



FOR OFFICIAL USE ONLY

3. This Statement covers From: 05/01/16 to 07/17/16

1. Committee I.D. Number <b>139420</b>	4. Candidate Last Name <b>Pozzi</b>	First Name <b>Kristi</b>	M.I. <b>L</b>						
2. Committee Name <b>CTE Kristi Pozzi</b>	4a. Office Sought Including District # or Community Served (If applicable) <b>Macomb Twp. Clerk</b>								
	4b. County of Residence <b>MACOMB</b>								
5. Committee's Mailing Address <b>47394 Rockwood Dr.          Macomb, Mi. 48044</b>	6. Treasurer's Name & Residential Address <b>Harold Haugh          19464 Candlelight          Roseville, Mi. 48066</b>								
Area Code and Phone (586) 329-9111 <small>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.</small>	Area Code & Phone (586) 296-6350								
7. Treasurer's Business Address <b>19464 Candlelight          Roseville, Mi. 48066</b>	8. Designated Record keeper's Name and Mailing Address (If the committee has Designated Record keeper)  								
Area Code and Phone (586) 296-6350	Area Code and Phone								
<b>9. TYPE OF STATEMENT</b> 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>08/02/16</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.)		<b>9e. Dissolution of Candidate Committee</b> <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.						
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.									
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none;">           Current Treasurer or Designated Record keeper <b>Harold Haugh</b>            Type or Print Name         </td> <td style="width: 35%; border: none;">             Signature         </td> <td style="width: 30%; border: none;">           Date <b>7/22/2016</b> </td> </tr> <tr> <td style="border: none;">           Candidate <b>Kristi Pozzi</b>            Type or Print Name         </td> <td style="border: none;">             Signature         </td> <td style="border: none;">           Date <b>7/22/2016</b> </td> </tr> </table>				Current Treasurer or Designated Record keeper <b>Harold Haugh</b> Type or Print Name	 Signature	Date <b>7/22/2016</b>	Candidate <b>Kristi Pozzi</b> Type or Print Name	 Signature	Date <b>7/22/2016</b>
Current Treasurer or Designated Record keeper <b>Harold Haugh</b> Type or Print Name	 Signature	Date <b>7/22/2016</b>							
Candidate <b>Kristi Pozzi</b> Type or Print Name	 Signature	Date <b>7/22/2016</b>							



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 139420

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE Kristi Pozzi

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>20,159.77</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$20,159.77</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>\$20,159.77</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	_____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	_____	(22.) \$ _____
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$18,889.82</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	_____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$18,889.82</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	_____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	_____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$7,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	_____	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$20,159.77</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$20,159.77</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$18,889.82</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>\$1,269.95</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139420  
2. Committee Name CTE KRISTI POZZI

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 6/9/2016

Name & Address:

MATTHEW HAUGH  
30563 HIDDEN PINES LANE  
ROSEVILLE, MI 48066

\$ 500.00 \$

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

Click Here for Memo Itemization ☐

Occupation ADMINISTRATOR Employer WAYNE COUNTY

Business Address 500 GRISWOLD, DETROIT MI

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6/9/2016

Name & Address:

RYAN HAUGH  
13966 Breezy  
STERLING HEIGHTS, MI 48315

\$ 500.00 \$

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

Click Here for Memo Itemization ☐

Occupation MANAGER Employer MICHIGAN TROTHER

Business Address 43600 ELIZABETH RD CLINTON TWP

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 6/9/2016

Name & Address:

CATHY HAUGH  
19464 CANDLELIGHT  
ROSEVILLE, MI 48066

\$ 500.00 \$

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

Click Here for Memo Itemization ☐

Occupation COUNCILWOMAN Employer CITY OF ROSEVILLE

Business Address 29777 GRATIOT RD

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 6/9/2016

Name & Address:

HAROLD HAUGH  
19464 CANDLELIGHT  
RSVL, MI 48066

\$ 300.00 \$

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

Click Here for Memo Itemization ☐

Occupation Retired Employer

Business Address

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

Page Subtotal 1800.00

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 139420  
2. Committee Name CTE Kristi Pozzi

