CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE					
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by indidate.	3. This Statement covers From:	7/18/16 to First Name	8/22/16	
1. Committee I.D. Number		Candidate Last Name	First Name	M.I.	
138012		Stathakis	Richard	_	
		4a. Office Sought Including Dis	trict # or Community Served	(If applicable)	
2. Committee Name CTE RICHARD Stathokis		Township Superiose, Stellby Township			
CTE KICHARD Stather	K13	4b. County of Residence Ma	•		
5. Committee's Mailing Address		6. Treasurer's Name & Resider		71	
		Richard Stathal		16 1. C	
Shelly Tup. M. 48315		13973 T. Legatità Os			
Sich of the		(3.5) (1.5)	111215	FIL 29 LLA ENS	
Area Code and Phone 586-612-7703)	Shelby Tup. MI	48213		
If the address in this box is different from the commi mailing address on the Statement of Organization, n	πее	1		ECHC REC REC REC REC REC REC REC RE	
be sent to this address by the filing official.		Area Code & Phone _586	- 6 (gr - 1700		
7. Treasurer's Business Address		Designated Record keeper's Designated Record keeper)	s Name and Mailing Address	s (If the committee has a	
				* Eq. ***	
		N/A			
NIA		1 210			
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT		coo dire i none	9e. Dissolution of Candi	date Committee	
9a. Pre-Election OR 9b. Post-Election	is not on the	NLY if candidate ballot for the		I/We certify any outstanding debt	
Pre-Election or Post-Election Statement relates to:	current year:		by discharged and forgiver	ndidate or his or her spouse is here n, and no longer collectible from littee has no oustanding assets,	
Primary	July Quar	terly	owes no lates fees or has a	•	
General	October C	Quarterly	Further, if the dissolution ca	annot be granted, that this be	
Convention			considered a request for th		
Special	9c. Annua	al Statement ()			
School		Coverage Year	Effective date of	dissolution	
Caucus		idment to Campaign Statement plete Item 9a, 9b, 9c or 9e to		1117.000	
	indica	te which Statement is being	Note: The disposition of re Schedule 1B and the Sum	sidual funds must be reported on mary Page.	
	amen	dea.)	25.15gaio 12 and the odin		
Date of Election, Convention or Caucus					
3/2/16					
			,		
10. Verification: I/We certify that all reasonable dilige			ent and attached schedules	(if any) and to the best of	
my\our knowledge and belief the contents are true,	accurate and c	omplete.			
Current Treasurer or Designated Record keeper	MTHAN	KIS VIM	Date	8-29-16	
Type or Print Name		Signatu/e		6	
Candidate KICK JTATE	AKU	MM	Date	J-29-16	
Type or Print Name		Signature	Date		



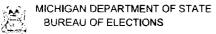
1. Committee I.D. Number

138012	(
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SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Richard Stallatis

RECEIPTS	Column I	Column II
neven .v	This Period	Cumulative this election cycle
3. Contributions		-
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Uniternized (less than \$20.01 each - по Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 7 200	(18.) \$ 62,604
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$ 62,664
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.)\$ 1500
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	11710 lag	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 4719.69	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 2 60	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 4721.69	(23.) \$ 61 032.24
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	{24.)\$
DEBTS AND OBLIGATIONS	(**:/, Ψ	\/*
12. Debts and Obligations	(12a.)\$ 12,607	
a. Owed by the Committee (Schedule 1E)	(120.) Ψ	
b. Owed to the Committee (Schedule 1E)	(12b.)\$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 69.92	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 7200.03 (15.) = \$ 7269.92	
(Line 5, Total Contributions & Other Receipts)	73 10 55	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ / \$ 69. 9 Z	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)- \$ 4721.69	
17. ENDING BALANCE (Subtract line 16 from line 15)	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	*

