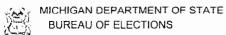
# CANDIDATE COMMITTEE COVER PAGE

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 andidate.	3. This Statement covers From:	4/14/16 10 7/17	-12016
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
139347		WILHELM	LYNN	M
2. Committee Name		4a. Office Sought Including Dis	trict # or Community Served (If applicable #FELBY TWP, MI	е)
n 1	~ AA	•		
CTE LYNN M. WILH	ELIVI		1ACOMB	
5. Committee's Mailing Address		6. Treasurer's Name & Resider		
53217 GARLAND	TO 11	ı	(SEEDORF	
SHELBY TWP, MI 4'		43639 H		
Area Code and Phone 248.390.49	152	STERLING	- H75, MI	
If the address in this box is different from the commi mailing address on the Statement of Organization, r be sent to this address by the filing official.	ιπee	Area Code & Phone 24	87640369	
7. Treasurer's Business Address			s Name and Mailing Address (It the com	mittee has a
MEEMIC INSURAN	ICE	Designated Record keeper)	MT. CO	16 J
1685 N. OPDYKE			Ęa-	FILE JUL 22
AUBURN HLS, MI 48	326		ENG	TLE 22
HUBUCA !			・ <b>エ</b> グ・ <b>エブ</b> か	R 0
Area Code and Phone	- AND	Area Code and Phone	ro.	_5
9. TYPE OF STATEMENT	Required Of	NLY if candidate	9e. Dissolution of Candidate	itte <b>%</b>
9a. Pre-Election <b>OR</b> 9b. Post-Election	is not on the current year:	ballot for the	By checking this item I/We certify a by the committee to the candidate or his	any outstanding debters s or her spouse is here
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, and no long the committee. The committee has no	ger collectible from
<b>∑</b> Primary	July Quart	erly	owes no lates fees or has any oustandir	ng debt,
General	October C	luarterly	Further, if the dissolution cannot be gran	nted, that this be
Convention			considered a request for the Reporting	Waiver.
Special	9c. Annua	al Statement ( )		
School		Coverage Year	Effective date of dissolution	
Caucus	(Com	Idment to Campaign Statement plete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	Note: The disposition of residual funds Schedule 1B and the Summary Page.	must be reported on
Date of Election, Convention or Caucus				
AUGUST 2, 2016				
10. Verification: I\We certify that all reasonable dilig	ence was used	in the preparation of this statem	ent and attached schedules (if any) and	to the best of
my\our knowledge and belief the contents are true,	accurate and co	omplete.	200 11	. /
Current Treasurer or Designated Record keeper JULIANNE	SEE	Det geng	Eldon Date	21/2016 21/2016
Type or Print Name		Signature	$\mathcal{L}$	
Candidate LYNN M. WILH	FELM	Am	7/ Nate 7/	21/2016
Type or Print Name		Signature		

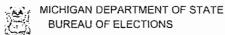
# **SUMMARY PAGE**

CANDIDATE COMMITTEE		Column II
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	1-1-00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>/0,0 05.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 10,005.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 10,005.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	11 21.1	
a, Itemized (Schedule 1B, Column 6)	(8a.) \$ 10,724,17	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 10,724.17	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.)\$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ +19,7+	
<ul> <li>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> <li>14. Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</li> <li>15. SUBTOTAL Add lines 13 and 14</li> <li>16. Amount expended during reporting period (Add lines 9 and 11)</li> <li>17. ENDING BALANCE (Subtract line 16 from line 15)</li> </ul>	BALANCE STATEMENT  (13.) \$ $O$ (14.) + \$ $IO$ , 005.00  (15.) = \$ $IO$ , 005.00  (16.) - \$ $IO$ , 724.17  (17.) \$ $TI$	



## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4-8-16  Name & Address:  SAMUEL + MAHLIHN SCLAFANI  2962 FINGS YIEW LN  SAELBY TWP, MI 48316  5. If over \$100.00 cumulative, please provide:	\$ 100 40	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 4-21-16 Name & Address  VESNA ZBRAVOSKI 46387 ROCKFORD DE SHELBY TWP, MI 48315	\$ 100 00	\$or Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Here i	or Memo Remization
Occupation		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/21/16  NANCH SCHMIDT  5034 HAMPSHILE DE.  6HELBY TWP, MI 48316  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	s 100 %	\$s or Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/11/16 Name & Address  SANDLA WOTTOWICT U143 SEVEN LAKES DE WASHINGTON, MI 48096  5. If over \$100.00 cumulative, please provide:	\$ 50°	\$or Memo Itemization
Occupation Employer	55 11010 1	
Duniana Addresa		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)		



#### CANDIDATE COMMITTEE

Page.

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.		7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/13/16  Name & Address:  KEVIN VANDESTEENE (MELISSA)  42310 PARKSIDE CIR #112  STERLING H75 MI 48314  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 3500	\$ Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/21/16  Name & Address  FAZIVII ah MAZHAL Khan 5238 WINDMILL DR  TLOY, MI 48085  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$100000 Click Here for N	\$ Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 4. 2 - 16  Name & Address:  PON & CHEDYL SU 47339 POYAL PD MACOMB, MI 48044  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct   Loan from a person   Fund Raiser	\$ 2500 Click Here for M	\$ 1emo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 4/14/16 Name & Address  LINDS AY CALLATERA  514/1 HALE LANK  OHEGEFFIELD, MI 4805/  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 50 00 Click Here for N	\$ lemo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
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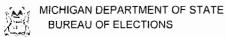


**CANDIDATE COMMITTEE** 

1. Committee I.D. Number \_\_\_\_\_139347

2. Committee Name Committee To Elect Lynn M. Wilhelm

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3/27//6  Name & Address:  PAT MORLISON  1857 TREY BORNE OIL  COMMERCE TWP, MI 48340  5. If over \$100.00 cumulative, please provide:	\$ Click Here for Memo Itemization
Occupation Employer	Click Here for Memo Remization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/21/16  Name & Address  LENTRE COULT PROPERTIES 19500 HALL RA STEZOO CLINTON TWP, MI 48038  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 500 ° \$ \$ Click Here for Memo Itemization ▼
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4000 4/2 Name & Address: CHALLES FAUM CARNER (TRACEY) 34266 GARFIELD FRASER, MI 48026 5. If over \$100.00 cumulative, please provide:	\$ 100 \$ SClick Here for Memo Itemization .
Occupation Employer	
Business Address	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 4/20/16 Name & Address	
CLAUDIA DAUDE LEMAN 1075 FOUNTAIN BR TROY, MI 48098 5. If over \$100.00 cumulative, please provide:	\$ 100 00 \$  Click Here for Memo Itemization
Occupation Employer	
Purious Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
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Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page of	Enter this total on line 3a of Summary Page.

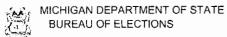


CANDIDATE COMMITTEE

139347 1. Committee I.D. Number \_\_

2. Committee Name Committee To Elect Lynn M. Wilhelm

Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Comm 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 Name & Address:  MICHAEL CHIROD 4660 ROMED PLNIK STE 5  MACOMB, MI 48044  5. If over \$100.00 cumulative, please provide:  Occupation Employer	ipt 4/11/16	§ 200 <sup>6</sup> 0 Click Here for	\$ Memo Itemization ▼
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address  TOSEPH CAPADONNA  LATZ 4 A CADEWLY  WASHINGTON TWP, MI 4805  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct	1718775	\$ 200 °C	\$ Memo Itemization ☑
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:  P1770 ENVIRONMENTAL 6700 ECMRIDGE STERLING HTS, MI 48313  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person		\$ 500 00 Click Here for	\$ Memo Itemization ▼
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Page 8. Address PALLY SALVOIE WAY PLATED WAY PLATED HLS, MI 45301  5. If over \$100.00 cumulative, please provide:  Occupation Employer	eipt 4-21-16	\$ 500°C	\$ Memo Itemization ▼
Type of Contribution: Direct Loan from a person	₹ Fund Raiser		
1 ypo or Sommoundin. Direct Loan nom a person	<u> </u>	1.600	
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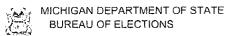


CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_139347

2 Committee Name Committee To Elect Lynn M. Wilhelm

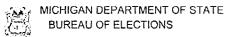
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/20//6. Name & Address:  VILTOR + POSE GOTNAJ  14523 BOURNEMOUTH  SHELBY TWP, MI, 48315  5. If over \$100.00 cumulative, please provide:	S 20000 S 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 \$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$\$Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/23/16 Name & Address:  SUSAN HET RMAN 2175 SANDLEWOOD SHELBY TWP, MI 48315  5. If over \$100.00 cumulative, please provide:  Coccupation  Employer	\$ 15000 \$ Click Here for Memo Itemization
Occupation Employer	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/21/16  Name & Address  DEBRA ALLEN  668 N MAIN APT 202  ROCHESTER, MI 4830 7  5. If over \$100.00 cumulative, please provide:	\$ Click Here for Memo Itemization
Occupation Employer	
Business Address	
Page Subtotal	500
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page.



### CANDIDATE COMMITTEE

1. Committee I.D. Number 139347
2. Committee Name CTE LYNN M. WILHELM

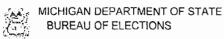
	o indicate if contribu	ition is from a Political Co	ual, enter last name, first name ommittee or an Independent	, _ 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:  WADE T  120 LEN  LEONAL  5. If over \$100.00 cumula	PAC Receipt?	YES 4. Date of F ON R H 8367 Je:	Receipt <u>4/2///b</u>		\$ior Memo Itemization
Occupation		Employer		<del></del>	
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address  GREGORI  53639  CHESTER  5. If over \$100.00 cumula	PAC Receipt? []  1 ACO  HPISTY  LFLD, M  utive, please provide	YES 4. Date of F BELLI DR. 1 48051	Receipt 4/15/16	\$ 200 °C	sor Memo Itemization
Occupation	Ε	mployer			
Business Address					
	Direct	Loan from a person	Fund Raiser		
Name & Address:  MAPL THU 2H96 CA LAVE OW  5. If over \$100.00 cumula  Occupation  Business Address  Type of Contribution:	oN, M( ative, please provid	le: Employer	Fund Raiser	\$ 200°	\$or Memo Itemization
<u> </u>		Loan from a person		//	
3. Contribution # 4 Name & Address  FLED  3+3b  TLOU, M  5. If over \$100.00 cumul	PAC Receipt?  WILHER  VELAN  1 4808  ative, please provi	YES 4. Date of  M  3  de:	Receipt 4 / 11 / 1	\$ 100 00 Click Here fo	ss or Memo Itemization
Occupation		Employer			
Business Address  Type of Contribution:	Direct	Loan from a person	Fund Raiser		
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### CANDIDATE COMMITTEE

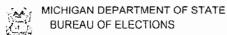
1. Committee I.D. Number 139347
2. Committee Name CTE LYNN M. WILHELM

CANDIDATE COMMITTEE 2. Committee Name 27	
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? YES 4. Date of Receipt 3/28/16  Name & Address:  SAMES DAVID PAELLYMAN  4563 RIDEE VALLEY DL.  LUALL STON, MI 48348  5. If over \$100.00 cumulative, please provide:	\$ 100 % \$ 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 4/21/16  Name & Address  JULIANNE SEEDORF  43639 HOPTREE  SERLING HTS, MI 48314  5. If over \$100.00 cumulative, please provide:  OccupationEmployer	\$SSClick Here for Memo Itemization
Business Address	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/22/16 Name & Address:  PHILIP RUGGERI  55764 St. REGIS  54ELB 4 TWP, MI 48315  5. If over \$100.00 cumulative, please provide:	\$SS
OccupationEmployer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/20/16 Name & Address  BABBALA SHIPP CLARK 2990 DANA POINTE PINCKNEY, MI 48/69  5. If over \$100.00 cumulative, please provide:	\$ 100 \$0 \$SClick Here for Memo Itemization
Occupation Employer	
Business Address Loan from a person Fund Raiser	
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#### **CANDIDATE COMMITTEE**