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)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/07/16</u></p> <p>Name &amp; Address: <u>Robert Hindman</u> <u>49522 Keycove St</u> <u>Chesterfield, MI 48047</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>American Graphics</u> Business Address <u>34895 Grovesbeck CLINTON TWP. 48036</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/16</u></p> <p>Name &amp; Address: <u>Lawrence Scott</u> <u>12900 HALL RD.</u> <u>SUITE 350</u> <u>STERLING HTS. MI 48313</u></p> <p>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</p>		\$ <u>100.00</u>	
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/16</u></p> <p>Name &amp; Address: <u>Robert Mixa</u> <u>5321 S. Nocturne Ln</u> <u>Shelby Twp, MI 48316</u></p> <p>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</p>		\$ <u>60.00</u>	
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/09/16</u></p> <p>Name &amp; Address: <u>Whitney Standhardt</u> <u>2414 E Lincoln Ave</u> <u>Royal Oak, MI 48067</u></p> <p>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</p>		\$ <u>30.00</u>	
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

390.00

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 139420  
2. Committee Name CTE Kristi Pozzi

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>06/09/16</u> Name & Address: <b>Michael Sposita</b> <b>2521 Heritage Oaks Dr</b> <b>Milford, MI 48380</b>  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	\$ <u>30.00</u>	<input type="button" value="Click Here for Memo Itemization"/>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u> Name & Address: <b>Thomas Kuebeshesky</b> <b>4660 Mill Creek Ct</b> <b>Rochester, MI 48306</b>  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	\$ <u>30.00</u>	<input type="button" value="Click Here for Memo Itemization"/>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u> Name & Address: <b>Sharon Maas</b> <b>52225 Marcello Ln.</b> <b>Macomb, MI 48042</b>  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	\$ <u>30.00</u>	<input type="button" value="Click Here for Memo Itemization"/>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u> Name & Address: <b>Jan Haggerty</b> <b>18710 Rockport St</b> <b>Roseville, MI 48066</b>  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	\$ <u>30.00</u>	<input type="button" value="Click Here for Memo Itemization"/>

Page Subtotal

120.00

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

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
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1. Committee I.D. Number 139420  
2. Committee Name CTE Kristi Pozzi

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>06/09/16</u> Name & Address: <b>Patricia Pellecchia</b> 43233 Hillcrest Dr Sterling Hts., MI 48313  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	\$ <u>30.00</u>	
Click Here for Memo Itemization <input type="button" value="v"/>		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u> Name & Address: <b>Craig Pearce</b> 20320 Ballantrae Dr Macomb, MI 48044  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	\$ <u>30.00</u>	
Click Here for Memo Itemization <input type="button" value="v"/>		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u> Name & Address: <b>Michael Gustafson</b> 47310 Rockwood Dr Macomb, MI 48044  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	\$ <u>30.00</u>	
Click Here for Memo Itemization <input type="button" value="v"/>		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u> Name & Address: <b>Annmarie Farchone</b> 50819 Lempke New Baltimore, MI 48047  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	\$ <u>30.00</u>	
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Page Subtotal

120.00

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139420  
2. Committee Name CTE Kristi Pozzi

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)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u></p> <p>Name &amp; Address: <b>Patricia Toscano</b> 33759 Pine Ridge Dr W Fraser, MI 48026</p> <p>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</p>		\$ <u>30.00</u>	<input type="checkbox"/>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u></p> <p>Name &amp; Address: <b>Richard Heinz</b> 19926 Townsend Dr Macomb Twp, MI 48044</p> <p>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</p>		\$ <u>30.00</u>	<input type="checkbox"/>
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u></p> <p>Name &amp; Address: <b>Alan Haugh</b> 20301 Yale St St. Claire Shores, MI 48081</p> <p>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</p>		\$ <u>50.00</u>	<input type="checkbox"/>
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u></p> <p>Name &amp; Address: <b>Raymond Contesti</b> 39209 Columbia St Harrison Twp, MI 48045</p> <p>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</p>		\$ <u>50.00</u>	<input type="checkbox"/>

Page Subtotal

160.00

Grand Total of All Schedules 1A  
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Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139420