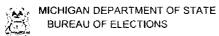


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138012

Commission (PAC) Report all contributions regardless of amount. 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/19/16 Shelby Tup My 83/6 Shelby Tup My 83/6 Submess Address Syrus VAN Que. Shelby Tup. Business Address David Flace. 5750 24 Mile Rd. Shelby Tup M 483/6 Shelby Tup M 483/6 Shelby Tup M 483/6 Shelby Tup M 483/6 Click Here for Memo Itemization occupation for the provide: Cocupation Return Shelby Flored Loan from a person Fund Reiser The nurs Flore Contribution Direct Loan from a person Fund Reiser 3. Contribution Flored Loan from a person Fund Reiser 3. Contribution Flored Flores Loan from a person Fund Reiser 3. Contribution Flored Loan from a person Fund Reiser 3. Contribution Flored Loan from a person Fund Reiser 3. Contribution Flored Loan from a person Fund Reiser 3. Contribution Flored Loan from a person Fund Reiser 3. Contribution Flored Loan from a person Fund Reiser 3. Contribution Flored Loan from a person Fund Reiser 3. Contribution Flored Loan from a person Fund Reiser 3. Contribution Flored Loan from a person Fund Reiser 3. Contribution Flored Loan from a person Fund Reiser 3. Contribution Flored Loan from a person Fund Reiser 3. Contribution Flored Loan from a person Fund Reiser 3. Contribution Flored Loan from a person Fund Reiser 4. Date of Receipt 7/19/16 Click Here for Memo Itemization Click Here for Memo Itemization Cocupation Flored Loan from a person Fund Reiser Click Here for Memo Itemization Cocupation Flored Loan from a person Fund Reiser 5. Hover \$100.00 cumulative, please provide: Click Here for Memo Itemization Flored Loan from a person Fund Reiser Click Here for Memo Itemization Flored Loan from a person Fund Reiser Click Here for Memo Itemization Flored Loan from a p	CANDIDATE COMM	MII I E E	2. Committee Name CIT	LICENTICAL O	Musicis
Same & Address: Park Files Statis Tug. M. 19316 S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cocupation Tottee Employer Business Address David Files STOD \$1000 \$1000 PER Accept? YES 4. Date of Receipt 7/19/16 Shally Tug. M! 48316 Si Corribution #2 PAC Receipt? YES 4. Date of Receipt 7/19/16 Shally Tug. M! 48316 Si Corribution #3 PAC Receipt? YES 4. Date of Receipt 7/19/16 Summe & Address Sound Files Si Corribution #3 PAC Receipt? YES 4. Date of Receipt 7/19/16 Shally Tug. M! 48188 S. If over \$100.00 cumulative, please provide: Cocupation #4 Pac Receipt? YES 4. Date of Receipt 7/19/16 Si Corribution #3 Si Corribution #4 Si Corributio	middle initial. Check box to indicate if contribution i	is from a Political Commi		6. Amount	Election Cycle for Each Contributor (Through
S. If over \$100.00 cumulative, please provide: Occupation Trustice Employer Stulls Tup. Employer Stulls Tup. MI 45316 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7 /19/16 Shulls Tup. MI 45316 Click Here for Memo Itemization Click Here for Memo Itemization Shulls Tup. MI 45318 Shulls Tup. MI 45338 Click Here for Memo Itemization Shulls Tup. MI 45338 Click Here for Memo Itemization Shulls Tup. MI 45338 Click Here for Memo Itemization Shulls Tup. MI 45338 Click Here for Memo Itemization Cocupation All 45 575 Shulls Tup. MI 4575	Name & Address: Park Filaci 5360 24 MIU Rd.		pt 7/19/16		
Click Here for Memo Itemization Trustee Employer State Tup. Sequential Trustee Employer State Tup. Employer State Tup. Type of Contribution: Pineet Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7 / 19 / 16. Shally Tup MI 483/6 5. If over \$100.00 cumulative, please provide: Coccupation Return Employer Business Address Type of Contribution: Pineet Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7 / 19 / 16. Shally Tup MI 483/6 5. If over \$100.00 cumulative, please provide: Coccupation Return Employer Business Address Type of Contribution: Pineet Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7 / 19 / 16. Coccupation Herry Employer Self Business Address K // Type of Contribution: Pineet Loan from a person Fund Raiser Coccupation Phase Fund Raiser A Date of Receipt 7 / 19 / 16. Click Here for Memo Itemization Refugation Refugation Fund Raiser Fund Raiser Click Here for Memo Itemization Fund Raiser Type of Contribution Porect Loan from a person Fund Raiser Type of Contribution Porect Loan from a person Fund Raiser	Shelby two Mi 48	1316		\$ 1000	\$ 1006
Docupation Total Employer Station Law 1983 (6) Susiness Address S720 UAW Dyla Shally Tup. MI 483 (6) Type of Contribution: Direct Loan from a person Fund Raiser Solly Tup MI 483 (6) Shally Tup MI 481 (8) Shally Tup Mi 481 (8	5. If over \$100.00 cumulative, please provide:			Click Here fo	or Memo Itemization
Type of Contribution: Poirect Loan from a person Fund Raiser					
A Date of Receipt 7 19 16 16 16 16 16 16 16 16 16 16 16 16 16	Business Address 5765 UAN Oyla, S	shelby Tup. M	7 48316		
Sand Address David File 5780 24 Mile rd. Shelby Tup MI 4836 5. If over \$100.00 cumulative, please provide: Cocupation Reflect Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/19/16 Name & Address: Contract MI 48158 5. If over \$100.00 cumulative, please provide: Cocupation Affect Employer Self Business Address Type of Contribution: Poirect Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/19/16 Name & Address Security File Graph MI 48 573 5. If over \$100.00 cumulative, please provide: Cocupation Affect Security File Graph MI 48 573 5. If over \$100.00 cumulative, please provide: Cocupation Receipt Pales Click Here for Memo Itemization Click Here for Memo Itemization Fund Raiser Click Here for Memo Itemization Fund Raiser Click Here for Memo Itemization Fund Raiser Page Subtotal 4,000	Type of Contribution: Loa				