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/12//6 Name & Address:  DINO MOLELLI  22607 COLTEVILLE  ST. CLAIR SHORES, MI 4808/  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 100 . \$ Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/4/16.  Name & Address  PRANK, BEVERLY RAINKO  53722 HILLSIDE DE  CHELBY TWP, MI 48316	\$ 100 to \$
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 4/21/16 Name & Address:  DICKER  2544 AUSOP DE #205  TROU MI . 48084  5. If over \$100.00 cumulative, please provide:	\$ // O O \$  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 4/21/16  Name & Address  MARGARET YLETN  14628 TALBOT  WARREN, MI 48088  5. If over \$100.00 cumulative, please provide:	\$ 100 \$ S
Occupation Employer	CHERT TOT WEITHOR TETHIZATION
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal	40000
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1. Committee I.D. Number

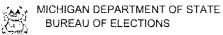
139347

line 3a of Summary

Page.

Committee To Elect Lynn M. Wilhelm

CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/20/16 Name & Address:  KIMBERLY ZILKA BERKAL 49 CLESCENT LAKE BRION, MI 48362	s 2500	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		ليبا
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/2//6  Name & Address  FLANK BERGER (STONESCAPE)  4454 22 MILE RD	s 200	
4454 22 MILE 120 UTI CA, 48317 5. If over \$100.00 cumulative, please provide:		or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/11/16  Name & Address:  STEIN HUBST  65/6/ SHELBY RD.  SHELBY TWP, MI 483/6  5. If over \$100.00 cumulative, please provide:	\$ 200° Click Here fo	\$r Memo Itemization
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/12/14  Name & Address  GARY PATRIZE  PO BOX 6001  ST. CLAIR SHORES, MI 48080  5. If over \$100.00 cumulative, please provide:	\$ /00000 Click Here fo	- \$or Memo Itemization ▼
Occupation Employer		_
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	and A M	)
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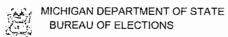


2	Committee	Name

1. Committee I.D. Number 139347

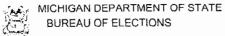
2. Committee Name CTE LYNN M. WILHELM

CANDIDATE COMMITTEE 2. Committee Name 2.		71. 1012/10
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 4-21-16 Name & Address:  EUGENE D'AGOSTINI 38700 VAN DYKE SIE 200 STERLING HTS, MI 4831Z  5. If over \$100.00 cumulative, please provide:	\$ 200 00 Click Here fo	\$ or Memo Itemization
Occupation Employer	0,10,11,10,10,10	, with the state of the state o
Business Address		
Type of Contribution: Direct Loan from a person Y Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4-21-16 Name & Address SHELLIE MEDICH 4364 SUMMER PL SHELBY TWP, MI 48316	\$ 200°	·
5. If over \$100.00 cumulative, please provide:	Click Here to	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Y Fund Raiser		
3. Contribution #3 Name & Address:  JOHN FULKERTH THY RIVERBEND CT WASHINGTON, MI 48094  5. If over \$100.00 cumulative, please provide:	\$ 200 °C	\$ Memo Itemization
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address  ANTHONY CHMANDO 61510 HUNTINGTON CHCLE WASHINGTON, MI 48094 5. If over \$100.00 cumulative, please provide:	\$ 200 00	\$ Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:   Direct   Loan from a person   Fund Raiser		
Page Subtotal	80000	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 10 of 13	Enter this total on line 3a of Summary Page.	



#### CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/15/16  Name & Address:  LOUIS STRAMAGLIA  3202 AUBURN RD  SHECBY TWP, MI 48317  5. If over \$100.00 cumulative, please provide:	\$/0000	\$or Memo Itemization
Occupation Employer	Olick Here it	or Wellio Reilization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4-14-16  Name & Address  PETTY BUGHT  4257 TELEBRAPH RD APT 230  BLMFLD HLS MI 48301  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ / D D A	\$  mathridge Memo Itemization
Business Address		
Type of Contribution:   Direct   Loan from a person   Fund Raiser		
3. Contribution #3 Name & Address:  VERA  VULSANI  54349  TETFELY  MACOMB, MI 4804Z  5. If over \$100.00 cumulative, please provide:  Occupation  Employer  Business Address	s /00 Click Here fo	sr Memo Itemization
Type of Contribution:   Direct   Loan from a person   Y Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 4/2/16 Name & Address  MICHAEL FLUNN  TRACY MULLAY  54089 RIENAS LN  54189 TWP M  5 HELBY TWP M  5 H	\$ 100 00. Click Here fo	\$ r Memo Itemization
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal	40000	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



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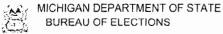
## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

139347 1. Committee I.D. Number

Committee To Elect Lynn M. Wilhelm

CANDIDATE COMMITTEE 2. Committee Name		-
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 4/16/16 Name & Address:  LINDA HESS  39471 PLENTISS  HALLIS ON TWI, MI 48045  5. If over \$100.00 cumulative, please provide:	\$ 50°	Ø \$or Memo Itemization ▼
Occupation Employer		L4
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/1/5//6		
Name & Address  LORRAINE SCHULTZ  1725 TIVERTON UNITZ  PLOMFLO, HLS, MI 48304  5. If over \$100.00 cumulative, please provide:	\$ 200 % Click Here for	sor 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 4/20/16 Name & Address:  KATHLEEN, FRED WILHELM 37760 BA LEMAN HARLISON TWP, MI 483/6  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 200 00 Click Here fo	- \$ r Memo Itemization ▼
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 4/21/16  Name & Address  SCHMIDT  53217 CARLAND  5316  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 1000 60 Click Here fo	ss or Memo Itemization ▼
Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal	145000	
Grand Total of All Schedules 1A		

Enter this total on line 3a of Summary



#### **CANDIDATE COMMITTEE**

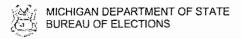
1. Committee I.D. Nu	mber			
2 Committee Name	Committee	To Elect	John	Smith

CANDIDATE COMMITTEE 2. Committee Name	Jillillittee 10 i	Elect John Simur
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? YES 4. Date of Receipt 4/21/16  Name & Address:  L4NN M. WILHELM  537,7 GPULAND  SHELBY TWP, MI  5. If over \$100.00 cumulative, please provide:	\$ 1000 00	for Memo Itemization
Occupation Employer	Olicit Fictor	of Memoritemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt  Name & Address		
	\$	_ \$
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt  Name & Address:	_	
	\$	_ \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address	-	
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Hors fo	or Memo Itemization
Occupation Employer	Click Here II	or Menio iteniization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtot	al 1000	

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

Enter this total on line 3a of Summary Page.

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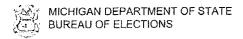


## ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 139347
2. Committee Name CTE LYNN M. WILHELM

Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name PLEUSION SIGNZ	Purpose: SIGNS/STANDS	6/16/16	
	SUMELSTANIA	Date	\$ 249.0
Address 6/25 VALLEY DR	Purpose: 718103/3/ANDS		
PRETTENDORF, 1A	Click H	lere for Memo I	temization Type
52722	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2		,	
Name NATASHA FALKAS		5/25/W	65 82900
Address 13900 CAMELOT DR #6	Purpose: WALKING CARDS	Date	021
Address 179900 CANCELOT	LITERATURE		
STERLING HIS, MI 48312	Click H	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name PHILIPTURNER		5/14/1	2-00
Address 46857 CHARLINGCLOSS	A. D. C. DEWAL	Date	\$ 250
Address 70857 CHACO165517	Purpose: CALANTIC C		
SHELBY TWP, MI 48317	Purpose: CAPHICS Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4		.1 1	
Name BIGHEAD STUDIO	•	5/24/16	5,50
Address 24343 HARRISON ST	Purpose: GRAPHIC DESIGN	Date	\$ <u>90 -</u>
CUNTON TWP, MI 48035	Purpose:		
042100 1111 98033	Click H	lere for Mema I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name CHERRY CHEEK GOLF		41011	10
CLUB	Purpose: FUND PAISER	4/12/14 Date	\$2276-
Name CHERRY CHEEK GOLF  Address 52000 CHERRY CL DR  SHELBY TWP 48316	Purpose: /PULTUTE		
SHELBY TWY 48316		lere for Memo !	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		1000
	Subto	tal this page	3904.00
	Grand Total of all \$		
	(Complete on last page	or ocueanie)	