2. Committee Name CTE Kristi Pozzi

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)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u></p> <p>Name &amp; Address: Thomas Cavanaugh, Fr. 47198 Rockwood Dr Macomb Twp, MI 48044</p> <p>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</p>		\$ <u>60.00</u>	\$ _____
		Click Here for Memo Itemization <input type="button" value="v"/>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u></p> <p>Name &amp; Address: Colleen McCartney 27861 Brinker Roseville, MI 48066</p> <p>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</p>		\$ <u>60.00</u>	\$ _____
		Click Here for Memo Itemization <input type="button" value="v"/>	
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u></p> <p>Name &amp; Address: Michael Logghe 16062 Blue Spruce Ln Clinton Twp, MI 48035</p> <p>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</p>		\$ <u>60.00</u>	\$ _____
		Click Here for Memo Itemization <input type="button" value="v"/>	
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u></p> <p>Name &amp; Address: Michael Busch 20021 Wallace Roseville, MI 48066</p> <p>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</p>		\$ <u>60.00</u>	\$ _____
		Click Here for Memo Itemization <input type="button" value="v"/>	

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.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139420  
2. Committee Name CTE Kristi Pozzi

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>06/09/16</u> Name & Address: <b>Evans Pozios</b> <b>19460 Concetta Dr</b> <b>Macomb, MI 48044</b>		\$ <u>60.00</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 <input type="button" value=""/>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u> Name & Address: <b>Marco Mazzola</b> <b>47299 Anchor Dr</b> <b>Macomb, MI 48044</b>		\$ <u>60.00</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 <input type="button" value=""/>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u> Name & Address: <b>Justine Vctor</b> <b>14650 25 Mile Rd</b> <b>Shelby Twp, MI 48315</b>		\$ <u>60.00</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 <input type="button" value=""/>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u> Name & Address: <b>Dominic Misuraca</b> <b>48181 Valley Forge</b> <b>Macomb, MI 48044</b>		\$ <u>60.00</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 <input type="button" value=""/>	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139420

2. Committee Name CTE Kristi Pozzi

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/09/16

Name & Address:

Laura Keeth  
26541 Laurie Ct  
Woodhaven, MI 48183

\$ 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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/04/16

Name & Address:

Eric Peterson  
415 North Van Brunt Blvd  
Kansas City, MO 64123

\$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/09/16

Name & Address:

John Chirkun  
31229 Merrily  
Roseville, MI 48066

\$ 100.00

\$ 200.00

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

Click Here for Memo Itemization

Occupation State Representative Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/09/16

Name & Address:

Christopher Carmody  
24863 Crocker  
Harrison Twp, MI 48045

\$ 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

Page Subtotal

400.00

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

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line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139420  
2. Committee Name CTE Kristi Pozzi

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>06/09/16</u>	
Name & Address: <u>Robert Taylor</u> <u>18303 HAZELWOOD</u> <u>Roseville, MI 48066</u>		\$ <u>100.00</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 <input type="button" value="v"/>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/09/16</u>	
Name & Address: <u>Madelyn Pozzi</u> <u>53887 Sunderland Dr</u> <u>Shelby Twp, MI 48316</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>real estate</u> Employer <u>Century 21</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 <input type="button" value="v"/>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/09/16</u>	
Name & Address: <u>Raymond Hernandez</u> <u>41704 Fairmouth Park Dr</u> <u>Clinton Twp, MI 48038</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Rizzo Environment</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 <input type="button" value="v"/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/09/16</u>	
Name & Address: <u>Kristin Haugh</u> <u>18292 Port Salem Dr.</u> <u>Macomb, MI 48044</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Kroger</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 <input type="button" value="v"/>	

Page Subtotal

400.00

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 139420  
2. Committee Name CTE Kristi Pozzi

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>06/09/16</u>	
Name & Address: <u>Sheila Bucci</u> <u>56490 Fairchild Rd</u> <u>Macomb, MI 48042</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Judicial Service Officer</u> Employer <u>Circuit Court</u>		Click Here for Memo Itemization <input type="button" value="v"/>	
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 <u>06/09/16</u>	
Name & Address: <u>Kathy Hessler</u> <u>23771 Harrellson St</u> <u>Macomb, MI 48042</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Medical Enforcement</u> Employer <u>Circuit Court</u>		Click Here for Memo Itemization <input type="button" value="v"/>	
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 <u>06/09/16</u>	
Name & Address: <u>Phillip Hernandez</u> <u>30698 N. River Rd</u> <u>Harrison Twp, MI 48045</u>		\$ <u>125.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>sales</u> Employer <u>cadillac</u>		Click Here for Memo Itemization <input type="button" value="v"/>	
Business Address <u>19900 E. 9 Mile Rd. St Clair Shores, MI 48080</u>			
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 <u>06/09/16</u>	
Name & Address: <u>Donald Broussard</u> <u>48736 Lafayette</u> <u>Macomb, MI 48044</u>		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Plant MGR</u> Employer <u>PTM CORP.</u>		Click Here for Memo Itemization <input type="button" value="v"/>	
Business Address <u>6560 Bethuy Rd. IRA Twp, MI 48023</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