Shelly Tup MI 48316 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cocupation Refices Employer Business Address Type of Contribution: Poirect Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/9//C Contract 41890 Reforest Cocupation Mi 48188 5. If over \$100.00 cumulative, please provide: Cocupation Affect Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/19//C Business Address Type of Contribution: Poirect Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/19//C Ray 2 Sanusch Pd. Ray 3 Cubs. Mi 48 975 5. If over \$100.00 cumulative, please provide: Cocupation Refused Direct Loan from a person Fund Raiser Type of Contribution: Poirect Loan from a person Fund Raiser Click Here for Memo Itemization Click Here for Memo Itemization Fund Raiser Click Here for Memo Itemization Fund Raiser Fund Raiser Click Here for Memo Itemization Fund Raiser Fund Raiser Click Here for Memo Itemization Fund Raiser Click Here for Memo Itemization Fund Raiser Fund Raiser	Namo & Address	4. Date of Recei	pt 7/19/16		
Shelly Tup MI 4836 5. If over \$100.00 cumulative, please provide: Occupation Reflected Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/19/1/C All 48188 5. If over \$100.00 cumulative, please provide: Occupation After Employer Self Business Address N					
Click Here for Memo Itemization Coccupation Reflect Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7/19/10 Control #1840 Cith Forts # \$1000 Click Here for Memo Itemization Coccupation After Find Find Raiser S. If over \$100.00 cumulative, please provide: Coccupation After Find Raiser Coccupation # PAC Receipt? YES 4. Date of Receipt 7/19/10 Response Address School School Find Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/19/10 Response Address School School Find Raiser 5. If over \$100.00 cumulative, please provide: Cick Here for Memo Itemization Click Here for Memo Itemization Find Raiser Page Subtotal 4/000				\$ 100.0	\$ 1000
Business Address Type of Contribution: Direct	Shelby Tup MI 40	<i>></i>		Ottale Hann fo	
Business Address Type of Contribution: Poirect Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7/19/1/C Thomas Filex #1890 Etho Forest Cantum, M1 48188 Click Here for Memo Itemization Occupation Attendary Employer Self Business Address K // Type of Contribution: Poirect Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/19/1/C Rayal Oak, M1 48 673 5. If over \$100.00 cumulative, please provide: Occupation Attendary Employer Self Server Securit Felt First Oak, M1 48 673 5. If over \$100.00 cumulative, please provide: Occupation Attendary Felt First Oak, M1 48 673 Click Here for Memo Itemization Click Here for Memo Itemization Occupation Attendary Page Subtotal 4000 Page Subtotal 4000 Page Subtotal 4000 Page Subtotal 4000				Click Here is	or Memo Remization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES	Occupation Reflect Emplo	yer			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7/9/// YES 5. If over \$100.00 cumulative, please provide: Occupation Hory Employer Sclf Business Address # " Type of Contribution: Poirect Loan from a person Fund Raiser 3. Contribution # PAC Receipt? YES 4. Date of Receipt 7//9/// YES 4. Date of Receipt 7//9/// YES 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization School					
Name & Address: Thomas Filon 4/890 Etho Forest Contain, M1 48/88 5. If over \$100.00 cumulative, please provide: Occupation Hong Employer Self Business Address K " Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/19/100 Royal Oak, M1 48/073 5. If over \$100.00 cumulative, please provide: Occupation Reticul Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 4000	Type of Contribution: Direct Loa	n from a person	Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/15/16 Name & Address Steve Scubict Still 4426 Samual Fd. Reyal oak, mr 48673 5. If over \$100.00 cumulative, please provide: Occupation Festural Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 4,000	Name & Address: Thomas Filox 4/890 Etho Forest Contum, M1 48/88 5. If over \$100.00 cumulative, please provide: Occupation Along Emp			7	-
Steve Scubicisti 4424 Samuel Rd. Royal Oak, mr 48073 5. If over \$100.00 cumulative, please provide: Occupation Return Employer Business Address Type of Contribution: Loan from a person Fund Raiser Page Subtotal 4,000		an from a person	Fund Raiser		
Occupation Februal Employer	Name & Address Steve Scholess 4424 Samuel & Ruyal Oak, M. 4	F1 'd.	reipt 7/18/16	s 1000	\$_1 6 00
Business Address Type of Contribution: Loan from a person Fund Raiser Page Subtotal 4,000	0.1			Click Here for	or Memo Itemization
Type of Contribution: Loan from a person Fund Raiser Page Subtotal	Occupation Ferture E	Employer			
Type of Contribution: Loan from a person Fund Raiser Page Subtotal	Business Address				
1,000 1,000		an from a person	Fund Raiser		
	Land Land Land		Page Subtotal	4.000	
(Complete on last page of Schedule) Enter this total on line 3a of Summary Page.	Rose 1 of 2		Grand Total of All Schedules 1A applete on last page of Schedule)	Enter this total on line 3a of Summa	ry



