u> |

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

~~123456-7~~

138959

2. Committee Name

Committee To Elect John Smith

Adam Wif

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: Adam W. V 29356 Stonewall Harrison Twp, MI 48045 | 4. Type: loan 5. Date Debt Was Incurred: 5/18/12 6. Original Amount of Debt: \$ 3000 | \$ \$ \$ \$ \$ | \$ | \$ 3000 <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: Adam W. V 29356 Stonewall Harrison Twp, MI 48045 | 4. Type: loan 5. Date Debt Was Incurred: 7/28/12 6. Original Amount of Debt: \$ 1200 | \$ \$ \$ \$ \$ | \$ | \$ 1200 <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. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____ | \$ \$ \$ \$ \$ | \$ | \$ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: Amount Endorsed: \$ | | | | |

Page Subtotal (Outstanding debt)

4200

Grand Total of all Schedules 1E

4200

(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

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138959

2. Committee Name LTE Adam Wit

- USE A SEPARATE SHEET FOR EACH EVENT -

| | | | |
|--|---|--|---|
| 3. Date Event Was Held <u>5/11/16</u> | 4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u> | 5. Type of Fund Raising Activity <u>reception</u> | 6. Address and Name (If any) of the place where the activity was held. <u>Gowrie</u> <u>24370 South River</u> <u>Harrison Twp MI 48845</u> <input type="checkbox"/> Private Residence |
|--|---|--|---|

7. Total Contributions 3275.00

8. Other Receipts 0.00

9. Gross Receipts (Add lines 7 and 8) 3275.00

10. Total Cost of Event 300.00
(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.