475.00

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

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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139420

2. Committee Name CTE Kristi Pozzi

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)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u></p> <p>Name &amp; Address: <u>Joseph Lentine</u> <u>5843 Juliann Ct</u> <u>Washington Twp, MI 48094</u></p> <p>6. Amount: \$ <u>200.00</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u>      Employer <u>LECOM</u> Business Address <u>29377 HOOVER RD. WARREN 48093</u> Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>			<p>Click Here for Memo Itemization <input type="button" value="v"/></p>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u></p> <p>Name &amp; Address: <u>Frank Pozzi</u> <u>53265 Wolf Dr</u> <u>Shelby Twp, MI 48316</u></p> <p>6. Amount: \$ <u>250.00</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u>      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>			<p>Click Here for Memo Itemization <input type="button" value="v"/></p>
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u></p> <p>Name &amp; Address: <u>J ORAM</u> <u>PO Box 252755</u> <u>West Bloomfield, MI 48325</u></p> <p>6. Amount: \$ <u>300.00</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u>      Employer <u>SELF</u> Business Address <u>P.O. BOX 252755 W. BLOOMFIELD 48325</u> Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>			<p>Click Here for Memo Itemization <input type="button" value="v"/></p>
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/09/16</u></p> <p>Name &amp; Address: <u>Kerlin Blaise</u> <u>17786 Parkshore Dr</u> <u>Northville, MI 48168</u></p> <p>6. Amount: \$ <u>500.00</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u>      Employer <u>Blaze Contracting</u> Business Address <u>5640 ST. SEAN DETROIT 48213</u> Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>			<p>Click Here for Memo Itemization <input type="button" value="v"/></p>

Page Subtotal

1250.00

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

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Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 139420  
2. Committee Name CTE Kristi Pozzi

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>06/09/16</u>	
Name & Address: Jesse Berger 26351 - 25 Mile Rd Chesterfield, MI 48051		\$ <u>30.00</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 <input type="button" value="v"/>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/01/16</u>	
Name & Address: Thomas Guastello 34120 Woodward Birmingham, MI 48009		\$ <u>100.00</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 <input type="button" value="v"/>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/31/16</u>	
Name & Address: Timothy Haugh 8178 Sunburst Centerline, MI 48015		\$ <u>30.00</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 <input type="button" value="v"/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/02/16</u>	
Name & Address: Jere Diebold 3393 Round Tree Cir China Twp, MI 48054		\$ <u>30.00</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 <input type="button" value="v"/>	

Page Subtotal 190.00  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139420  
2. Committee Name CTE Kristi Pozzi

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>06/09/16</u>	
Name & Address: Vincenzo Galati 49695 Golden Park Dr Shelby Twp, MI 48315		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>excel homes inc.</u> Business Address <u>52796 FLORENCE DR. SHELBY TWP. 48315</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 <input type="button" value="v"/>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/03/16</u>	
Name & Address: Jack Grillo 23943 Hagen Rd Macomb, MI 48042		\$ <u>100.00</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 <input type="button" value="v"/>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/27/16</u>	
Name & Address: Melissa King 34222 Pioneer Fraser, MI 48026		\$ <u>100.00</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 <input type="button" value="v"/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/25/16</u>	
Name & Address: Roy Rose 55620 Woodbridge Dr Shelby Twp, MI 48316		\$ <u>100.00</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 <input type="button" value="v"/>	

Page Subtotal

800.00

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

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 13940

2. Committee Name CTE Kristi Pozzi

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>05/30/16</u> Name & Address: <u>Ryan Plovie</u> <u>47170 Rockwood Dr</u> <u>Macomb, MI 48044</u>		\$ <u>200.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>financial advisor</u> Employer <u>merrill Lynch</u> Business Address <u>47170 Rockwood Dr. Macomb 48044</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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/25/16</u> Name & Address: <u>Timothy Tomlinson</u> <u>42850 Garfield Ste 101</u> <u>Clinton Twp, MI 480388</u>		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>YORK, POLAN, TOMLINSON</u> Business Address <u>42850 GARFIELD RD. SUITE 101 CLINTON TWP 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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/26/16</u> Name & Address: <u>James Stajos</u> <u>3011 Crofton Dr.</u> <u>Dewitt, MI 48820</u>		\$ <u>250.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>3011 CROFTON DR. DEWITT MI 48820</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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/24/16</u> Name & Address: <u>Dennis J. Morier</u> <u>23636 West Lake Cr</u> <u>Brownstown, MI 48183</u>		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>OWNER</u> Business Address <u>601 ABBOTT DETROIT 48120</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	