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

CTE Rubmil Stathalers

CANDIDATE CONTRITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/19/16 Name & Address: Virginia Films 7121 Chatsworld DR. Shilly Tup MI 48317	s 20015	_{\$} 2,000
5. If over \$100.00 cumulative, please provide:		
Occupation Reficial Employer	Click Here	for Memo Itemization
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/21/16 Name & Address Richard Statlakis 13543 Timberuicis Shilly Tup. M1 48315	s_8vs_	\$ 8 00
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Separation Employer Shelby Try.		
Business Address 52720 VA- Dyke, Shelby top MI 48316		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8/2/16 Name & Address: Raymond Debut	-	
48854 Kings De	\$ 200	\$ 200
5hily Tup M1 48315 5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation our Employer Debuck Coust.		
Business Address 6336 Auburn Ra., Shelb, Tup MI 48317 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8/2/16 Name & Address Bob Wolfbauer		
45248 Scabrook Canton, MI	\$ 200	\$ 200
5. If over \$100.00 cumulative, please provide:	OK-6-11	for Momo Homization
Occupation Manger Employer Ford Motor Co.	Click Here	for Memo Itemization
Business Address / Anuacana Rd, Dearborn, Mt. Type of Contribution Direct Loan from a person Fund Raiser		
Type of Commodition Direct	1 2 2	
Page Subtota	2000	
Grand Total of All Schedules 1A		

Page 2 of 3

Enter this total on line 3a of Summary Page.



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Nui	mber	38012		
2 Committee Name	CTE.	Richard	Statuakis	

2.0	ommittee Name	1 446 1,000	
3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Manhatton Mailers		1/22/16	\$ 1667.12
Address 51132 Milwo Pic.	Purpose: Mail Flyer	Date	
Macunt, M1 4854/2	Click I	Here for Memo It	emization Type
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Oasis Reamutions		7/24/16	s 295.74
Address 35360 Furton Ct.	Purpose: T-Shiets	Date	
Clinton Try. MI 48035		Here for Memo li	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Elite Photo		7/28/16	s 250, 55
Address 14129 Rick DR.	Purpose: Photos	Date	
Shelly Tup. MI 48315	Check box if this expenditure is payment of	_	temization Type
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name American Speedy		7/2416	\$ 127.25
Address 46723 VAN DYKL	Purpose: Painting	Date	- 1.03
Shelley tup MI 48316		_	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	Ī	
Expenditure #5			
Name USPS		7/24/10	\$ 340 a
Address 7755 72 Mile Rd. Shelly Top. MI 48316	Purpose: Postage	Da t e	· <u>~ (.)</u>
Shelly Top. M. 48316	Check box if this expenditure is payment of		Itemization Type
Fund Raiser	debt or obligation reported on previous statement		
		ototal this page	2,685.11
	Grand Total of a (Complete on last pa		