Enter this total on line 8a of Summary Page



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

1. Committee I. D. Number

2. Committee Name

LHNN M. WILHELM

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name CAPPHICS EAST Address 16005 ATURBEON LOSEVILLE, MI 48066	Purpose: Click I	<u>4/30/16</u> \$ <u>1573. 63</u> Date  Here for Memo Itemization Type
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2 Name DOLLARS INSIDE MAG 16950 19 MILE RD#1A Address CLINTON TWP, MI 48038	Purpose: ADVERTISING Click	$\frac{6/29}{\text{Date}}$ \$ $\frac{21500}{\text{Date}}$
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Name EGT PRINTING SOUTION Address 32031 TOWNLEY MADISON HTS, MI 48071	Purpose: POSTACE	7/5/16 \$ 800 00  Here for Memo Itemization Type
Expenditure #4 Name PRECISION SIGNZ Address 6/25 VALLEY DR PRETENDORF, 1A 52722	Purpose: SIGNS/STAN	Here for Memo Itemization Type
Expenditure #5 Name PLACTICAL POLITICS CONSULTING, INC Address  920 N WASHINGTON LANSING, MI 48906  Fund Raiser	Purpose: LISTS  Click  Check box if this expenditure is payment of debt or obligation reported on previous statement	4/9/16 \$ 591.00  Here for Memo Itemization Type  otal this page 3313.6
	Grand Total of all	Schedules 1B

Enter this total on line 8a of Summary Page



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

1. Committee I. D. Number

IMPER 139347 CTE LYNN M. WILHELM

O N	Purpose (Required Information)	5. Date	6. Amount
Name and address of person or vendor to whom paid	4. Purpose (Required miormation)	J. Date	G. Alliount
Expenditure #1		11.1.	
Name Cha PUBLISHING		1/8/16	\$ 378.37
	Purpose: ADVERTISING	Date	720.0
Address 1960 II MILLE CO	Purpose:		
MARKEN, MI 48089	Click H	lere for Memo l	temization Type
, , ,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Name EGT PRINTING SOUTTONS  Address 32031 TOWNLEY		7/11.	
Name EGI FENTING -20011010 3		T/4/16	s 3118.17
30021 TOWALLEY	Purpose: MAILING.	Date	
Address J LOSI TOWN	Purpose.		
MADISON HTS, MI 48071	Click H	lere for Memo l	temization Type
40-11	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name			·
		Date	\$
Address	Purpose:	54.0	
	Click H	lere for Memo	temization Type
	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			
		Date	\$
Address	Purpose:		
	Click	Here for Memo	Itemization Type
		,0.0 101 11101110	
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
110110		D-/	\$
Address	Purpose:	Date	
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		11110
	Subto	otal this page	0446.54

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

Enter this total on line 8a of Summary Page

Summary Page.

### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

	- USE A SEPARATE SH	EET FOR EACH EVENT	•
PRIL 21, 2016	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity  COCKTAIL  RECENTION	6. Address and Name (If any) of place where the activity was he CHERLY CLERK 52000 CHERLY CONTROLL SHELBY. TWING
otal Contributions	# 7700	).00	
ther Receipts			
ross Receipts (Add lines 7			
Total Cost of Event al Cost includes In-Kind Co	ntributions and All Expenditures		
Check if event was a jo	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
Co-Sponsor(s)			
Co-Sponsor(s)			
Co-Sponsor(s)		eplit	
Co-Sponsor(s)		plit	
Co-Sponsor(s)			
Co-Sponsor(s)		split	
Co-Sponsor(s)		split	

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