Page Subtotal 1450.00

Grand Total of All Schedules 1A  
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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 13940

2. Committee Name CTE Kristi Pozzi

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)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/25/16</u></p> <p>Name &amp; Address: Alice Slavin 39394 Wanda Ave Sterling Heights, MI 48313</p> <p>6. Amount: \$ <u>30.00</u></p> <p>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</p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>		
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/24/16</u></p> <p>Name &amp; Address: Raymond Haugh 641 Gravel Ridge Rd Leonard, MI 48367</p> <p>6. Amount: \$ <u>100.00</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Tino's maintenance</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>		
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/24/16</u></p> <p>Name &amp; Address: Sherry Truman 36636 Main St New Baltimore, MI 48047</p> <p>6. Amount: \$ <u>30.00</u></p> <p>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</p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>		
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/26/16</u></p> <p>Name &amp; Address: Angelo Fabiilli 50946 N, Hampton Ct Macomb Twp, MI 48044</p> <p>6. Amount: \$ <u>30.00</u></p> <p>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</p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>		

Page Subtotal

190.00

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

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 13940  
2. Committee Name CTE Kristi Pozzi

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 06/09/16

Name & Address:

Kathleen Mazzara  
825 Lakeland Ave  
Grosse Pointe, MI 48230

\$ 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 06/10/16

Name & Address

Larry Kuzak  
2544 Summerlin Ct  
Rochester Hills, MI 48306

\$ 100.00

\$ \_\_\_\_\_

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

Click Here for Memo Itemization

Occupation \_\_\_\_\_ Employer business owner

Business Address \_\_\_\_\_

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/09/16

Name & Address:

Daniel Fitzgerald  
15845 Frisco Dr  
Macomb, MI 48044

\$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/11/16

Name & Address

Stephen Saph, Jr.  
44 Macomb Pl.  
P.O. Box 46907  
Mt. Clemens, MI 48046

\$ 100.00

\$ \_\_\_\_\_

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

Click Here for Memo Itemization

Occupation accountant Employer business owner

Business Address \_\_\_\_\_

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

Page Subtotal 325.00

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

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 13940  
2. Committee Name CTE Kristi Pozzi

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)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/09/16</u></p> <p>Name &amp; Address: Jennifer Vazana 47366 Rockwood Dr Macomb, MI 48044</p> <p>6. Amount: \$ <u>200.00</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>project manager</u> Employer <u>Blue Cross Blue Shield</u> Business Address <u>600 E. LAFAYETTE DETROIT 48226</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>		
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/24/16</u></p> <p>Name &amp; Address: Nancy Haugh 29230 Nottingham Circle West Warren, MI 48092</p> <p>6. Amount: \$ <u>30.00</u></p> <p>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</p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>		
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/21/16</u></p> <p>Name &amp; Address: Michael Mione 41260 Donna Dr Clinton Twp, MI 48038</p> <p>6. Amount: \$ <u>30.00</u></p> <p>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</p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>		
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/14/16</u></p> <p>Name &amp; Address: Gerald Brzezinski 7171 Golden Eagle Ct Apt 1113 Fort Meyers, FL 33912</p> <p>6. Amount: \$ <u>50.00</u></p> <p>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</p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>		

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 13940

2. Committee Name CTE Kristi Pozzi

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)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/17/16</u></p> <p>Name &amp; Address: Thomas Mazzola 60 S Deeplands Grosse Pointe, MI 48236</p> <p>6. Amount: \$ <u>100.00</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>State Farm</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>		
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/16/16</u></p> <p>Name &amp; Address: Hank Riberas 4607 BARCROFT WAY ST. HEIGHTS 48310</p> <p>6. Amount: \$ <u>250.00</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>LOWCELLI CONST.</u> Business Address <u>6471 METRO PARK WY. STERLING HTS 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>		
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/16/16</u></p> <p>Name &amp; Address: Gregory Bischer 20417 Windham Drive Macomb, MI 48044</p> <p>6. Amount: \$ <u>100.00</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Great Lakes Recycling</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>		
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/17/16</u></p> <p>Name &amp; Address: Kimberely Enders 56859 Aberdeen Dr Shelby Twp, MI 48316</p> <p>6. Amount: \$ <u>100.00</u></p> <p>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</p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>		