Enter this total on line 8a of Summary Page

Page 10^{-1} of 3



SCHEDULE 1B CANDIDATE COMMITTEE

1. Com	mittee	e I. D.	Number	138012		
	2/4		016	Richard	Stathatis	

CANDIDATE COMMITTEE 2.0	ommittee Name () C CCVIATO	7 (
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		1 .	
Name SANS LLC		8/2/16	\$ 500
Address 242 Depen	Purpose: Consulting	Date	
w. Bloomfield, MI 48324		Here for Memo It	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	Annua e vez ek esenyek de esenyek de esenyek e e e e e e e e e e e e e e e e e e	
Expenditure #2			
Name Utley bros los	Purpose: Printing	7/29/16 Date	s 416.58
Address 567 Robbins Da	J	Here for Memo II	emization Tune
Troy, M. 48013	Chek	IOI WIGHIO H	omedicii iyo
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name John Johnson		-1 11	
,		3(4/10	\$ 500
Address 49149 Bayshone	Purpose: Consulting	Date	
Charteefull, M. 48047	NO dates versor Click!	lere for Memo II	emization Type
Chistile and I have the	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
<u> Level</u>	statement		
Expenditure #4		,	
Name Anthony Apone		8/22/16	\$ 157
Address 52849 Schens Cocks	Purpose: CAG Ad.	Date	
Shelby Tup. MI 48316			temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name Source Newsporce		8/22/16	s 167
Address (9176 Hall R.L. Ste 200 Clinton Tup MI 48038	Purpose: Ad	Date	Ψ , • ,
Clinton Two MI 480)4	Click	Here for Memo	Itemization Type
Ciril or	Check box if this expenditure is payment of	7	
Fund Raiser	debt or obligation reported on previous statement		
	Subt	otal this page	1734.58
	Grand Total of all (Complete on last pag		<u>-</u>

Enter this total on line 8a of Summary Page

Page 2 of 3.



SCHEDULE 1B

CANDIDATE COMMITTEE 2. C	ommittee Name CTE RICHAL Sta	ithatis	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Brandon Dabish Address 50358 Brandon V Maconb No 48048 Fund Raiser	Purpose: Countribution Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	7/19/16 Date lere for Memo It	\$ <u>300</u> emization Type
Expenditure #2			
Name Address	Purpose:	Date	\$
Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo It	emization Type
Expenditure #3			
Name Address Fund Raiser	Purpose:Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	Date Here for Memo It	\$emization Type
Expenditure #4			
Name Address	Purpose:Click H	Date	\$temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			\$
Address Fund Raiser	Purpose: Click Check box if this expenditure is payment of debt or obligation reported on previous statement		Itemization Type
	Subtr	otal this page	300
	Grand Total of all (Complete on last pag		300

Enter this total on line 8a of Summary Page



Page _____ of ____

DEBTS AND OBLIGATIONS 1. C.	ommittee I.D. Number 138	012			
SCHEDULE 1E	4	2 1. 7 51.11.	L .:		
CANDIDATE COMMITTEE 2. Co	ommittee Name CTC *	Richard Stathe	VEG		
This Schedule itemizes:					
Debts and obligations owed by or forgiven the composition (Check	nlitee OR b. Debts ck eitner a or b. Use only for the pu	s and obligations owed to or rpose checked.)	forgiven by the com	ımittee.	
 Name and Mailing Address of person, vendor or financial institution to whom debt is owed. 	Type of Obligation (Description) Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period	
Check box to indicate whether debt is owed to an incorporated business. If dobt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	incurred 6. Indicate original amount of debt			(Item 8 minus Item 8)	
Debt #1 Corp? Yes Owed to or by:	4. Type: COAN	s/14/11 5 500			
Richard Stathatis	5. Date Deht Was Incurred:	4/7/16 \$ 1500			
13883 Marborcei	211/16	3/23/16 \$ 1000	2000	s 11,804	
Shelly Top. MI 48315	6. Original Amount of Debt	s	53000	\$ 11,001	
Shelly imp. 1	s_14804			FORGIVEN	
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$		
Debt #2 Corp? Yes Owed to or by:	4. Type: C AN	s			
Richard Statbatis	5. Date Debt Was Incurred:				
,,	7/21/16				
Lt.	6. Original Amount of Debt:	<u> </u>	, 9	\$ 800	
\$ 800					
		3		FORGIVEN	
If bank loan, name of endorser or guarantor:		Arr	ount Endorsed: \$		
Debt #3 Corp? Yes Owed to or by:	d, Type:_	S			
5,000,000,000	5. Date Debt Was Incurred	S			
	8. Original Amount of Debt:	-	s	\$	
	\$	3		FORGIVEN	
		\$			
if bank loan, name of endorser or guarantor:		۸r	nount Endorsed: \$_		
Page Subtotal (Outstanding debt)					
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)					
A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.					