Page Subtotal

550.00

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139420  
2. Committee Name CTE KRISTI POZZI

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 6/9/16

Name & Address:

BRETT HAUGH  
16514 Glen Pointe Dr  
Clinton Twp, MI 48038

\$ 60.00 \$

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 6/9/16

Name & Address

Jevona Watson  
19327 Santa Rosa  
Detroit, MI 48221

\$ 30.00 \$

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 6/9/16

Name & Address:

Thomas Blohm  
36743 Millbrook  
Clinton Twp, MI 48221

\$ 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](#)

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 6/9/16

Name & Address

Kathy Hessler  
23777 Harrelson  
Macomb, MI 48042

\$ 100.00 \$

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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240.00

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

139420

2. Committee Name

CTE KRISTI POZZI

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 6/9/16

Name & Address:

Sonia Lucci  
49038 Dunhill  
Macomb, MI 48044

\$ 30.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 6/9/16

Name & Address:

Leslie Rejniak  
36853 Samua Dr.  
Sterling Hts. MI 48313

\$ 40.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 6/9/16

Name & Address:

Melissa Truman  
36636 main st.  
New Baltimore, MI 48047

\$ 30.00

\$ \_\_\_\_\_

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 # 4 PAC Receipt? ☐ YES

4. Date of Receipt 6/9/16

Name & Address:

Sherry Truman  
36636 main st.  
New Baltimore, MI 48047

\$ 30.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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130.00

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 13940

2. Committee Name CTE Kristi Pozzi

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>06/16/16</u> Name & Address: <u>Robert Synod</u> <u>38500 TRILLIUM</u> <u>HARRISON TWP. 48005</u>		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>business owner</u> Employer <u>REDEMPIVE MEDICAL EQPT.</u> Business Address <u>16190 13 MI RD. RSVL 48066</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 <input type="button" value=""/>	
3. Contribution #2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>7/16/2016</u> Name & Address: <u>MARILYN LANE CLANE PAC</u> <u>16558 WOODLANE</u> <u>FRASER, MI 48026</u>		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REP.</u> Employer <u>STATE OF MI</u> Business Address <u>LANSING MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value=""/>	
3. Contribution # 3      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>7/14/2016</u> Name & Address: <u>HAROLD HAUBH LEADERSHIP FUND</u> <u>19464 CANDLELIGHT</u> <u>RSVL, MI 48066</u>		\$ <u>169.77</u>	\$ <u>469.77</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value=""/>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: <u>CAROLYN DDAK</u> <u>2112 REAGAN DR.</u> <u>ROCHESTER HILLS, MI 48309-2981</u>		\$ <u>50.00</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 <input type="button" value=""/>	

Page Subtotal 1219.77

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 13940  
2. Committee Name CTE KRISTI POZZI

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)
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3. Contribution # 1	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>6/03/16</u>
Name & Address: <u>PIPEFITTERS Local 636</u> <u>Political Action Committee</u> <u>30100 NORTHWESTERN HWY</u> <u>Farmington Hills, MI 48334</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		

\$ 500.00 \$ \_\_\_\_\_

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3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>5/31/16</u>
Name & Address: <u>LUCIDO FOR A BRIGHTER TOMORROW PAC</u> <u>6303 26 mile Rd Suite 203</u> <u>Washington, MI 48094</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		

\$ 100.00 \$ \_\_\_\_\_

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3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>6/8/16</u>
Name & Address: <u>REGISTRARS PAC</u> <u>LOCAL 58, IBEW</u> <u>1358 ABBOTT ST</u> <u>Detroit, MI 48226</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		

\$ 100.00 \$ \_\_\_\_\_

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3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>6/6/16</u>
Name & Address: <u>TEAMSTERS 299 Political</u> <u>ACTION Committee</u> <u>2741 TRUMBULL AVE</u> <u>Detroit, MI 48216</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		

\$ 100.00 \$ \_\_\_\_\_

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800.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139420  
2. Committee Name CTE KRISTI POZZI

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 6-8-2016

Name & Address:

CTE JOHN CHARKUN  
31229 MERRILY ST.  
ROSEVILLE, MI 48066

\$ 100.00 \$ \_\_\_\_\_

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

Occupation STATE REP Employer STATE OF MICHIGAN

Business Address LANSING MI

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

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3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt 5/27/2016

Name & Address:

INDEPENDENT VOTERS PAC  
P.O. BOX 665  
MT. CLEMENS, MI 48046

\$ 30.00 \$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt 5/22/2016

Name & Address:

FRIENDS OF MACOMB  
39856 BAYLOR CT.  
CLINTON TWP. MI 48038

\$ 100.00 \$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt \_\_\_\_\_

Name & Address:

SWITALSKI LEADERSHIP FUND  
31412 GAY  
ROSEVILLE, MI 48066

\$ 100.00 \$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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330.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139420  
2. Committee Name CTE KRISTI POZZI

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)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/13/2016</u></p> <p>Name &amp; Address: <u>SCOTT LOCKWOOD</u> <u>950 SOUTHDOWN RD</u> <u>BLOOMFIELD, MI 48304</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>AEW</u> Business Address <u>51301 Schoenher RD.</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ _____
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/15/2016</u></p> <p>Name &amp; Address: <u>VANESSA HAYES</u> <u>47092 BRENNAN DR.</u> <u>MACOMB, MI 48044</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>AEW</u> Business Address <u>51301 Schoenher DR.</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ _____
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/15/2016</u></p> <p>Name &amp; Address: <u>ROY C. ROSE</u> <u>55620 WOODBRIDGE DR.</u> <u>SHELBY TWP. MI 48316</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>AEW</u> Business Address <u>51301 Schoenher RD</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ <u>300.00</u>
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/15/2016</u></p> <p>Name &amp; Address: <u>GORDON B WILSON</u> <u>49572 COMPASS POINT DR.</u> <u>CHESTERFIELD, MI 48047</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>AEW</u> Business Address <u>51301 Schoenher RD.</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ _____

Page Subtotal

800.00

Grand Total of All Schedules 1A  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139420

2. Committee Name CTE Kristi Pozzi

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)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/16/16</u></p> <p>Name &amp; Address:</p> <p>Laura Pangori 8106 Rosebud Ln. Clarkston, Mi. 48348</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Engineer</u>      Employer <u>AEW</u></p> <p>Business Address <u>51301 Schoenher Rd.</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ _____
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/16/16</u></p> <p>Name &amp; Address:</p> <p>Cindy Cochran 20342 Country Side Dr. Macomb, Mi. 48044</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>30.00</u>	\$ _____
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/01/16</u></p> <p>Name &amp; Address:</p> <p>Kristi Pozzi 47394 Rockwood Dr. Macomb, Mi. 48044</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Med Program Specialist</u>      Employer <u>Macomb County Circuit Court</u></p> <p>Business Address <u>40 N. Main Street, Mt. Clemens, Mi. 48046</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input checked="" type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>7000</u>	\$ _____
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name &amp; Address:</p> <p>_____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ _____	\$ _____

Page Subtotal **\$7,230.00**

Grand Total of All Schedules 1A  
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**\$20,159.77**

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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 139420  
2. Committee Name CTE Kristi Pozzi

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Manhattan Mailers</b> Address 51132 Milano Drive Macomb, MI 48042 <input type="checkbox"/> Fund Raiser	Purpose: <u>literature</u> <a href="#">Click Here for Memo Itemization Type</a> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/16</u> Date	<u>\$ 500.00</u>
Expenditure #2 Name <b>Burning Tree</b> Address 22871 21 Mile Rd Macomb, MI 48044 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser</u> <a href="#">Click Here for Memo Itemization Type</a> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/09/16</u> Date	<u>\$ 2802.40</u>
Expenditure #3 Name <b>The Italiane Tribune</b> Address PO Box 380407 Clinton Twp, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>advertisement</u> <a href="#">Click Here for Memo Itemization Type</a> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/16</u> Date	<u>\$ 277.00</u>
Expenditure #4 Name <b>Manhattan Mailers</b> Address 51132 Milano Dr Macomb, MI 48042 <input type="checkbox"/> Fund Raiser	Purpose: <u>literature mailing</u> <a href="#">Click Here for Memo Itemization Type</a> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/16</u> Date	<u>\$ 4289.00</u>
Expenditure #5 Name <b>Italian American</b> Address <u>43843 ROMEO PLANK RD.</u> <u>CLINTON TWP, MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>banner</u> <a href="#">Click Here for Memo Itemization Type</a> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/16</u> Date	<u>\$ 300.00</u>

Subtotal this page **\$8,168.40**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number **139420**

2. Committee Name **CTE Kristi Pozzi**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <b>C&amp;G Newspaper</b> Address <b>13650 11 MILE Rd</b> <b>Warren, MI 48089</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>advertisement</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/04/16</b> Date	<b>\$ 528.00</b> Click Here for Memo Itemization Type <input type="checkbox"/>
<b>Expenditure #2</b> Name <b>C&amp;G Newspaper</b> Address <b>13650 11 MILE Rd.</b> <b>WARREN, MI 48089</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>advertisement</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/11/16</b> Date	<b>\$ 1520.00</b> Click Here for Memo Itemization Type <input type="checkbox"/>
<b>Expenditure #3</b> Name <b>Handy Bindery Company, Inc</b> Address <b>23170 Giacoma Ct</b> <b>Clinton Twp, MI 48036</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>labels</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/06/16</b> Date	<b>\$ 1093.31</b> Click Here for Memo Itemization Type <input type="checkbox"/>
<b>Expenditure #4</b> Name <b>Manhattan Mailer</b> Address <b>51132 Milano Dr</b> <b>Macomb, MI 48042</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>literature/mail</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/06/16</b> Date	<b>\$ 1,180.05</b> Click Here for Memo Itemization Type <input type="checkbox"/>
<b>Expenditure #5</b> Name <b>Office Depot</b> Address <b>44835 Schoenherr Rd</b> <b>Sterling Hts., MI 48313</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>name badges</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/08/16</b> Date	<b>\$ 25.41</b> Click Here for Memo Itemization Type <input type="checkbox"/>

Subtotal this page

**\$4,346.77**

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

Enter this total  
on line 8a of  
Summary Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 139420  
2. Committee Name CTE Kristi Pozzi

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Kroger</b>  Address 21555 21 mile rd Macomb, MI 48044  <input type="checkbox"/> Fund Raiser	Purpose: <u>postage stamps</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/23/16</u> Date	<u>\$ 9.40</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 Name <b>BP Gas Station</b>  Address 43561 Groesbeck HWY Clinton Twp, MI 48036  <input type="checkbox"/> Fund Raiser	Purpose: <u>postage stamps</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/24/16</u> Date	<u>\$ 18.80</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #3 Name <b>Roseville POST OFFICE</b>  Address 30550 Gratiot Ave Roseville, MI 48066  <input 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>05/19/16</u> Date	<u>\$ 47.00</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #4 Name <b>Party City</b>  Address 12220 Hall Rd Sterling Hts., MI 48313  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser decor</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/09/16</u> Date	<u>\$ 49.72</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #5 Name <b>Roseville POST OFFICE</b>  Address 30550 Gratiot Ave Roseville, MI 48066  <input 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>06/29/16</u> Date	<u>\$ 47.00</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page **\$171.92**

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139420  
2. Committee Name CTE KRISTI POZZI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CLINTON TOWNSHIP, MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/20/16</u> Date	\$ <u>5645.56</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
<b>Expenditure #2</b> Name <u>MARKET PLACE PROMOTIONS</u> Address <u>39789 GARFIELD</u> <u>CLINTON TWSP. MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/24/16</u> Date	\$ <u>552.17</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
<b>Expenditure #3</b> 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	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
<b>Expenditure #4</b> 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	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
<b>Expenditure #5</b> 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	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page

6202.73

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

18,889.82

Enter this total  
on line 8a of  
Summary Page



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139420

2. Committee Name CTE Kristi Pozzi

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 endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Kristi Pozzi</b> <b>47394 Rockwood Dr.</b> <b>Macomb, Mi. 48044</b>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/01/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 7,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</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> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$7,000.00**

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

**\$7,000.00**

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 139420  
2. Committee Name CTE Kristi Pozzi

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>06/09/16</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>160</u>	5. Type of Fund Raising Activity  <u>Dinner</u>	6. Address and Name (If any) of the place where the activity was held.  <u>22871 21 Mile Rd.</u> <u>Macomb, Mi. 48044</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$10,330.00

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) \$10,330.00

10. Total Cost of Event \$2,802.40  
(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.